Submit by Email | Print Form

UTAH STATE OFFICE OF EDUCATION
Special Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200

Date

SPEECH-LANGUAGE TECHNICIAN APPLICATION
ALTERNATIVE LICENSING ROUTE TO A
UTAH PROFESSIONAL EDUCATOR LICENSE

Reminder: You must complete a background check before submitting this application.

AN APPLICATION MUST INCLUDE 1) A COMPLETED APPLICATION FORM, 2) CONFIRMATION OF EMPLOYMENT FORM, AND 3) ORIGINAL TRANSCRIPTS. MAIL ALL THREE ITEMS TOGETHER IN ONE ENVELOPE. UNLESS INDICATED BY AN ASTERIK (*), ALL THREE SECTIONS OF THE APPLICATION MUST BE COMPLETED.

PERSONAL DATA

Last Name | First | Middle | Birth Name

Street Address | City | State | Zip Code

Telephone | Date of Birth | Social Security Number | Ethnicity* | Gender

E-mail

US Citizenship: Yes ☐ No ☐

If no, does your residency or visa status permit employment? Yes ☐ No ☐

Are you currently teaching in a licensed position? If yes, please complete the following:

School | District | Principal

Teaching Assignment

0-21+ Speech/Language

Are you teaching in a licensed position (Please check one)
Full Time: ☐ Half Time: ☐ Less than half time/part time: ☐

EDUCATION:

College of University	Degree	Date Received	Major	Minor

Minimum training to be accepted into the ARL program is a bachelor's degree in communication disorder. Please provide Special Education with an **original transcript** showing your degree.

UTAH LICENSE AREA
Utah Educator Licenses for a speech-language technician are ages 0-21+ and are based on qualifications obtained through your professional growth plan.

CONVICTION HISTORY
Have you ever been convicted of violating any law (except traffic violations)? You must report Driving Under the Influence convictions. Yes ☐ No ☐

I verify that these statements are true.

Signature

If a background check reveals that you have made false statements, your license may be revoked.