

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP) Health Science Education

| | | | | |
|----------------|------------|-------------|------|---------------------|
| Last Name | First Name | Middle Name | Date | SS # or CACTUS ID # |
| Home Address | | | City | State |
| E-mail Address | | | Zip | Work Phone |
| | | | | Home Phone |

Current Teaching/License Status
 Not Teaching **OR** Teaching at: (School) _____ (District) _____

Educator License(s) held: Secondary Education Career & Technical CTE/APP

| | |
|------------------|---|
| Check one | <input type="checkbox"/> I am requesting the Health Science endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An evaluation fee of *\$45.00 is enclosed. <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Health Science endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An evaluation fee of *\$45.00 is enclosed. |
|------------------|---|

Health Science Education Endorsement Area(s) For Which You Are Applying:

| | | |
|---|--|--|
| <input type="checkbox"/> Introduction to Health Science <input type="checkbox"/> * Medical Anatomy and Physiology (MAP) <input type="checkbox"/> Introduction to Emergency Medical Services <input type="checkbox"/> Exercise Science/Sports Medicine <input type="checkbox"/> Biotechnology <input type="checkbox"/> Medical Math | <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Nurse Assistant <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Office Administrative Assistant | <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Medical Records Technician <input type="checkbox"/> Medical Transcriptionist <input type="checkbox"/> Other _____ |
|---|--|--|

* Medical Terminology and Advanced Health Science are assignments under the MAP endorsement.

| Health Care Certifications/Registrations/Licensure (Attach documentation) | | |
|---|---------------|----------------------|
| Health Care Certifications/Registrations/Licensure | Date Obtained | Date to be completed |
| | | |
| | | |

| Related Course Work (Attach an official copy of the transcripts) | | | | | |
|--|-------------|------------|-------------|---------|----------------------|
| Name of Institution | School Term | Course No. | Course Name | Credits | Date to be completed |
| | | | | | |
| | | | | | |

| Work Experience (Letters from employers verifying experience, including dates, must be submitted with application) | | | | | | |
|--|----|----|----|--------------|------------------------|---------------------------------------|
| From | | To | | Total Months | Company Name & Address | Immediate Supervisor (Name and Title) |
| Mo | Yr | Mo | Yr | | | |
| | | | | | | |
| | | | | | | |

| | |
|-------------------------------|-------------|
| Signature of Applicant | Date |
| X | |

Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752
\$45.00 endorsement fee or \$45.00 SAEP fee must be included with this application (*see information above)

----- **-Information below to be completed by USOE personnel-** -----

| | | |
|----------------------------|--|--|
| Endorsement(s) Recommended | | <input type="checkbox"/> SAEP approved for _____ years <input type="checkbox"/> SAEP not approved |
| | | CTE Specialist Signature _____ Date _____ |
| | | Endorsement(s) Awarded |
| | | CTE Specialist Signature _____ Date _____ |