

LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Applicant Instructions

PERSONAL INFORMATION

Enter all personal information in the spaces provided, including contact phone number(s) and email address.

It is the responsibility of the applicant to maintain current information, including name and mailing address, on file with the Teacher Certification office.

The district address entered on the District Request or Recommendation form will be the address that the CTE certificate will be mailed.

BACKGROUND INFORMATION

Answer "yes" or "no" to questions one through six (1-6) as they apply to you. If the answer to any of these questions is "yes," please provide a written, detailed explanation of the incident and sign it. It is not necessary to provide a written explanation of a minor traffic violation. Include a written explanation of incidences involving Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).

If no written explanation is provided for any "yes" answers to questions one through six (1-6), the application will be returned.

If you answer "yes" to question seven (7), list the state(s) where you hold/held teaching certificates and the expiration date(s).

ETHNICITY

Check the box that most appropriately applies to you. Definitions for each choice are provided.

REQUESTED ENDORSEMENTS

Endorsements will only be granted if they have been **requested** in this section of the application. Select all endorsement area that you are requesting to be on your CTE certificate.

Requesting an endorsement does not guarantee that the endorsement area will be granted. Endorsements will only be granted based on endorsements requested by the school district and evidence provided by your record of training and work experience.

RECORD OF TRAINING

List all colleges/universities you attended. You must include all college coursework, including community college or transfer credits.

Official transcripts for all institutions listed in this section must be included with the application. Do **not** request universities to submit transcripts directly to the Teacher Certification office. *We encourage you to open the sealed transcripts* when they arrive to verify the correct coursework and/or degree(s) are posted. *We accept official transcripts after they have been opened*, provided the transcripts bear the registrar's signature/seal and are printed on official university transcript paper. Unofficial transcripts, electronic transcripts, or photocopies will not be accepted.

List all training and certificates of completion that you have received related to the endorsements your district is requesting on your behalf. You must include copies of all certificates of completion with your application.

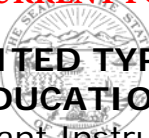
WORK EXPERIENCE

List all work experiences in the areas for which you are seeking endorsements on your CTE certificate. Provide contact information for your employers on your enclosed resume.

FINGERPRINT CARD CHECKLISTS

One (1) complete fingerprint card is a requirement for all applicants for Initial certification. If you need a fingerprint card, email the Teacher Certification office at tcwebmail@alaska.gov and request that a card be sent to you. You must have your fingerprints rolled by a trained technician. The technician must sign and date the card in the appropriate space. All personal information must be filled in, including signature, residence, citizenship, sex, height, weight, race, eye color, hair color, date of birth, and place of birth.

If you have submitted a fingerprint card for a background check to the Teacher Certification office in the previous six months, email the Teacher Certification office at tcwebmail@alaska.gov to determine if your previous background check can be used for this application.


LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Applicant Instructions

BASIC COMPETENCY EXAM (Required for five-year CTE certificate)

Indicate the approved Basic Competency Exam (BCE) that you have passed or indicate the date that you are scheduled to take an approved BCE.

If you have passing Praxis I scores, they can be sent to the Teacher Certification office directly from Educational Testing Services (ETS), or you can include an **original/official** examinee score report with your application. To contact ETS, visit www.ets.org.

For all other approved basic competency exams, an **original/official** examinee score report showing passing scores on all three sections of the exam must be included with the application. More information concerning approved exams is available on our website at <http://www.eed.state.ak.us/teachercertification/praxis.html>.

REQUIREMENT CHECKLIST

You must have **satisfied** all the requirements listed in this section in order to qualify for one-year CTE certification. If you do not submit all of the requirements listed in this section in your application packet, the application will be returned. If you have questions about the requirements, please email the Teacher Certification office at tcwebmail@alaska.gov.

ADDITIONAL REQUIREMENTS

In addition to the requirements previously listed, you must satisfy the requirements listed in this section to qualify for five-year CTE certificate. Prior to the expiration date of your one-year CTE certificate, you will need to provide the Teacher Certification office with these items in order to have your one-year CTE certificate extended. If you have questions about these additional requirements, please email the Teacher Certification office at tcwebmail@alaska.gov.

FEE SCHEDULE

The application fee for the CTE certificate is \$125.00. The fingerprint processing fee is an additional \$60.00. All applicants for the Initial certificate must include payment in the form of a cashier's check, money order, credit card or debit card. **Fees are non-refundable. No personal checks will be accepted.**

If paying by credit or debit card, complete all information in this section, including the name on the card and the cardholder's signature.

Cashier's checks or money orders can be made payable to the Alaska Department of Education & Early Development (EED).

IMPORTANT NOTES

Read the important notes that are associated with the type of CTE certificate for which you are applying. When you sign the notarization section, you will attest that you understand the requirements that still need to be met to maintain your one-year CTE certificate and to qualify for a five-year CTE certificate.

NOTARIZATION

The application **must** be signed and dated by the applicant in the presence of a Notary Public or Postmaster.

The application must be notarized by a certified Notary Public. If a Notary Public is not available to you, a Postmaster may sign, date, and stamp this affidavit.

If any portion of this section is incomplete, the application will be returned.

SUBMIT YOUR APPLICATION

A Limited Type M CTE Certificate can only be issued at the request of an Alaska public school district. When the application and supporting documents are complete, they must be submitted directly to the district office of the sponsoring Alaska public school district.

The issued certificate will be mailed to the school district office address provided on the District Request and Recommendation Forms.

If the applicant would like any original documents (i.e. certificates, original recommendations, etc.) returned, the applicant must include a self-addressed, stamped envelope with the application packet.



**LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Application**

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER		WORK OR MOBILE PHONE NUMBER	GENDER
HOME EMAIL ADDRESS			
BIRTHDATE (MM-DD-YYYY)		FORMER LAST NAME(S)	HIGHEST EDUCATIONAL DEGREE

It is the responsibility of the applicant to maintain current information, including name and mailing address, on file with the Teacher Certification office. All name changes must be supported with a photocopy of the legal document verifying the change.

BACKGROUND INFORMATION

Answer the following questions carefully and completely. If you answer "yes" to any of the questions 1-6, provide a detailed statement in the box below or on a separate sheet of paper. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification.**

- YES NO 1. Have you been convicted for a violation of criminal law, except for minor traffic violations? Please include convictions for Driving While Intoxicated (DWI) and Driving Under the Influence (DUI).
- YES NO 2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include any state, province, territory, and/or country.
- YES NO 3. Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
- YES NO 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions, revocations, voluntarily surrenders, or voidance)
- YES NO 5. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.
- YES NO 6. Have you ever been denied certification? This would include any state, province, territory, and/or country.

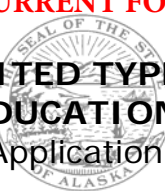
If you answered "yes" to any of the questions above (1-6), provide a detailed statement here. If you need additional space, provide the detailed statement on a separate sheet of paper and sign it.

- YES NO 7. Have you ever held a teaching certificate in Alaska or another state? If yes, please complete the following.

STATE _____ EXPIRES: _____ STATE _____ EXPIRES _____

- YES NO 8. Are you currently under contract or have been offered a contract with a public school district in Alaska? If yes, please complete the following.

Alaska public school district: _____, beginning contract date: _____



**LIMITED TYPE M
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Application**

ETHNICITY

- ALASKA NATIVE
- ASIAN OR PACIFIC ISLANDER
- AFRICAN AMERICAN
- HISPANIC
- CAUCASIAN
- AMERICAN INDIAN/NATIVE AMERICAN
- OTHER

ALASKA NATIVE: Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. This may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.

ASIAN OR PACIFIC ISLANDER: Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

AFRICAN AMERICAN: (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.

HISPANIC: Any person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race

CAUCASIAN: (Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

AMERICAN INDIAN/NATIVE AMERICAN: Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.

REQUESTED ENDORSEMENT

Check the box(es) below, to indicate the area(s) that you have either an industry certification or four years of full-time documented work experience.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> AUTOMOTIVE | <input type="checkbox"/> CULINARY ARTS | <input type="checkbox"/> HEALTH SERVICES | <input type="checkbox"/> REFRIGERATION |
| <input type="checkbox"/> AVIATION | <input type="checkbox"/> ELECTRONICS | <input type="checkbox"/> MACHINIST | <input type="checkbox"/> SMALL ENGINES |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> EMERGENCY MEDICAL TECH | <input type="checkbox"/> MARINE | <input type="checkbox"/> VOC AGRICULTURE |
| <input type="checkbox"/> COMPUTER EDUCATION | <input type="checkbox"/> FIRE MANAGEMENT | <input type="checkbox"/> MECHANICS | <input type="checkbox"/> WELDING |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> FOOD SERVICES | <input type="checkbox"/> NURSES AIDE TRAINER | <input type="checkbox"/> _____ |

RECORD OF TRAINING

List all of the schools you have attended and the trainings you have completed. All [official transcripts](#) and copies of Certificates of Completion must be included with the application. **Unofficial, photocopied, electronic or faxed transcripts will not be accepted.** If you need additional space, provide the information on a separate sheet.

SCHOOL, COLLEGE OR UNIVERSITY	CITY, STATE	MAJOR/PROGRAM	DEGREE(S)/ CERTIFICATE(S) EARNED	YEARS ATTENDED



**LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Application**

WORK EXPERIENCE

List the work experience relevant to the CTE areas you selected in the "Endorsement" section. If you need additional space, provide the information on a separate sheet.

EMPLOYER	POSITION OR JOB TITLE	DATES OF EMPLOYMENT	TOTAL YEARS OF EXPERIENCE

FINGERPRINT CARD CHECKLIST

If you are required to submit one (1) fingerprint card, Form FD-258 or similar, with your application, please use the following checklist to make sure that all the required information on the fingerprint card has been completed. If any section of the fingerprint card is incomplete, the entire application packet will be returned. If you cannot obtain a fingerprint card locally, email the Teacher Certification office at tcwebmail@alaska.gov to request a card be sent to you. More information can be found at <http://www.eed.state.ak.us/TeacherCertification/fingerprints.html>.

- Fingerprints must be rolled by a trained technician.
- The technician must sign and date the card in the appropriate space
- All personal information below must be filled in:
 - signature
 - height
 - hair color
 - residence
 - weight
 - date of birth
 - citizenship
 - race
 - place of birth
 - gender
 - eye color
 - social security number

BASIC COMPETENCY EXAM (Required for five year certificate)

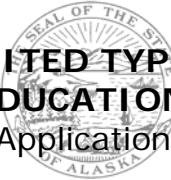
Indicate the approved [basic competency exam](#) (BCE) that you have passed or indicate the date that you are scheduled to take one of the approved BCE.

- California Basic Educational Skills Test (C-BEST)
- Florida Teacher Certification Exam
- Michigan Test for Teacher Certification (MTTC)
- Oklahoma General Education Test (OGET)
- Washington Educator Skills Test-Basic (WEST-B)
- Georgia Assessment for the Certification of Teachers
- New Mexico Assessment of Teacher Basic Skills
- New York State Teacher Certification Liberal Arts and Sciences Test
- Praxis I (Math, Reading & Writing)
- Alabama Work Keys
- Illinois Certification Testing System

I am scheduled to take an approved basic competency exam on _____.

If you have passing Praxis I scores, they can be sent to the Teacher Certification office directly from Educational Testing Services (ETS), or you can include an **original/official** examinee score report with your application. To contact ETS, visit www.ets.org.

For all other approved basic competency exams, an *original* examinee score report showing passing scores on all three sections of the exam must be included with the application.



LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Application

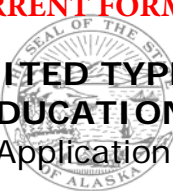
REQUIREMENT CHECKLIST (ONE YEAR CERTIFICATE)

All requirements listed below must be satisfied in order to qualify for Initial Limited Type M CTE certification. You must include all of the following items in a single application packet. If any item is missing, the entire application packet will be returned. Please confirm with each checkbox, that each item is included.

- Completed Type M Limited CTE certification application
Official Transcripts & Certificates of Completion
Industry Certification
Four-years of documented work experience
Fingerprint Card
Two Original Letters of Recommendation
Resume
Application fees
Notarization & Signature
District Request Form

ADDITIONAL REQUIREMENTS (EXTENSION OF INITIAL TO REGULAR FIVE YEAR CERTIFICATE)

- Passing Scores on an approved Basic Competency Exam (BCE)
District Recommendation



**LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Application**

FEE SCHEDULE

The total fee for Initial Type M Limited CTE certification is \$185.00. You may pay with a cashier's check, money order, debit card or credit card. Fees are non-refundable. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

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AMOUNT

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CREDIT CARD NUMBER

		/		
--	--	---	--	--

EXPIRATION DATE (MM/YY)

NAME ON CREDIT CARD _____

CARDHOLDER'S SIGNATURE _____

IMPORTANT NOTES

INITIAL LIMITED TYPE M CTE CERTIFICATE (1-year certificate)

Within one year from the date that your application was received by the Teacher Certification office, official passing scores on an approved [Basic Competency Exam](#) must be received by the Teacher Certification office. Upon receipt of an official scores report and your district recommendation, your Initial certificate will be extended for four additional years. **If the Teacher Certification office does not receive passing scores and the district recommendation within the first year, your certificate will expire and you will not be eligible to teach in an Alaska public school.**

REGULAR LIMITED TYPE M CTE CERTIFICATE (5-year certificate)

To renew a five-year CTE certificate, the certificate holder must submit the following items to the Teacher Certification Office:

- (1) evidence of satisfactory completion of three semester hours of credit related to the applicant's employment or a career and technical education specialty approved by the school district; **and** 135 hours of work experience in the specialty outside of work with students;
- (2) evidence of satisfactory teaching performance under the limited CTE certificate;
- And-
- (3) a renewal application complete by the school board of the district in which the certificate holder is employed.

NOTARIZATION & SIGNATURE

State of _____ Date _____
(MONTH/DAY/YEAR)

_____ appeared before me whose
(NAME OF APPLICANT)

identification I have verified on the basis of _____
(TYPE OF PHOTO ID)

to be the signer of this application and he/she acknowledged that he/she signed it.

(SIGNATURE OF NOTARY)

My commission expires: _____

If a notary is not available, a Postmaster may witness, date stamp, and sign this affidavit.

I have read the **IMPORTANT NOTES** concerning the Limited Type M CTE certificate for which I am applying. I understand the requirements and timeline to keep my Limited CTE certificate current. If I do not satisfy the requirements, I understand that I will no longer hold Alaska teacher certification and will not be eligible to hold a certified teaching position in an Alaska public school. I understand that I am only certified to teach in the subject areas that I hold endorsements on my Limited Type M CTE certificate.

I certify under penalty of perjury that the statements made by me in this application are true and correct to the best of my knowledge. Further, I acknowledge that I have read and will adhere to the **State of Alaska Code of Ethics of the Education Profession**. This becomes part of my official record.

SIGNATURE OF APPLICANT

DATE

LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
Application



Department of Education & Early Development, Teacher Education and Certification

801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500

Phone: (907) 465-2831 Fax: (907) 465-2441

tcwebmail@alaska.gov


LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
District Instructions

DISTRICT REQUEST FORM

A one-year Limited Type M CTE Certificate can only be issued at the request of an Alaska public school district. The issued certificate will be mailed to the school district office address provided on the District Request form.

- 1) Have the applicant complete the application form and gather all of the documents listed in the 'REQUIREMENT CHECKLIST' section of the application.
- 2) Complete the District Request form.
- 3) Submit the completed application, the supporting documentation, fees and the District Request form to:

Department of Education & Early Development
Teacher Education & Certification
801 West 10th Street, Suite 200
PO Box 110500
Juneau, AK 99811-0500

DISTRICT RECOMMENDATION & EXTENSION REQUEST FORM

A one-year Limited Type M CTE Certificate can only be extended at the request of an Alaska public school district. The extended certificate will be mailed to the school district office address provided on the District Recommendation & Extension Request form.

- 1) Verify that the applicant has passing basic competency exam scores on file with the Teacher Certification office. This information is available online through the district entrance of the [Teacher Certification Inquiry](#) site or may be requested by email from tcwebmail@alaska.gov.
- 2) Complete the District Recommendation & Extension Request form.
- 3) Submit the District Recommendation & Extension Request form to:

Department of Education & Early Development
Teacher Education & Certification
801 West 10th Street, Suite 200
PO Box 110500
Juneau, AK 99811-0500

ADDITIONAL INFORMATION

More information is available concerning the Limited Type M Career & Technical Education certification through the following links:

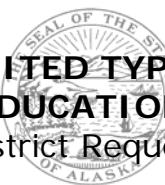
Alaska Statute

[Sec. 14.20.025. Limited teacher certificates.](#)

Alaska Regulations

[4 AAC 12.385. Career and technical education personnel qualifications](#)

[4 AAC 12.372. Limited career or technical education certificate \(Type M\)](#)



**LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
District Request**

APPLICANT INFORMATION

THE SCHOOL DISTRICT REQUESTS A LIMITED TYPE M CTE CERTIFICATE FOR THE PERSON NAMED BELOW.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

THIS PERSON IS CURRENTLY EMPLOYED AS A CERTIFIED TEACHER BY THE SCHOOL DISTRICT LISTED ABOVE

NO PENDING CERTIFICATION
 YES BEGINNING DATE OF CONTRACT WAS: _____

DISTRICT INFORMATION

NAME OF DISTRICT	NAME OF SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR

	A K	
DISTRICT OFFICE ADDRESS	CITY	STATE ZIP CODE

9 0 7	9 0 7
DISTRICT PHONE NUMBER	DISTRICT FAX NUMBER

SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR EMAIL ADDRESS

ENDORSEMENTS REQUESTED

BASED ON THE APPLICANT'S TRAINING & WORK HISTORY THE DISTRICT REQUESTS THE APPLICANT RECEIVE THE FOLLOWING ENDORSEMENTS. PLEASE CHECK ALL THE CTE AREAS BELOW THAT THE APPLICANT QUALIFIES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> AUTOMOTIVE | <input type="checkbox"/> CULINARY ARTS | <input type="checkbox"/> HEALTH SERVICES | <input type="checkbox"/> REFRIGERATION |
| <input type="checkbox"/> AVIATION | <input type="checkbox"/> ELECTRONICS | <input type="checkbox"/> MACHINIST | <input type="checkbox"/> SMALL ENGINES |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> EMERGENCY MEDICAL TECH | <input type="checkbox"/> MARINE | <input type="checkbox"/> VOC AGRICULTURE |
| <input type="checkbox"/> COMPUTER EDUCATION | <input type="checkbox"/> FIRE MANAGEMENT | <input type="checkbox"/> MECHANICS | <input type="checkbox"/> WELDING |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> FOOD SERVICES | <input type="checkbox"/> NURSES AIDE TRAINER | <input type="checkbox"/> _____ |

SPECIAL NOTES

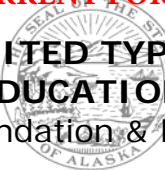
The department will extend the one-year CTE certificate for an additional four years if the applicant meets the requirements of 4 AAC 12.310 for basic skills in reading, writing, and mathematics and the school district certifies on the District Recommendation form that the applicant has demonstrated classroom instruction, curriculum, and assessment skills. A teacher who does not meet the requirements of 4 AAC 12.310 is not eligible to have the one-year CTE extended or renewed until the requirements are met.

REQUEST & SIGNATURE

The school district's Board of Education and the applicant are aware of the requirements described in the 'SPECIAL NOTES' section above. If the requirements are not met by the expiration of the one-year CTE certificate, the applicant will no longer hold Alaska certification and will not be eligible to hold a teaching position in an Alaska public school.

On behalf of the district's school board, I requested the issuance of a Limited Type M CTE Certificate for the individual listed in the 'APPLICANT INFORMATION' section above. The district will only assign the individual to teach career & technical courses in the areas the individual has met the endorsement requirements.

SIGNATURE OF SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR	PRINTED NAME	DATE



**LIMITED TYPE M
CAREER & TECHNICAL EDUCATION (CTE) CERTIFICATION
District Recommendation & Extension Request**

This form should only be completed & submitted to the Teacher Certification Office if the applicant has been employed as a CTE teacher for at least one full semester.

APPLICANT INFORMATION

This section is to be completed by the applicant. All other sections are to be completed by the sponsoring Alaska school district.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

The remaining sections are to be completed by the school district, not the applicant.

DISTRICT INFORMATION

NAME OF DISTRICT	NAME OF SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR		
	A	K	
DISTRICT OFFICE ADDRESS	CITY	STATE	ZIP CODE
9 0 7	9 0 7		
DISTRICT PHONE NUMBER	DISTRICT FAX NUMBER		
SUPERINTENDENT OR CHIEF SCHOOL ADMINISTRATOR EMAIL ADDRESS			

BASIC COMPETENCY EXAM

Applicant has passing scores on an approved [Basic Competency Exam](#) (BCE) on file with the Teacher Certification Office. Contact the Teacher Certification Office at tcwebmail@alaska.gov to verify.

PLACEMENT

Please indicate the courses taught by the applicant. Include the grade level(s) of the students enrolled in the courses and the dates the courses were taught.

<u>COURSES TAUGHT</u>	<u>GRADE LEVEL(S)</u>	<u>DATES TAUGHT</u>	<u>COURSES TAUGHT</u>	<u>GRADE LEVEL(S)</u>	<u>DATES TAUGHT</u>
1. _____	-	_____	4. _____		_____
2. _____	-	_____	5. _____		_____
3. _____	-	_____	6. _____		_____

RECOMMENDATION

By signing below, I verify that the applicant has the instructional skills and subject matter expertise required to teach the career & technical areas the applicant is endorsed to teach. On behalf of the district's school board, I requested the applicant's one-year Limited Type M CTE Certificate be extended for an additional four years.

SIGNATURE OF SUPERINTENDENT	PRINTED NAME	DATE

NO FEE IS REQUIRED TO EXTEND A ONE-YEAR CTE CERTIFICATE.