

**Initial Secondary-Vocational Technical License Checklist**

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| Licensee’s Name: | File Number: |
| Application Date: | Issue/Review Date: |
| Consultant’s Name: | License Type: 800 |

**Documents Required:**

Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

Official sealed transcripts of a Bachelor's Degree conferred from a regionally accredited college or university including 32 credit hours of a vocational-technical training related to the occupational area **OR**

Official sealed transcripts of an Associate’s degree conferred **AND**

Two (2) years verified work experience related to the occupational area **OR**

Certificate plus

Three (3) years verified work experience related to the occupational area **OR**

High school diploma/GED plus

Five (5) years verified work experience related to the occupational area

**For office use only:**

Email sent requesting:

Level 1P: 3-year license issued

Comments: