

APPLICATION FOR ENDORSEMENT PLAN (SAEP)

Work-Based Learning

This endorsement attaches to Secondary and Career and Technical Education Licenses only

This endorsement authorizes the instructor to teach all approved Work-Based Learning courses

Credits Required: 7.5 USOE Credits

Original transcripts must be attached to verify applicable course work.

| | | | | |
|---|------------|-------------|------|---------------------|
| Last Name | First Name | Middle Name | Date | SS # or CACTUS ID # |
| Home Address | | | City | State |
| | | | Zip | Work Phone |
| E-mail Address | | | | 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 and Technical Education | | | | |
| Background check: <input type="checkbox"/> Yes <input type="checkbox"/> No (Do NOT submit application until background check is complete) | | | | |
| <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Work-Based Learning endorsement. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$45.00 is enclosed. | | | | |

These courses are available through USOE Professional Development on a Rotating Cycle – see specialist

| Course Information (List both completed and future information) | USOE Credits | Year | Institution | Course # | Credits Earned |
|--|--------------|------|-------------|----------------------|----------------|
| Work-Based Learning Basic Training (Including Apprenticeship Training) | 1.5 | | | | |
| Work-Based Learning Summer Conference Yr. 1 | 1.0 | | | | |
| Work-Based Learning Summer Conference Yr. 2 | 1.0 | | | | |
| *Business Communications | 1.0 | | | | |
| *Introduction to Marketing/Principles of Marketing | 1.0 | | | | |
| *Business Management Essentials | 1.0 | | | | |
| *Instructional Technology | 1.0 | | | | |
| Other – Pre-approved by State Specialist | | | | | |
| *College courses or work experience may waive these requirements | | | | | |
| | | | | | |
| Total Credits Required | 7.5 | | | Total Credits | |

| 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 SAEP fee must be included with this application (*see information above) | |

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

| | | |
|--------------------------------|----------------------------|---|
| Endorsement Recommended | Work-Based Learning | SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved Completed work credits: _____ Completed course credits: _____ Total completed credits: _____ Credits Needed: _____ |
| | | CTE Specialist Signature _____ Date _____ |
| | | Endorsement Awarded |
| | | CTE Specialist Signature _____ Date _____ |