



Data Sheet for Career and Technical Education (CTE) Licensure

To be completed by the applicant. All documents must be sent directly from the applicant to CertApplication@doe.nj.gov with the applicant's Teacher Certification Information System (TCIS) Tracking Number in the subject line of the email.

Candidate Contact Information

Information submitted should match all other required documentation.

Last Name: First Name: Middle Name or Initial:

Street Address:

City: State: Zip Code:

Last Four Digits of Social Security Number: ***-**-**** Email Address:

Tracking Number (If Known): Date of Birth (mm/dd/yyyy):

Phone Number:

CTE Certification Endorsement Area Requested:

Education and Training

1. High School

Name of High School: Location:

Course: Dates Attended (mm/yyyy): to

Did you graduate? Yes No

2. College or University

Name of College or University: Location:

Major: Minor: Credit Hours Completed:

Dates Attended (mm/yyyy): to

Degree: Date Degree Conferred:

3. Graduate School

Name of Graduate School: Location:

Major Area of Study: Credit Hours Completed:

Dates Attended (mm/yyyy): to

Degree: Date Degree Conferred:

4. Other Formal Training (Including Military)

Name of Training:

Dates Attended(mm/yyyy): to Did you complete the Training? Yes No

Description of Training:

5. Other Formal Training (Including Military)

Name of Training:

Dates Attended (mm/yyyy): to Did you complete the Training? Yes No

Description of Training:

Employment

Begin with your most recent employer first. Include military service. If necessary, use additional sheets.

1. Present or Most Recent Employer

Name:

Address:

Name and title of immediate supervisor:

Title of your position:

Dates in this position (mm/yyyy): to Part Time Full Time

Describe in detail your duties (include any machinery or equipment operated)

2. Employer

Name:

Address:

Name and title of immediate supervisor:

Title of your position:

Dates in this position (mm/yyyy): to Part Time Full Time

Describe in detail your duties (include any machinery or equipment operated).

Reference 3

Name:

Occupation:

Telephone Number:

Address:

Reference 4 (Optional)

Name:

Occupation:

Telephone Number:

Address:

Form Verification

Applicant must agree to and sign below the following statement:

I certify that all statements and data contained on this document are true and accurate.

Electronic Signature of Applicant:

Date (mm/dd/yyyy):