



CENTER FOR

# Career and Technical Personnel Preparation

Reschini House, 110 Maple Street  
Indiana, Pennsylvania 15705-1057

Email: info-cte@iup.edu  
iup.edu/careerteched

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 transcript or GED certificate (If you have post-secondary coursework, you do not need to submit a high school transcript)
- **Official** transcripts of all postsecondary coursework
- Copies of licenses related to your occupational area
- Signed and **notarized** *Record of Occupational Experience* form
- *Verification of Occupational Experience* form from each employer listed on *Record of Occupational Experience*
- Documentation to verify self-employment, if applicable

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 \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

### 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? \_\_\_\_\_

List the school name, school district, city and state where you are teaching or are hired to teach.

\_\_\_\_\_

### Education

High school name, city, state \_\_\_\_\_

HS graduation/GED date \_\_\_\_\_

**Post-Secondary:** Name of schools, city, state, your major and degree earned.

\_\_\_\_\_

\_\_\_\_\_

## Program Information

If you are currently teaching, you must take the OCA for the approved CIP program that you are teaching.\*

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.\*\***

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](http://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" for the appropriate amount.

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

- \_\_\_\_ \$400 NOCTI Skilled Worker Test  
(Written test administered at IUP/Venango; Performance administered at designated school)
- \_\_\_\_ \$450 NOCTI Skilled Worker Test  
(Written test administered through ProctorU; 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)
- \_\_\_\_ \$275 Retake Performance Test ONLY      \_\_\_\_ \$225 Retake Written Test ONLY

## Assessment Dates\*

Please indicate your desired test date:	____ Fall 2020	____ Winter 2021	____ Spring 2021
Applications due:	September 18	January 8	March 26
Written Knowledge Examination:	October 23	February 5	April 30
Performance Examination:	late October - mid-November	mid-February - early March	mid-May - early June

**\*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: \_\_\_\_\_