

Coursework.

## State of Rhode Island Department of Elementary and Secondary Education

**Educator Certification** 

**Career and Technical Education Preliminary Certificate Application Form and Instructions** 

## REQUIRED DOCUMENTATION CHECKLIST

#### PLEASE REFERENCE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

All required documentation must be submitted for your application to be processed. Transcripts already on file with the Rhode Island Department of Education should not be resubmitted when applying for a new certificate area. Please only submit transcripts for new coursework and/ or degrees completed.

CU	uisework.
	Evidence of a High School Diploma or General Education Diploma (GED) OR
	Official transcript with conferral of degree $\underline{or}$ coursework completed by an accredited institution (Photocopies are NOT accepted)
Exp	perience:
	Evidence of Work and Tax (W-2) statements for a minimum of five years AND completion of <b>Section A</b> on the Work Verification Form (page 9) OR
	Career and Technical Work Experience Verification Form from EACH employer for a minimum of 5 years AND completion of <b>Sections A and B</b> on the Work Verification Form (page 9) (Section B should only be completed when a W-2 is not available)
Ass	sessments:
	Evidence of a passing score on the National Occupational Competency Testing Institute (NOCTI)
Ad	ditional Credentials:
	Valid occupational license/certification in the career and technical area (if applicable)
Fee	es:
	Check or money order made payable to <b>General Treasurer State of Rhode Island</b>
	Please mail only pages 5-9 of the application, fee, and all required documents to:

RHODE ISLAND DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR EXCELLENCE & CERTIFICATION SERVICES
255 WESTMINSTER STREET, 4TH FLOOR
PROVIDENCE, RI 02903-3400



# State of Rhode Island Department of Elementary and Secondary Education

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Every student must have highly effective teachers.

Every school must have highly effective leaders and support professionals. We must support educators throughout their careers.

#### **Educator Certification in Rhode Island**

Educator certification is the process through which Rhode Island educators demonstrate that they are prepared to enter the profession as new educators and then continue to demonstrate currency and competency within their specific area(s) of certification. Educator certification is required for all educators in all Rhode Island public schools, state approved special education programs and state funded pre-kindergarten programs.

#### 1. Use of this application:

- This application should be used ONLY by individuals applying for or renewing a Career and Technical Education Preliminary Certificate.
- This preliminary certificate is awarded to individuals who are not eligible for Full Rhode Island Certification in the
  area of Career and Technical Education Teacher but have met specified criteria that qualify them to serve as
  educators while completing all full certification requirements.
- Individuals who complete all requirements for Full Certification in the areas of Career and Technical Education Teacher should use the General Application for Certification in Rhode Island to apply for a full certificate.

#### 2. How to complete this application:

- Provide the required information in Sections A, B, and C. In section B, check the appropriate box(es) to
  indicate the Certification Request(s) and Certification Area(s). If you are seeking certification in Career and
  Technical Education, please review the certificate areas on page 4, and write in the specific Career and
  Technical Education area that you are requesting (e.g., Computer Programming, Health Occupations, and
  Quantity Foods).
  - First Issuance/Renewal of a preliminary certificate: Individual meets the Rhode Island certification requirements for a Preliminary Career and Technical Education Teacher.
- Calculate and provide the appropriate fees for certification areas identified in Section B. Note: Payment
  must be included with the application and <u>all fees are calculated by certification area and per processing</u>
  request and are non-refundable.
- Review the list of required documentation on Page 1 and submit all required documentation in the specified format with your application. Note: Incomplete applications will be returned.
- Mail the completed application, fees, and documentation to the address on page 8 of this application.

#### 3. When to apply for Certification:

- Individuals may request new certificates at any time. Individuals may renew their certificates after January 1 in the year of their certificate expiration (i.e., any time after 1/1/22 for a certificate expiring on 8/31/22).
- Application processing and evaluation varies based on demand and averages 8-10 weeks

#### 4. For more information consult the Office of Educator Excellence and Certification Support Services website at:

http://www.ride.ri.gov/Certification or at eqac@ride.ri.gov.

#### **Certification Fees**

All certification application fees are for processing requests and are non-refundable. Use the fee chart below to determine the appropriate fee for the request you submit. We are NOT able to accept cash or debit/credit cards.

Make check payable to the General Treasurer – State of Rhode Island.

Type of Request	Fee
Career and Technical Education	\$200.00 for first certification area
Teacher Preliminary	\$100.00 for each additional certification area
First Issuance and Renewal	

#### Process to apply for a Career and Technical Educator Preliminary Certificate

Applying for the Career and Technical Educator Preliminary Certificate is a multi-step process. The application is reviewed by staff in both the <u>Office of Educator Excellence and Certification Services</u> and the <u>Office of Multiple</u> Pathways.

Note: Additional steps are provided for further clarification.

#### Steps:

- Applicant submits the completed Career and Technical Educator Preliminary application (application form, fee, transcripts or diploma, work experience form(s), Wage and Tax (W-2) statements and license, if applicable), to the Office of Educator Excellence & Certification Support Services for processing
- 2. The Office of College and Career Readiness reviews and verifies the applicant's work experience
- 3. Roger Williams University NOCTI Coordinator schedules and administers, when applicable, a written and practical exam. The exam fee is submitted directly to the Roger Williams University NOCTI Coordinator
- 4. The applicant is responsible for submitting NOCTI assessment results to the Office of Certification
- 5. The Office of Educator Excellence and Certification Services (EECS) reviews the application packet and issues the following:
  - Career and Technical Educator Preliminary Certificate (If all issuance requirements are met)
     OR
  - b. Status form detailing any additional requirements or evidence that must be provided for issuance or renewal of the CTE Preliminary Certificate

#### **Issuance Requirements**

The Career and Technical Education Teacher is issued to individuals who meet the following requirements, but who do not yet meet the requirements for Full Certification in Rhode Island as a Career and Technical Educator. Attaining the preliminary certificate allows the individual to begin serving in Rhode Island schools while completing the requirements for Full Rhode Island certification.

Certification Area	Issuance Requirements
Career and Technical	Holds a high school diploma or high school equivalency diploma
Education Teacher	<ul> <li>Has five years of work experience in the specific career and technical area with Wage and Tax(W-2) statements</li> </ul>
	<ul> <li>Passed a written and practical exam in the career and technical area when available (NOCTI).</li> </ul>
	This requirement may be waived for individuals holding an advanced license in the career and technical field. The exam is scheduled after the applicant submits the certification application.
	<ul> <li>Holds a valid occupational license/certificate in the specific career and technical area issued by the appropriate Rhode Island governing body (if applicable)</li> </ul>

#### **CTE Certificate Areas:**

Research
k Athletic
nists and

<sup>\*</sup>Locally developed programs



## RHODE ISLAND EDUCATOR CERTIFICATION

CAREER AND TECHNICAL EDUCATION PRELIMINARY CERTIFICATE APPLICATION FORM

Section A: Applicant Info	ormation (Please Print Clearly)			
ID# (First time applicants p	olease leave hlank)	Social Security Number: (REQUI	RED)	
Dir (i ii st time applicants p	The date blanky	Social security Number: (NEQS)		
			-	
ast Name (REQUIRED)		Suffix:		
Previous Last Name (and S	uffix)– If applicable:			
First Name: (REQUIRED)		Middle Name or In	itial:	
Date of Birth: (MM/DD/YY  / /  Home Address:  Address Line 1  Address Line 2		Phone: (REQUIRED)  (		
City/Town		Primary Email@		
State	Zip	Additional Email		
Ethnicity: (Required)*	Race: (Required)*		Gender: (Required)*	
☐ Hispanic/Latino ☐ American Indian/Alaska Native		☐ White	☐ Female	
☐ Not Hispanic/Latino	□ Asian	$\square$ I do not wish to respond	□ Male	
□ I do not wish to respond □ Black/African American			☐ I do not wish to respond	
	☐ Native Hawaiian/Other Pacific Isl	ander		

## Section B: Certification Information (See page 2 of this packet for more information)

Section B: Secondary Career and Technical Education Teach	er (11404)			
Career and Technical Education Teacher Preliminary Certificate			Renewal	
(\$200 for 1st area, \$100 per additional certification area)		(3YR)	(4YR)	
Please check only ONE box:				
Certification Area(s): Identify each Certification Area request	ed (see list of areas on page 4).			
Section C: Renewal Attestation				
Section C Renewal Attestation (To be completed by the educator pre	paration provider)			
The Renewal Attestation by the Preparation Program can be verified by submission of ONE of the following: a. completion of section C-1 (below) or				
<ul> <li>b. completed Entrance/Exit Assessment document from the approved credential review program of study or</li> <li>c. letter from an approved program stating the educator's enrollment</li> </ul>				
Section C-1				
I certify by my signature that:   The said candidate has begun a coursework	of study to work towards full certifi	cation in RI.		
Candidate Name	Date			
Name of Provider Representative (Please Print)	Signature of Provider Representa	ntive		
Position, Organization	Email Address			

#### Section D: Required Information and Authorization

Read the statements in the box below, provide answers to the following questions, and sign and date the authorization line attesting to the accuracy of the information in this application.

Teachers and other school personnel certified by the State of Rhode Island must be of good moral character. Rhode Island General Law 16-12-3 states that "Every teacher shall aim to implant and cultivate in the minds of all children committed to his care the principles of morality and virtue." Your answers to the following questions regarding your employment, criminal, and certification history are important. Any criminal matter covered by a question must be disclosed regardless of how long ago it occurred or how unimportant it may seem. Criminal matters do not necessarily preclude certification, but the failure to answer a question truthfully may result in disqualification. Furthermore, Rhode Island General Law 11-18-1 prohibits the submission of a document containing a false and misleading statement to a public agency, and Rhode Island General Law 11-58-1 prohibits the use of a falsified educational record of a postsecondary institution.

Disclosure of the Social Security Number on page1 is mandatory. It will be furnished to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, which states that any person applying for or renewing a license to conduct a profession within Rhode Island must have filed all required state tax returns and paid all taxes due the state. The statute also requires the following certification: "I hereby certify, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state, entered into a written time payment agreement with the Rhode Island Division of Taxation, or am pursuing administrative or appellate review of unpaid taxes."

Lega	Questions:		
appli resub appli	ach response of 'YES' you must attach a detailed explanation and specified documentation to your cation. If you have previously submitted documentation for a specified question, you do not need to bmit. Please indicate that the documentation was previously submitted in the margin next to the cable question. Please note that there is a continuing duty to submit supplemental documentationing to any events or circumstances requiring a "yes" response to the questions below.		
		Yes	No
1.	Have you ever been dismissed from any employment, or have you ever resigned from any employment following the initiation of disciplinary action? If yes, attach an explanation.		
2.	Are you the subject of disciplinary action in your present employment? If yes, attach an explanation.		
3.	Have you ever been convicted of a felony or a misdemeanor? If yes, attach a copy of the conviction record(s). Expunged convictions must be disclosed under Rhode Island General Law 12-1.3-4 Attach an explanation stating the date, location and nature of the offense(s) involved in the expunged conviction(s).		
4.	Have you ever entered a plea of nolo contendere to a felony or misdemeanor charge? If yes, attach a copy of the conviction and/or probation record(s).		
5.	Are any felony or misdemeanor charges currently pending against you? If yes, attach an explanation.		
6.	Has your educator's certificate or license in another state ever been suspended, revoked, or surrendered? If yes, attach an explanation.		
7.	Are you currently the subject of any action to revoke or suspend your educator's certificate or license? If yes, attach an explanation.		

OUT OF STATE CE	RTIFICATION		YES	NO
Do you hold a val	d educator certificate in any other state? (If yes, provide the	e following information)		
State:	Certification Area:	Certification Number:		

### **AUTHORIZATION AND TAX CONFIRMATION:**

I certify the accuracy of the information provided in this application and in any supporting documentation that I may
submit. I have included all supporting documentation. I have read and understand the notice regarding Rhode Island
laws above. I hereby authorize the release of information to the Department of Education for the purpose of
investigating or verifying any information in my application.

(Signature of Applicant)	(Date)
I ISIRIIALUIE OI ADDIICAILI	I (Date)

Please mail only pages 5-9 of the application, fee and all required documents to:

RHODE ISLAND DEPARTMENT OF EDUCATION

OFFICE OF EDUCATOR EXCELLENCE & CERTIFICATION SERVICES

255 WESTMINSTER STREET, 4<sup>TH</sup> FLOOR

PROVIDENCE, RI 02903-3400

### **Career and Technical Work Experience Verification Form**

#### \*Please use one form for each employer\*

This form is to be used to demonstrate evidence of meeting the Rhode Island certification requirement of at least Five Years (5) experience in a specified CTE certification area. A Work and Tax (W-2) statement should be submitted for each CTE Work Experience form completed.

How to use this form:

(Signature)

- Section A of this form must be completed with each W-2 statement submitted
- Section A and Section B of this form must be completed by you and the employer IF a W-2 statement cannot be provided
- One form should be used for <u>each</u> employer to demonstrate total of Five Years of work experience
- The Work Experience Verification Form must be submitted at the time of application for Rhode Island certification
- A Rhode Island CTE Specialist will review and verify the applicant's work experience prior to the issuance of a Rhode Island CTE Educator certificate and will be used to determine if applicant is required to take a NOCTI assessment

#### Section A: Applicant Information (To be completed by the Applicant)

Name				
CTE Certification Area (e.g. culinary, plumbing etc.)				
Street Address				
City/ State/Zip				
Phone		Email address		
Name of Employer				
Street Address				
City/ State/Zip				
Phone		Email address		
Employment Date Start		Employment Date End		
Employment Status	☐ Full Time ☐ Part Time	Job Title		
Name of Supervisor				
Duties performed (be specific	:)			
(Signature)			(Date)	
Section B: Employer Verification (To be completed by the Employer)				
The above information is corr	The above information is correct and accurate to the best of my knowledge.			
(Employer Name)		(Title)		

THE RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION RESERVES THE RIGHT TO VERIFY ALL INFORMATION PRESENTED ON THIS FORM.

(Date)