



CENTER FOR

# Career and Technical Personnel Preparation

104 Davis Hall  
570 South Eleventh Street  
Indiana, Pennsylvania 15705-1057

Email: [info-cte@iup.edu](mailto:info-cte@iup.edu)  
[iup.edu/careerteched](http://iup.edu/careerteched)

Phone: 724-357-4434  
Fax: 724-357-6200

## COOPERATIVE EDUCATION CERTIFICATION PROGRAM APPLICATION

Submit the following application materials to the address above.

- Program Application
- \$50 enrollment fee - Options below:
  - Check or money order payable to IUP
  - Credit/debit card through the IUP Marketplace:  
<http://www.iup.edu/marketplace>  
Store: Center for Career & Technical Personnel Prep  
Store Category: Enrollment Fee
- Arrest/Conviction Report & Certification Form (PDE-6004)
- **Official** transcripts of all postsecondary coursework sent to Paula Andrei ([pandrei@iup.edu](mailto:pandrei@iup.edu)), if possible.
- A copy of your PDE instructional or career and technical instructional certificate.

### Demographic Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail that you check on a regular basis \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Are you a former IUP student?  Yes  No

### Current Employment

Are you currently employed in a teaching position?  Yes  No

If yes, please provide complete the following:

Subject Area: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Are you currently serving as a Cooperative Education Coordinator on an Emergency Certificate?  Yes  No

### Education

**Post-Secondary:** Name of institution(s), city, state, your major and degree earned (additional schools can be listed on reverse).

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This information is voluntary. It is intended for statistical purposes only and will not be used as a factor to determine your admission to the university.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African-American Non-Hispanic | <input type="checkbox"/> White Non-Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Hispanic or Latino                     | <input type="checkbox"/> Other _____        |