

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Business Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Birth Date
Email Address			Work Phone	Home Phone
I am teaching at _____ (School) _____ (District)			<input type="checkbox"/> Not Teaching	
I have a current Secondary Education License:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Endorsement(s) For Which You Are Applying:

<input type="checkbox"/> Business Core	<input type="checkbox"/> Economics
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – ***(Exclude teaching experience)***)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

How many years of experience do you have in business?		Employer evidence letters verifying your work expertise and experience
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Education

If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.

Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	M	Yr	M	Yr			

Industry Certifications (Attach Documentation) If additional space is required, please attach a separate sheet of paper.

Name of Certification	Date Obtained	Expiration Date

References (Teaching and/or Employment)

Name	Address	Position	Phone

Applicant Signature	X	Date	
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----- **Information below to be completed by USOE personnel** -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:			
Approved Endorsement:			

Signature of State Business Education Specialist(s)			
Signature	Date	Signature	Date

Return Application To: Stephanie Ferris , USOE Educator Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 License fee: \$45.00	Licensure Clearance
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