To: Person Addressed

From: Career and Technology Education

Subj: Important Information Concerning Applicant’s Statement of Qualifications Form

Attached is the above mentioned Statement of Qualifications (SOQ). **PLEASE NOTE IT IS TO BE TYPED OR PRINTED WITH BLACK INK.** Be sure to fill in all appropriate information on each line.

Be especially careful and thorough in filling out the employment section in the middle two pages (specifically Item 11). Note the asterisk at the bottom of the section that requests you be specific and provide enough detail to give a better understanding of all the work done. **DO NOT JUST ATTACH A RESUME AND INDICATE TO "SEE ATTACHED RESUME".** The employment must be shown on the SOQ in the format given. You may include a resume in addition to the information provided under employment.

Under item (11) do not combine more than one general type occupational experience on one line or date in the employment section (example: welding and carpentry). It will be impossible to determine how many hours would be counted in welding and how many hours in carpentry. Separate this type experience into two lines with the same date of employment and list the time devoted to each on a separate line.

If the position requires a LICENSE (ex: Automotive Instructor, etc.). **GIVE THIS REQUIRED INFORMATION IN ITEM 9 AND ATTACH A COPY OF THE LICENSE.**

Additionally, official college or university transcripts (with the seal imprinted on them) must be sent with the SOQ or copy of the high school or GED transcript or diploma for Trade and Industrial Education position if one has not completed college courses.

On item 12 these do not have to be persons where you have worked but should be persons who know you performed the work you have listed. **IF YOU ARE ALREADY EMPLOYED WITH A SCHOOL DISTRICT YOU should request that we prepare an official deficiency plan "P Form" and mail to your school.** If this is the case you need to include the name, title, and address of the person at the school it should be mailed to.

**NOTE: IF ONE IS TEACHING IN A PUBLIC SCHOOL AND HAS OFFICIAL TRANSCRIPTS ON FILE, THE SCHOOL CAN PROVIDE A COPY OF THE OFFICIAL TRANSCRIPT AND INCLUDE THE FOLLOWING STATEMENT ON THEM, "THIS IS AN EXACT COPY OF THE OFFICIAL TRANSCRIPT THAT IS ON FILE IN OUR OFFICE" AND SIGN IT IN LIEU OF THE OFFICIAL TRANSCRIPT.**

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**NOTE:** A non-refundable fee of $40.00 must be submitted with completed SOQ. Please make check payable to TEXAS STATE and mail check along with the SOQ to: Occupational/Career and Technology Education, Texas State University-San Marcos, 601 University Drive, San Marcos, Texas 78666-4616
STEPS REQUIRED IN DETERMINING AN INDIVIDUAL'S ELIGIBILITY TO TEACH CAREER AND TECHNOLOGY EDUCATION

The following steps must be taken to obtain an unofficial deficiency plan:

1. Complete the attached Statement of Qualifications (SOQ).
2. Letters of Verification in the area for which you wish to be certified must be submitted with the Statement of Qualification.
   - Certification in Marketing Education: one (1) letter of verification is required.
   - Certification in Trade and Industrial Education: three (3) letters of verification is required.
   Example: If you wish to be certified in Construction Trades, Auto Mechanics, and Welding, you will need three verification letters for each area listed therefore you would submit nine (9) verification letters.
3. Obtain official transcripts from colleges if: 1) you have a bachelor's degree, 2) you have a master's degree.
4. If applying for Trade and Industrial Education, you must attach a copy of your current licensure, certification, or registration by a local state or nationally recognized accrediting agency. Example: Local trade union, state license, nationally recognized registering entity.
5. Submit a check payable to Texas State in the amount of $40.00. This is a non-refundable fee.
6. Submit all the above paperwork to:
   Occupational/Career and Technology Education
   Texas State University-San Marcos
   601 University Drive
   San Marcos, Texas 78666

Once all these items have been received for review by the teacher educator and it is determined you are eligible to teach in the area specified on the SOQ, an unofficial deficiency plan will be prepared and mailed to you.

Please allow 10 working days for our office to process your unofficial deficiency plan. After processing period, a copy will be mailed to you.
**STEPS NEEDED TO FULFILL REQUIREMENTS ON THE UNOFFICIAL DEFICIENCY PLAN**

1. Complete the Application for Admission to TEXAS STATE. This **must** be done to be eligible to register for classes that you need to fulfill the deficiencies in obtaining your certificate.

   ✓ Individuals who have no college or some but no bachelor's degree can obtain an application by calling the Admissions Office at 512/245-2364 or online at [www.admission@txstate.edu](http://www.admission@txstate.edu). If a former student of TEXAS STATE, you must reapply for admission if you have not taken any classes in two long semester.

   ✓ Individuals who have their bachelor's degree can obtain an application by calling the Graduate College at 512/245-2581 or online at [www.gradcollege.txstate.edu](http://www.gradcollege.txstate.edu). Former TEXAS STATE students need to call the Graduate College on steps required to register.

**DEADLINES to apply for admission are:**

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Admission</th>
<th>Graduate Admission</th>
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</thead>
<tbody>
<tr>
<td>Fall semesters</td>
<td>July 1st</td>
<td>June 15th</td>
</tr>
<tr>
<td>Spring semesters</td>
<td>December 1st</td>
<td>October 15th</td>
</tr>
<tr>
<td>Summer I semesters</td>
<td>May 1st</td>
<td>April 15th</td>
</tr>
</tbody>
</table>

**NOTE:** Approval of your Statement of Qualifications does **NOT** constitute acceptance to the university for the purposes of enrolling in classes...this is an additional step an individual must complete.

2. **HAVE YOU BEEN HIRED BY A SCHOOL DISTRICT?** If yes, then you must contact our office (512/245-2115) to request an official deficiency plan be prepared for the school district. Our office **cannot** prepare the **OFFICIAL** deficiency plan until you have applied and been accepted to TEXAS STATE (item #1).

3. After completion of all the deficiencies listed on the deficiency plan, a student must complete the Application for Certification online with the State Board for Educator Certification (SBEC) to obtain their teacher certificate. Go to [http://www.sbec.state.tx.us](http://www.sbec.state.tx.us) then click on "SBEC online". After submitting your application online, students must submit verification that all deficiencies have been completed. For example, a letter from your school district showing that you have successfully taught the number of years required on your deficiency plan, proof that you have taken the Texas Success Initiative Program (TSIP) (if required). It is best to review your deficiency plan in detail to determine what is required and provide verification that these deficiencies have been completed.
State Board for Educator Certification

Statement of Qualifications for Secondary Career and Technology Education Certification

Authority for Data Collection:
19 TAC Chapter 230, Subchapter P, §230.483(g) – Approval of career and technology education teachers based on prior experience and preparation in a skill area.

Planned Use of the Data: Evaluate candidates for qualification for Trade and Industrial Education and Marketing Education certification and use as basis for issuance of certification.

Instructions:
(1) Persons seeking certification in one of the above listed areas should complete this form,
(2) Print or type all information,
(3) Make 3 copies: Teacher Certification Program (Original)
Employing School District
Teacher copy
(4) If you have questions, contact State Board for Educator Certification at 1-888-863-5880 or email at sbec@sbec.state.tx.us

1) Name ____________________________________________
   Last Name _______________________________________
   First Name _______________________________________
   Middle Initial ___________________________________

2) Social Security Number __________ - ______ - _______

3) Mailing Address

   __________________________________________________
   Street Address
   City __________________ State ______ Zip Code _______

4) Phone Number: Work: (______) _____________________ Home: (______) _____________________

5) Email Address: ____________________________________________

6) Date of Birth: (MM, DD, YYYY) ______________________________

7) Title of specific subject areas for which you wish to qualify (check one):
   ____ Trade and Industrial Education -- List specific work approval area(s) for which this SOQ is being submitted (ex: Drafting, Welding, Building Trades):

   ___________________________________________________________

   ____ Marketing Education


8) **Education**  – **NOTE:** Applicants MUST provide proof of diploma, degree, or transcripts

Indicate Highest Grade Completed:  
| 9 | 10 | 11 | 12 | College |

Did you graduate from high school?  
Yes  
No  
If no, did you receive a GED?  
Yes  
No

If applicable, submit a copy of test scores for general educational development test and certificate of high school equivalency.

<table>
<thead>
<tr>
<th>Type Of School</th>
<th>Name and Location Of School</th>
<th>Dates Attended From Mo/Year</th>
<th>To Mo/Year</th>
<th>Date Graduated</th>
<th>Expected Graduation Date</th>
<th>Sem/Clock Hours Completed</th>
<th>Type Of Diploma Or Degree</th>
<th>Major/Minor Fields Of Study</th>
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<tbody>
<tr>
<td>Undergraduate Colleges or Universities</td>
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<td>Graduate Schools</td>
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<td>Technical, Vocational, or Business Schools</td>
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9) **License/Registration**  – Trade and Industrial Education certification requires current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instruction is offered.

<table>
<thead>
<tr>
<th>License/Certification (P.E., Attorney, C.P.A., etc.)</th>
<th>Date Issued</th>
<th>Date Expires</th>
<th>Issued by/ Location of Issuing Authority (State or other Authority (City, State or National)</th>
<th>License No.</th>
</tr>
</thead>
</table>

Copies must be attached to the Statement of Qualifications

10) **Special Training/Skills/Qualifications:**  List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed. (Attach additional page, if necessary)
10) Special Training/Skills/Qualifications: (continued)

Instructions: Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school. If you were regularly employed by two separate employers at the same time, list the full-time employment on one line and the part-time employment on the following line.

Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. 12 months of wage-earning experience consisting of at least 40 hours per week shall equal one year of full-time experience. Wage-earning experience consisting of less than 40, but at least 20, hours per week shall be calculated at a 50% rate in determining years of full-time experience. Wage-earning experience consisting of less than 20 hours per week shall not be considered acceptable in determining full-time experience.

11) Employment History Related to the Assignment (attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Employer</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Summer</th>
<th>Temp/Project/Internship</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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<tr>
<td>Employer’s Telephone No.</td>
<td></td>
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<tr>
<td>Immediate Supervisor Name and Title</td>
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</table>

<table>
<thead>
<tr>
<th>Starting Date</th>
<th>Leaving Date</th>
<th>Trade or Skilled Work Personally Performed by You:</th>
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<tbody>
<tr>
<td>Mo Day Yr</td>
<td>Mo Day Yr</td>
<td>Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).</td>
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</tbody>
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|                      |            |            |            |            |            |
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<tbody>
<tr>
<td>Employer</td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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<td>Employer’s Telephone No. ( )</td>
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<td></td>
<td>Average # of hours worked per week:</td>
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<tr>
<td>Immediate Supervisor Name and Title</td>
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</table>
12) **References:** Indicate below the names of three persons qualified to comment regarding your wage-earning experience

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Occupation</th>
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13) **Applicant’s Affidavit:** I, ____________________________ (name in full), affirm that:

- The above information is, to the best of my knowledge, a true statement of facts concerning date of birth, education, teaching experience, and occupational experience;
- I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technology Education teacher; and
- I understand that I must complete an approved educator preparation program for the certification sought and/or workshops conducted or sponsored by the Texas Education Agency.

Applicant’s Signature: ___________________________________________ Date: __________________________

14) **To be completed by School District or teacher certification program approved to offer training for the Career and Technology Education certificate sought.**

“I have reviewed the experience and qualifications represented herein and approve this applicant for employment in the following Career and Technology programs.”

_____ Trade and Industrial Education -- List specific work approval area(s) for which this SOQ is being completed:

________________________________________________________

_____ Marketing Education

**Total number of years of work experience in the area indicated above ______**

________________________________________________________

Signature of Program Certification Officer __________________________ Date __________
Career and Technology Education, Texas State University—San Marcos

Superintendent of Employing School District __________________________ Date __________

________________________________________________________

Signature of Program Area Representative __________________________ Date __________
Program Chair, Career&Technology Ed, Texas State University—San Marcos

*NOTE: School districts can no longer sign off on waivers of work requirements for Trade and Industrial Education applicants.*
LETTER OF VERIFICATION
Career and Technology Education
Texas State University-San Marcos

CANNOT ACCEPT TEACHING EXPERIENCE

_____________________________ (your name), has requested certification review in the Career and Technology Education (CATE) area of ____________________________ (example: drafting, marketing education, welding, auto technology, etc.). CATE Certification is based on skill and experience in the occupational area. Please complete the information requested below and sign.

Dates of employment: From __________ To __________ Hours per week: _____ Eligible for re-hire? yes or no

Please rate the following areas as follows (1=Excellent, 2=Good, 3=Fair, 4=Poor):

- Punctuality: 1 2 3 4
- Attitude: 1 2 3 4
- Attendance: 1 2 3 4
- Ability to learn: 1 2 3 4
- Willingness to take on new responsibilities: 1 2 3 4

Please describe the job responsibilities: ____________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Please rate the job responsibilities discussed in the above paragraph using the same scores.

1=Excellent 2=Good 3=Fair 4=Poor

I, the undersigned verify that the above information provided is true and accurate.

________________________________________  ________________________________
Business Name Name & Title

________________________________________
Street Address

(_________)
Telephone Number

________________________________________
E-mail address