

## STEP 2

### OCCUPATIONAL EDUCATION LICENSE

#### REQUIREMENTS TO ADVANCE FROM APPRENTICE TO PROFESSIONAL LICENSE

The Apprentice Occupational License is issued for five years and may only be used for three years of employment during the five-year period. During the three years of employment, the teacher must:

**(Verification of current industry certification is required for all advancement applications)**

- I. Attend a three-day or 18 contact hour pre-service training for occupational education licensed teachers during their first year of teaching unless otherwise noted. This pre-service training will be non-credit and no tuition cost. Attendance is required as part of the licensing process. Certificates will be issued as part of the validation requirements. (Documentation Required)
- II. Complete a teacher preparation program designed to meet the knowledge and skills of occupational teachers (up to 18 hours). These courses must be completed within the three years of employment. Official transcripts and letter of completion of knowledge and skills are required from Certification Officer. Contact one of the following teacher-preparation institutions to begin the teacher training:

Dr. Elizabeth Ralston  
**East Tennessee State University**  
P.O. Box 70614  
Johnson City, TN 37601  
(423) 439-4200  
Email: Ralston@mail.etsu.edu

Dr. Alphonse Carter, Jr. (T & I only)  
**Middle Tennessee State University**  
P.O. Box 19  
Murfreesboro, TN 37132  
(615) 898-2095

Dr. Jo Edwards (Health Occupations)  
**Middle Tennessee State University**  
P.O. Box 81  
Murfreesboro, TN 37132  
(615) 898-2095

Mary Lainer  
**University of Memphis**  
Education Building, Room 202  
Memphis, Tennessee 38152  
(901) 678-2377

Tonya Botts  
**University of Tennessee Chattanooga**  
Department 5255  
2<sup>nd</sup> Floor Pfeiffer Hall  
615 McCallie Ave  
Chattanooga, TN 37403  
(423) 454-4022

Dr. Carol Helton  
**Tennessee Board of Regents**  
1415 Murfreesboro Road  
Nashville, TN 37217  
1-888-223-0023

Dr. Sandi Smith  
**Tennessee Technological University**  
P.O. Box 5042  
Cookeville, TN 38505  
Email: sjsmith@tntech.edu

Dr. Rick Grubb (ask for Lisa)  
**Lincoln Memorial University**  
Avery Hall, Box 2000  
Cumberland Gap Parkway  
Harrogate, TN 37752  
(423) 869-6247

Kay Crappo  
Director of Degree and Distance Learning  
**The University of Tennessee at Martin**  
110 Gooch Hall  
Martin, TN 38328  
(731) 881-7080 or 800-482-5199

Dr. Chip Harris  
Tennessee State University  
**Avon Williams Campus Box 124**  
330 10<sup>th</sup> Ave North  
Nashville, TN 37203  
(615) 963-7344  
(615) 963-7352 (fax)  
charris@tnstate.edu

- III. Complete four days of observation of other teachers during the current school year. The first two visits are to be conducted during the first fifty days of teaching. The first visit will be in the occupational area of teaching in another school and the second visit will be in the occupational area or related academic area. The remaining two visits will be completed at another school in the occupational area or related academic area. The principal and/or vocational director will approve the visits. The visitations must be documented on the attached form (Documentation Required).
- IV. Be assigned a mentor teacher by the local education agency. (Documentation Required)
- V. *Attend two days of professional development during the school year. The program consultant will announce the date, time, and place. (Documentation Required)*
- VI. Complete three years of teaching in an approved school and receive a positive recommendation based on evaluation by the local education agency under the Framework for Evaluation and Professional Growth. (Advancement form required).

# OCCUPATIONAL TEACHER EVALUATIONS

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

System: \_\_\_\_\_

## **The following must be completed to advance to a Professional License (after 3 years).**

- Three Days Pre-Service (certificates must be submitted in the packet) Date Completed: \_\_\_\_\_
- Up to 18 Semester Hours of Approved College Credit (an official transcript and a letter of completion signed by the Certification Officer.) Date Completed: \_\_\_\_\_
- Two days of Approved Professional Development (certificates must be submitted in the packet) Date Completed: \_\_\_\_\_

### **Four one-day visits**

Visit 1 \_\_\_\_\_ Date Completed: \_\_\_\_\_  
School and Instructor

Visit 2 \_\_\_\_\_ Date Completed: \_\_\_\_\_  
School and Instructor

Visit 3 \_\_\_\_\_ Date Completed: \_\_\_\_\_  
School and Instructor

Visit 4 \_\_\_\_\_ Date Completed: \_\_\_\_\_  
School and Instructor

**This is to confirm all required work has been completed to advance:**

Signed: \_\_\_\_\_  
(Teacher's Signature)

Signed: \_\_\_\_\_  
(Mentor's Signature)