



CENTER FOR

Career and Technical Personnel Preparation

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

OCA Questions?
Contact jwilliam@iup.edu

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

OCA APPLICATION

Submit the following application materials:

- *OCA Application* (complete both sides)
- OCA fee (see reverse side)
- Official high school or postsecondary transcripts (if not submitted with program enrollment materials)
- Copy of license/certification (credential review only)
- *Record of Occupational Experience* (signed and **notarized**)
- *Verification of Occupational Experience* from each employer listed on *Record of Occupational Experience*
- *Record of Self-Employment*, if applicable (**notarized**) with accompanying letters

Send all application materials to the address listed at the top of this page.

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

Are you currently teaching or have been hired to teach? _____ Yes _____ No

If yes, what occupational area have you been hired to teach? _____

School name _____

If no, what is your reason for completing the Occupational Competency Assessment (OCA)?

Education

Please indicate highest level of education. **Provide official high school or postsecondary transcripts if they were not submitted with program enrollment materials.**

____ High School/GED

____ Postsecondary

____ Degree Earned:

____ Associate ____ Bachelor ____ Master ____ Doctorate

____ No degree earned, but coursework completed.

Program Information

If you are currently teaching, you must take the OCA for the approved classification of instructional program (CIP) that you are teaching.* If you are not currently teaching, the OCA that you complete will be the area in which you are eligible to teach.

CIP code of the program for which you are testing _____

CIP title of the program for which you are testing _____

****Please have your school administrator verify the approved CIP code and CIP title by signing below (if employed).****

I certify that the CIP information entered above is correct.

Signature of School Administrator: _____

**To see your school's approved program CIP codes, visit www.catsv2.pa.gov. In the drop-down boxes, select your LEA, your school, Approved Programs, the most current year, then View. If you're not sure about your program's approved CIP code, talk with your school administrator.*

Fees

Please submit a check or money order payable to "OCA-IUP", or by credit/debit card through the IUP Marketplace (<http://www.iup.edu/marketplace>) for the appropriate amount.

If you have questions about the appropriate test fee, contact the IUP Center.

- ____\$400 NOCTI Skilled Worker Test
(Knowledge test administered at IUP/Venango CTC; Performance administered at designated school)
- ____\$425 NOCTI Skilled Worker Test
(Knowledge test administered through ExamRoom.AI; Performance administered at designated school)
- ____\$400 Committee Evaluation
- ____\$150 Credential Review
- ____\$700 NOCTI Skilled Worker Test – out of sequence
(Request for a test date at a time other than a regularly scheduled test cycle)

Assessment Dates*

Please indicate your desired test date:	____ Fall 2024	____ Winter 2025	____ Spring 2025
Applications due:	September 20	January 10	March 7
Knowledge Examination:	October 25	February 7	April 11
Performance Examination:	late October - mid-November	mid-February - early March	mid-April - early May

***Dates are subject to change.**

Safety/Information Release

As an applicant for the Occupational Competency Assessment, I am fully aware of safety concepts and safe procedures associated with my occupation. In exchange for and in consideration of my participation in the Occupational Competency Assessment Program, I hereby waive all causes of action against the Commonwealth of Pennsylvania, its employees or agents, for any injuries or damages incurred as a result of my participation in the Occupational Competency Assessment Program.

I hereby authorize the release of my name, address, telephone number and occupational area to prospective employers, university test centers and the Bureau of Career and Technical Education upon successful completion of the Occupational Competency Assessment. Disclosure of this information is for teacher placement (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: _____