

For Office Use Only

Date Received:

Date Sent to Specialist:



Teach an Individualized Lifetime Activities (ILA) Course

Application for the Utah State Board of Education

Applicant Information

Name: _____ CACTUS ID#: _____

E-mail: _____

Please Check that you have a current Utah Teaching License (required)

 I have a current Utah Teaching License

Area(s) of Endorsement: _____

Purpose

In order to expand student opportunities in physical education, an individual with expertise in a specific lifetime activity may apply for a restricted endorsement to teach that activity for physical education credit. The person must be deemed qualified in the specific area by the school physical education department chairperson, district, or charter administrator, and USBE Physical Education Specialist. They must have current certification in CPR and first aid.

The only activity-specific ILA courses for graduation credit are **dance, outdoor recreation, strength and conditioning, and yoga**. All other activity courses developed by the LEA are elective credit courses.

Select ILA Course Applying to Teach: Please check one.

- Dance
- Outdoor Recreation
- Strength and Conditioning
- Yoga

Instructions for Completing the Application:

1. Complete the endorsement application by **filling in the table** demonstrating how you have completed at least one option for each requirement areas.
2. Email completed application and required documentation to licensing@schools.utah.gov. Attach documentation to the email (e.g., MIDAS Transcript, certificates) and submit necessary University transcripts.

Requirement Area	University Course <i>Evidence:</i> If this option is used the application must include a transcript for each course below	Other Experience or Certifications <i>Evidence:</i> If this option is used documentation and certifications must be provided.
Evidence for Competency in ILA Course	Course Name: _____ University _____ Course Code _____ Year _____ Grade _____	
CPR/First Aid Certification *Attach certificate		Approved Providers – check one American Heart Association: ___ <input type="checkbox"/> ___ American Red Cross: ___ <input type="checkbox"/> ___ Nat’l Safety Council: ___ <input type="checkbox"/> ___ Emergency Care & Safety Inst: <input type="checkbox"/> ___

Applicant’s Signature

I, _____, certify that the information contained in this application is true.

- I have attached any required documentation such as skill certifications, CPR and first aid certifications
- I have submitted original transcripts. **OR** I have requested electronic transcripts to be sent directly from the university/college to transcripts@schools.utah.gov

For Office Use Only

- The application is complete and approved.
- The application is incomplete and not approved for the following reason(s):

ENDORSEMENT SPECIALIST: _____

Date Reviewed and Returned to Licensing: _____