

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Information Technology Education

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

I am teaching at _____ (School) _____ (District) Not Teaching

I have a current Secondary Educator License: Yes No

Background check completed (Must be completed and cleared at time of application)

Information Technology Education Endorsement Area(s) For Which You Are Applying:

Introductory <input type="checkbox"/> Introduction to Information Technology Information Support & Services <input type="checkbox"/> CompTIA A+ (Computer Repair/Maintenance) * <input type="checkbox"/> Database Development (Oracle) * <input type="checkbox"/> Linux *	Interactive Media <input type="checkbox"/> Multimedia <input type="checkbox"/> Web Development (iNet+ or CIW) * Network Systems <input type="checkbox"/> Certified Novell Administrator (CNA) * <input type="checkbox"/> Cisco Certified Networking Associate (CCNA) * <input type="checkbox"/> CompTIA Network+ * <input type="checkbox"/> Microsoft Certified Professional (MCP) * <input type="checkbox"/> Security *	Programming & Software Development <input type="checkbox"/> Computer Programming Other _____ * Requires Industry Certification
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Attach each individual endorsement application for each endorsement checked.

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)	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)	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)	Verification Attached
Mo Yr	Mo Yr					
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in the occupation related to the Endorsement Area:		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.
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Education (Original Transcripts must be attached.) If additional space is required, please attach a separate sheet of paper.							
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

Teaching Experience If additional space is required, please attach a separate sheet of paper							
Name of School	From		To		School Phone No.	Subjects	Principal/Director
	Mo	Yr	Mo	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"/> CTE/APP Level 1	<input type="checkbox"/> CTE Level 1	<input type="checkbox"/> CTE Level 2
Approved Endorsement(s):			
Signature of State Information Technology Specialist			
Signature		Date	

Submit completed application, official transcripts, and/or other documentation and check 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

License fee: \$50.00