

*The University of Tennessee at Chattanooga
College of Education and Applied Professional Studies*

**APPLICATION FOR EVALUATION
OCCUPATIONAL LICENSURE PROGRAM**

NAME _____ **SS#** _____

ADDRESS _____

HOME PHONE _____ **WORK PHONE** _____

EMAIL ADDRESS _____

LICENSURE SOUGHT _____

EDUCATIONAL HISTORY Include graduate and post-baccalaureate as well as undergraduate work. Attach transcripts.

| College / University | Dates | Degree | Course of Study |
|-----------------------------|--------------|---------------|------------------------|
|-----------------------------|--------------|---------------|------------------------|

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|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

OTHER RELEVANT TRAINING (workshops, etc.)

| Description | Dates | Location | Supervisor |
|--------------------|--------------|-----------------|-------------------|
|--------------------|--------------|-----------------|-------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

RELEVANT WORK EXPERIENCE

| Description | Dates | Location | Supervisor |
|--------------------|--------------|-----------------|-------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in the College of Education and Applied Professional Studies at UTC. With this in mind, I certify that the statements herein are correct and complete.

Signature _____ **Date** _____

For office use only

Evaluator _____ Date _____

- Transcript Received _____
- Review Completed _____
- Applicant Notified _____
- Program Begun _____
- Program Completed _____
