

**Designated Subjects Career Technical Education (CTE)
Teacher Credentialing Program Application**

Applicant's Full Legal Name:

First Name Middle Name Last Name

Mailing Address: _____

City/State/ Zip code: _____

Email Address: _____ **Phone:** _____

Date of Birth: _____ / _____ / _____ **Last 4 SS#** _____

Gender: Female _____ Male _____ Non-Binary _____ Decline to say _____

Race/Ethnicity:

American Indian Native Alaskan _____ Pacific Islander _____
Asian _____ White or Caucasian _____
Black or African American _____ Decline to say _____
Hispanic or Latino _____

Sexual Orientation:

Straight
Gay
Bi-sexual
Other
Not sure
Decline to say

What is your current profession? _____

If you are currently working at a school district, please indicate the district: _____

District Supervisor _____ Supervisor Email _____

Do you hold a valid teaching credential? Yes _____ No _____

If yes, please select your credential type (check all that apply):

_____ Single Subject
_____ Multiple Subject
_____ Education Specialist
_____ Other: _____

Are you transferring from another CTE program? _____

If yes, what is the name of institution you are transferring from:

What industry sector(s) are you applying for?

Agriculture and Natural Resources _____	Health Science and Medical Technology _____
Arts, Media, and Entertainment _____	Hospitality, Tourism, and Recreation _____
Building and Construction Trades _____	Information and Communication Tech. _____
Business and Finance _____	Manufacturing and Product Development. _____
Education, Child Development _____	Marketing, Sales, and Service _____
Energy, Environment, and Utilities _____	Public Service _____
Engineering and Architecture _____	Transportation _____
Fashion and Interior Design _____	

Commitment to Satisfy All Requirements

- I agree to complete all of the ACOE program requirements as described in “ACOE Program Overview and Instructions for Applying”.
- I agree to begin my coursework no later than the first semester it is offered after receiving my Preliminary Designated Subjects Career Technical Education Teaching Credential *and that I will be dismissed from the program and forfeit the tuition deposit if I fail to do so.*
- I understand the requirements for the Clear Designated Subjects Career Technical Education Teaching Credential as described in Commission on Teacher Credentialing document [CL-888](#).
- I will have regular access to a computer with the capability to communicate with ACOE staff, fellow candidates, and engage successfully in the online courses.
- I will communicate with ACOE staff immediately if there is a change in my contact information including email, address, and phone number.

Printed Name

Signature

Date

Release of Information Form

I consent to the Alameda County Office of Education (“ACOE”) using photographs and other media about me for newsletters, marketing, and communicating information about ACOE.

- I understand and agree that I will not be compensated for these activities.
- I understand and agree that ACOE and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright in the recorded images.
- I give permission to have my name or picture published as stated above for general public viewing.
- Please do NOT include my name, schoolwork, or picture when publishing materials available for general public viewing.

I consent to the Alameda County Office of Education to release my name, industry sector, and contact email for employment inquiries by school districts, and to collaborate with other CTE educators.

- I give permission to release my contact information for employment opportunities and to collaborate with other CTE educators.
- I do NOT want ACOE to share my contact information to potential employers or CTE Teachers.

Printed Name

Signature

Date