

Colorado Community College System  
**Application for Eligibility**  
**As a Designated Career and Technical School (DCTS)**

State Use Only
Log In Date/Initials

I. School District: \_\_\_\_\_

Designated Career and Technical School: \_\_\_\_\_

Colorado Department of Education School Code: \_\_\_\_\_

DCTS Contact Person: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code  
Area Code/Telephone Number: \_\_\_\_\_

**II. Required Criteria for Approval**

(Reference 4.0 of the Rules of the State Board for Community Colleges and Occupational Education under the Career and Technical Act 8 CCR 1504-2 for minimum requirements.)

1. Provide a statement certifying that the school board's designated role and mission for the DCTS is to deliver intensive instruction in secondary Career and Technical Education. Please submit this on district letterhead, signed by the school board chair.
2. List the CTE approved unique single site programs.
3. Submit the percentage of secondary students at the DCTS in CTE approved programs.
4. List the specialized student support services staff (CTE credentialed counselors and/or job development/placement specialists) and attach a copy of their CTE credential.
5. List the administrative staff and submit a copy of a least one administrator's CTE Director credential.
6. Provide documentation that offerings at the DCTS are available to other districts and to other schools within the district.
7. Provide evidence that demonstrates this facility does not duplicate facilities between and among school districts or areas; and if sharing of facilities is practiced, explain.

**III. Certification**

I certify that the information submitted is true and correct to the best of my knowledge, information and belief. Having reviewed this application, I assure that the DCTS will be conducted in accordance with state and federal laws, rules and regulations, and State Board of Community Colleges and Occupational Education policies.

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator responsible for Career & Technical Education

\_\_\_\_\_  
Date

**IV. Approval Status**

\_\_\_\_\_  
Assistant Provost for Career & Technical Education

SBCCOE Approval

\_\_\_\_\_  
Date