



CENTER FOR

Career and Technical Personnel Preparation

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COOPERATIVE EDUCATION ASSESSMENT APPLICATION

Submit the following to the address above:

- Completed assessment application.
- Application fee for the appropriate amount; check or money order payable to IUP and mailed with this application, or by credit/debit card through the IUP Marketplace: <http://www.iup.edu/marketplace>.
 - \$225 - Knowledge test administered at IUP/Venango CTC.
 - \$250 - Knowledge test administered through the remote option and administered by ExamRoom.AI.

Demographic Information

Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail that you check on a regular basis _____

Current Employment

List the school name, school district, city and state where you are teaching.

Certifications

Indicate the instructional certificate(s) that you currently hold:

Instructional I Instructional II Career & Technical I Career & Technical II

NOCTI Cooperative Education Assessment Dates*

Please indicate your desired test date:	___ Fall 2025	___ Winter 2026	___ Spring 2026
Applications due:	September 19	January 9	March 6
Examination:	October 17	February 6	April 10

**Dates are subject to change.*

Information Release

I hereby authorize the release of my name, address, and telephone number to prospective employers, university test centers and the Bureau of Career and Technical Education upon successful completion of the Cooperative Education Assessment. Disclosure of this information is for employment purposes.

I certify that I have read and fully understand the foregoing statements and that all information on this form is accurate.

Signature: _____ Date: _____