**Technology Center Administrator Credential Plan**

**[ ]  Revised Plan/Date**

Ms./Mrs./Mr./Dr. Last First MI Other Names

Address:   Social Security (last 4 digits):

City, State, Zip:    Work Phone:

Email Address:    Mobile Phone:

Name of School:

Employee’s Title:

Administrator:    Email Address:

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| **Certification Type:*** Standard Technology Center Administrator Certificate     .

🞏Provisional Technology Center Administrator Certificate     . **Five year, beginning**       **and** **ending**      **.** * None: Does not qualify for a Standard or Provisional Credential.
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| **Certification Plan:**🞏Provisional Technology Center Administrator Certificate:Complete \_\_\_\_\_ (9 max) college semester hours and/or \_\_\_\_\_ (135 max) ODCTE approved professional development clock hours from following areas.  1. History and Philosophy of Career and Technology Education
2. Technology Center Finance
3. Career and Technology Education Curriculum; and
4. Career and Technology Education Program Planning and Development
* Does not qualify for a Standard or Provisional Credential at this time. Applicant must meet one of the following criteria listed below before they are eligible:
	+ - Three (3) years of experience as a Career and Technology Education teacher of an approved ODCTE career major(s)/program(s) **or**
		- Three (3) years of experience as an administrator supervising and evaluating teachers of approved ODCTE career major(s)/program(s) **or**
		- Three (3) years of work experience in an Oklahoma technology center **or**
		- Three (3) years of experience at the Oklahoma Department of Career

and Technology Education  |

September 2016

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| **Technology Center Administrator Credential Plan-Continued**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ms./Mrs./Mr./Dr. Last First MI Other Names |
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| **Date** | **CareerTech Certification Specialist** |
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| **Comments:**        |

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| The applicant understands and consents to sharing this document with limited higher education staff at a college/university where applicant is seeking credit, for the sole purpose of ensuring coordination of educational services regarding proper certification(s). |

**Applicant’s Signature Date**

**Administrator’s Signature Date**

**CareerTech Representative’s Signature Date**

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| Print, sign, obtain Administrator’s signature, scan and email completed form to certify@careertech.ok.gov or mail completed form to Niki Burch, Certification Specialist, ODCTE, 1500 West Seventh Avenue, Stillwater, OK, 74074-4364. |

September 2016