

# APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

## Health Science Education

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

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

I have a Secondary Education License:    Yes    No  
 Background check:    Yes    No (Do NOT submit application until background check is complete)

Please Check the Health Science Endorsement(s) For Which You Are Applying

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

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

### Health Care Employment Record

Related to the Endorsement Area for Which You Are Applying – ***(Teaching Experience Excluded)***

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving
Mo	Yr	Mo	Yr					

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving
Mo	Yr	Mo	Yr					

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving
Mo	Yr	Mo	Yr					

Explain Duties & Responsibilities:

Indicate the number of years of employment related to the endorsement area(s) selected		<b>Verification: Letters from employers verifying work experience, including dates of employment, and copies of related certificates, registrations and/or licenses <u>must</u> be submitted with this application.</b>
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<b>Education</b>							
<b>Official transcripts <u>must</u> be attached to verify degree and applicable course work highlighted.</b> If additional space is needed, please attach a separate sheet of paper.							
Name of Institution	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

<b>Teaching Experience</b> (if applicable)							
If additional space is needed, please attach a separate sheet of paper.							
Current Educator License:							
Current Endorsements:							
Name of School	From		To		School Address	Subjects	Principal or Director
	Mo	Yr	Mo	Yr			

<b>References</b> (Teaching and/or Employment)			
Name	Address	Position	Phone
<b>Applicant Signature</b>	<b>X</b>	<b>Date</b>	

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

<b>License Recommended:</b>	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
<b>Approved Endorsement:</b>			
<b>Approved Endorsement:</b>			
<b>Signature of State Health Science Education Specialist</b>			
Signature		Date	
<b>Submit completed application, official transcripts, and/or other documentation to:</b> <b>Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South,</b> <b>PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752</b> <b>License fee: \$50.00</b>			