

**CONFIRMATION OF EMPLOYMENT FOR  
THE ALTERNATIVE ROUTE TO A  
UTAH PROFESSIONAL EDUCATOR LICENSE PROGRAM**

**PERSONAL INFORMATION**

NAME

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STREET ADDRESS

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CITY

STATE

ZIP CODE

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DATE OF BIRTH

SOCIAL SECURITY #

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**EMPLOYMENT**

In order to pursue this alternative route, the candidate must be employed by a Utah school district or an accredited Utah school in a LICENSED position.

EMPLOYING DISTRICT OR SCHOOL

CONTACT PERSON

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EMPLOYED IN THE FOLLOWING LICENSED POSITION

GRADE

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CANDIDATE HAS BEEN ASSIGNED TO THE FOLLOWING SCHOOL

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SUBJECT/S (Secondary only - Please list daily teaching schedule)


THIS CANDIDATE IS TEACHING: (Please check one)

Full time:     

Half time:     

Less than half time/part time:     

UNIVERSITY PROGRAM ENROLLED IN

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CANDIDATE'S PRINCIPAL (signature)

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CONTRACT HIRE DATE:

I certify that this applicant is employed in a licensed position by this school district.

\_\_\_\_\_  
Signature of Human Resource Director

\_\_\_\_\_  
Date

Submit this document to: ATTN: Rondella Arambarri, Special Education Alternative Routes to Licensure, Utah State Office of Education, 250 East 500 South, P.O. Box 144200, Salt Lake City, Utah 84114-4200, Phone: 801-538-7730