



# College NOW/CTE HIGH SCHOOL TEACHER APPROVAL REPORT

Department: \_\_\_\_\_ Dept. Chair Name: \_\_\_\_\_

High School Teacher Name: \_\_\_\_\_

High School	Course Name	Approved	Date Approved
_____	_____	_____	_____
_____	_____	_____	_____

Approval granted for all courses based on meeting minimum qualifications required by OAR [715-017-0005](#). (Appropriate documentation showing college course work, work experience and degree attached or previously provided to my department)

**CTE:** Combination of education and industry experience as required in content area.

Provisional Approval (approved through one of the following)

**College Now/CTE:**

Appropriate degree plus work experience and additional coursework in the content area; or

Three calendar years of work experience in an occupational area directly related to the instructional program (the work experience must be beyond that acquired in apprenticeship, on-the-job training); or

Occupational outcome for the teaching assignment secured through a combination of three years of work experience and specialized training.

Approval denied for this instructor to teach the indicated courses for these reasons:

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

Department Chair Signature: \_\_\_\_\_

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

Instructional Dean or Vice

President for Instruction Signature: \_\_\_\_\_

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

COCC Faculty Mentor Assigned: \_\_\_\_\_  
(FT Faculty or Adjunct Faculty 3+ years)

Please return to the College Now office within ten working days.