Rev. 10/2018

## **EDUCATION GENERAL/TEACHER CADET** EXPERIENCE REPORT FORM FOR MICHIGAN STANDARD CTE CERTIFICATE

## **Instructions:**

When applying for a Standard CTE Certificate for Education General CIP 13.0000, this form must be completed by the Superintendent or Chief Official of the employing school district or school and submitted to WMU.

**CANDIDATE IDENTIFIERS** (REQUIRED IDENTIFIER) (SELECT ONE or MORE OPTIONAL IDENTIFIERS) DIC. Last 4-digits of

Cavailable through Michigan Online Educator Certification System   www.michigan gov/moces	Last 4-digits of		FIC							
Date of Birth:	Social Security #: _XXX	<u> </u>		ne Educator C	ertification	System				
Western Identification Number (WIN):    Western Identification Number (WIN):	D ( CD: 4		www.michi	gan.gov/m	oecs)					
Name of School District or School in Which Candidate was Employed School District's/School's Address:  4,000 HOURS (2 YEARS) OF TEACHING EXPERIENCE REQUIRED FOR CIP 13.0000  This is to certify that  (first name) (middle/maiden name) (last name) aught full-time (2 ½ clock hours or more a day) from to (month) (day) (year) (month) (day) (year)  In grade(s) and subject(s)	Date of Birth:		W/ T 1	4:C:	NT1 (	W/INI).				
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Superintendent or Chief Official's Signature  Date	in grade(s)	and subject(s)								
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Name and Title (please type or print) Area Code/Telephone Number