

APPLICATION FOR ENDORSEMENT OR ENDORSEMENT PLAN (SAEP) Certified Novell Administrator (CNA) 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
				Home Phone
Current Teaching/License Status				
<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 Certified Novell Administration 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 Certified Novell Administration 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:
Certified Novell Administration, Network+

Course Work			
Required	Verification of 40 hours of a Novell network administration workshop, 3.0 credits for a Novell network administration class, or 2 years of administering a Novell network work experience. (minimum requirement for SAEP)		Date Completed
	Verification of or plan for a passing score on the Certified Novell Administration exam.	Date to be Completed	Date Completed
	Portfolio of one original unit of instruction that could be used in teaching an CNA class (include standards and objectives, presentations, handouts, activities, labs, rubrics, quizzes, tests, projects, etc.)	Date to be Completed	Date 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	Certified Novell Administration (CNA)	SAEP Approved for one year	
		CTE Specialist Signature	Date
		Endorsement Awarded	
		CTE Specialist Signature	Date