

**RENEWAL OF APPRENTICE OCCUPATIONAL
EDUCATION LICENSE**

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

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**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT
Both pages of application must be completed and submitted.**

TO BE COMPLETED BY APPLICANT

Apprentice license holders with less than 3 years teaching experience within five year validity period of the license.

MUST SUBMIT:

- _____ FULL-TIME EMPLOYMENT VERIFICATION
- _____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE
- _____ INDUSTRY CERTIFICATION
 - ___ Trade & Industry ___ Cosmetology and/or Barbering ___ Registered Nurse or Allied Health
 - Instructor

Apprentice license holders with 3 years teaching experience within five year validity period of license.

MUST SUBMIT:

- _____ NEGATIVE ADVANCEMENT RECOMMENDATION
- _____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE
- _____ INDUSTRY CERTIFICATION
 - ___ Trade & Industry ___ Cosmetology and/or Barbering ___ Registered Nurse or Allied Health
 - Instructor