

# APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

## Work-Based Learning

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Birth Date
E-mail Address			Work Phone	Home Phone
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching				
Educator License(s) held: <input type="checkbox"/> Elementary Education <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)				

### Work-Based Learning Endorsement

#### Employment Record List only work experience related to the WBL endorsement area – (*Exclude teaching experience*)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	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)	Reason for Leaving	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)	Reason for Leaving	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)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

How many years experience do you have in work-based learning related fields?		<b>Verification: Letters from employers verifying work experience, including dates of employment, <u>must</u> be submitted with this application.</b>
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**Education** If additional space is needed, please attach a separate sheet of paper.  
**Transcripts must be attached to verify degree with applicable course work highlighted.**

Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

**Teaching Experience** (if applicable) If additional space is needed, please attach a separate sheet of paper.

Name of School	School Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

**References** (Teaching and/or Employment)

Name	Address	Position	Phone

<b>Applicant Signature</b>	<b>X</b>	<b>Date</b>	
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----- **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
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<b>Approved Endorsement:</b>	Work-Based Learning
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**Signature of State Work-Based Learning Specialist**

Signature	Date
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**Submit completed application, official transcripts, and/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

**License fee: \$50.00**