OCCUPATIONAL UPDATE CREDIT APPLICATION
(Please Type All Information)

NAME OF INSTRUCTOR: ________________________________ COUNTY: ________________________________
HOME ADDRESS: __________________________________ City/State/Zip: ________________________________
SCHOOL: ___________________________________ PHONE: ________________________________
SCHOOL ADDRESS: ________________________________ City/State/Zip: ________________________________
PROGRAM AREA: ________________________________ COURSE CODE (WVEIS): ___________

WORKSHOP INFORMATION

NAME OF WORKSHOP: ________________________________ SPONSOR (Company or Organization): ________________________________
LOCATION OF WORKSHOP: ________________________________ STARTING DATE: ________________________________ ENDING DATE: ________________________________

DESCRIPTION: Agenda and/or brochure describing the workshop in detail as well as clock hours of instructional time must be attached.

WORKSHOP CREDIT: Submit to the WVDE Program Area Coordinator for Seat Hour Approval. Form will be forwarded to the Marshall University (MU) representative to transcript credit according to Marshall University (MU) policy of 1 college credit for every 15 seat hours approved.

Designated College/University Rep - Signature & Date

Signature of Career Technical Education Director

WVDE CTE Program Area Coordinator – Signature & Date

WVDE CTE AD Initials ________

Occupational Update Credit – Seat Hours _________
Approved _________ Disapproved _________

Please Submit to your Program Area Coordinator at the Following Address:

West Virginia Department of Education
1900 Kanawha Boulevard, East
Building 6, Suite 825
Charleston, WV  25305-0330

*For Back to Industry Reimbursement, contact Rick Gillman @rgillman@k12.wv.us

Revised 8/8/2019