

### SUMMARY OF OCCUPATIONAL EXPERIENCE

NAME	LAST	FIRST	DATE OF BIRTH	STUDENT ID NUMBER
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Please complete the following and sign the affidavit.

CTE vcodes for which you intend to apply:\*

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\*Business and Industry Route-Verify 6,000 hours of paid occupational experience in **each** subcategory specialty CTE field. 2,000 hours must have been completed within the past six years of when you apply for your initial certification.

\*If all or part of the 2,000 hours is more than 6 years old, an additional 300 hours of recent occupational experience (occurring in the past two years) is required.

TO BE COMPLETED BY APPLICANT	
Verification of paid occupational experience in the specific career and technical education certificated field is required. OSPI will verify supporting documentation. Please do not send this information to the Office of CTE at CWU.	
Occupation _____	
Dates of Employment _____	Total Number of Paid Hours _____
Duties _____	
Employer _____	VCODE: _____
Occupation _____	
Dates of Employment _____	Total Number of Paid Hours _____
Duties _____	
Employer _____	VCODE: _____
Occupation _____	
Dates of Employment _____	Total Number of Paid Hours _____
Duties _____	
Employer _____	VCODE: _____
Occupation _____	
Dates of Employment _____	Total Number of Paid Hours _____
Duties _____	
Employer _____	VCODE: _____

**TO BE COMPLETED BY APPLICANT**

Verification of paid occupational experience in the specific career and technical education certificated field is required. OSPI will verify supporting documentation. Please do not send this information to the Office of CTE at CWU.

Occupation \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Total Number of Paid Hours \_\_\_\_\_  
Duties \_\_\_\_\_  
Employer \_\_\_\_\_ VCODE: \_\_\_\_\_

Occupation \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Total Number of Paid Hours \_\_\_\_\_  
Duties \_\_\_\_\_  
Employer \_\_\_\_\_ VCODE: \_\_\_\_\_

Occupation \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Total Number of Paid Hours \_\_\_\_\_  
Duties \_\_\_\_\_  
Employer \_\_\_\_\_ VCODE: \_\_\_\_\_

Occupation \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Total Number of Paid Hours \_\_\_\_\_  
Duties \_\_\_\_\_  
Employer \_\_\_\_\_ VCODE: \_\_\_\_\_

Occupation \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Total Number of Paid Hours \_\_\_\_\_  
Duties \_\_\_\_\_  
Employer \_\_\_\_\_ VCODE: \_\_\_\_\_

Total Number of Paid  
Hours  
for All Listed Employers \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Career and Technical Education Certification at OSPI.

Signature

Date

City/State