



OCCUPATIONAL WORK EXPERIENCE AND QUALIFICATION

Tennessee Department of Education
Division of College, Career and Technical Education

(To be completed when applying for the practitioner occupational license and/or adding an occupational endorsement)

Section I. This section must be completed by the applicant in its entirety.					
PERSONAL DATA					
_____	_____	_____	_____		
Last Name	First Name	Maiden/Middle Name	Social Security Number		
_____	_____		_____		
Date of Birth (mm/dd/yyyy)	Street Address, City, State Zip		Telephone (include area code)		
TEACHER LICENSE INFORMATION					
Do you currently have a teacher license? No _____		Yes _____ License Number _____ State _____ Date of Expiration _____			
		License Number _____ State _____ Date of Expiration _____			
EDUCATIONAL DATA					
Level of Education/Training	Name of School or Organization	City	State	High School Diploma, Or Degree Awarded	Date/Year Awarded (MM/YY) Mark NO if no graduation date or certificate awarded
High School					
College (including TCAT or other Postsecondary training)					
College (including TCAT or other Postsecondary training)					
Graduate School/Other					



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Section II. This section must be completed by the applicant in its entirety. The applicant must then submit this form to a current or past employer who can substantiate verification of successful occupational employment in the relevant trade or occupational endorsement area the applicant is seeking. Only work experience in the past eight years is acceptable. Teaching within the occupational area cannot be applied toward the occupational work experience requirement unless you have postsecondary experience as a part-time or full-time instructor within the endorsement area.

OCCUPATIONAL WORK EXPERIENCE

Name of Company/Employer: _____

Title/Position: _____

Employed From: ____/____/____ to ____/____/____

Part Time Hours Per Week _____ Part time Weeks Per Year _____

Full Time Hours Per Week _____ Full time Weeks Per Year _____

Duties Performed and Equipment Used:

Name of Company/Employer: _____

Title/Position: _____

Employed From: ____/____/____ to ____/____/____

Part Time Hours Per Week _____ Part time Weeks Per Year _____

Full Time Hours Per Week _____ Full time Weeks Per Year _____

Duties Performed and Equipment Used:



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Section II. (continue if needed) This section must be completed by the applicant in its entirety. The applicant must then submit this form to past employers who can substantiate verification of successful occupational employment in the relevant trade or occupational endorsement area the applicant is seeking. Only work experience in the past eight years is acceptable. Teaching within the occupational area cannot be applied toward the occupational work experience requirement unless you have postsecondary experience as a part-time or full-time instructor within the endorsement area.

OCCUPATIONAL WORK EXPERIENCE

Name of Company/Employer: _____

Title/Position: _____

Employed From: ____/____ to ____/____

Part Time Hours Per Week _____ Part time Weeks Per Year _____

Full Time Hours Per Week _____ Full time Weeks Per Year _____

Duties Performed and Equipment Used:

Name of Company/Employer: _____

Title/Position: _____

Employed From: ____/____ to ____/____

Part Time Hours Per Week _____ Part time Weeks Per Year _____

Full Time Hours Per Week _____ Full time Weeks Per Year _____

Duties Performed and Equipment Used:



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Section III. This section must be completed in its entirety and notarized. The applicant must then submit this form to a current or past employer who can substantiate verification of successful occupational employment in the relevant trade or occupational endorsement area the applicant is seeking. Only relevant work experience in the past eight years is acceptable. Teaching within the occupational area cannot be applied toward the occupational work experience requirement unless you have postsecondary experience as a part-time or full-time instructor within the endorsement area.

Name of Company/Employer: _____

Address: _____

Telephone number with area code: _____

Is the applicant information included in Section I accurate to the best of your knowledge?

_____ **Yes**

_____ **No**

If not, please explain:

Print/Type name of person completing form: _____

Signature of authorized person completing form: _____

Title of person completing form: _____

Date: _____