

APPLICATION FOR ENDORSEMENT OR ENDORSEMENT PLAN (SAEP) Cisco Certified Networking Associate (CCNA) Endorsement

**This endorsement only attaches to Secondary Licenses, CTE Licenses or CTE/APP Licenses
Official documentation must be attached to verify applicable course work and requirements**

Last Name	First Name	Middle Name	Date	SSN or CACTUS ID #
Home Address			City	State
Email Address			Zip	Work Phone
Current Teaching/License Status				Home Phone
<input type="checkbox"/> Not Teaching OR Teaching at: (School) _____ (District) _____				
Educator License(s) held: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical <input type="checkbox"/> CTE/APP				
Background check: <input type="checkbox"/> Yes <input type="checkbox"/> No (Do NOT submit application until background check is complete)				
Check only one	<input type="checkbox"/> I am requesting the Cisco Certified Networking Associate endorsement. All course work and requirements have been completed and the appropriate documentation is attached. An endorsement evaluation fee of \$45.00 is enclosed.			
	<input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Cisco Certified Networking Associate endorsement. Course work and requirements will be completed within the timeframe identified in the plan (one year). An endorsement evaluation fee of \$45.00 is enclosed.			

This endorsement authorizes the instructor to teach the following approved Information Technology courses:
Cisco Certified Networking Associate, Network+

Course Work		
Required	Verification of 40 hours of a Cisco Certified Networking workshop, 3.0 credits for a Cisco Certified Networking class, or 2 years of Cisco networking work experience. (minimum requirement for SAEP)	Date Completed
	Verification of or plan for a passing score on the Cisco Certified Networking Associate exam.	Date to be Completed
	Portfolio of one original unit of instruction that could be used in teaching an Cisco networking class (include standards and objectives, presentations, handouts, activities, labs, rubrics, quizzes, tests, projects, etc.)	Date to be Completed

Signature of Applicant	Date
X	

Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator 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

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

Endorsement Recommended	Cisco Certified Network Associate	SAEP Approved for one year
		CTE Specialist Signature _____ Date _____
		Endorsement Awarded
		CTE Specialist Signature _____ Date _____