



## Social/Ballroom Dance Endorsement Application

This endorsement may be attached to a Utah Educator License with a Secondary area of concentration. There are separate forms for Elementary and Secondary Dance Endorsements. This form is for Social/Ballroom Dance only.

### Applicant Information

Name \_\_\_\_\_ CACTUS ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date Submitted \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

**Check One:**     This application is to add an endorsement to my existing license area.

This application is for a State Approved Endorsement Plan (SAEP).

This application is for ARL or Out of State (OOS) licensure.

### Application Checklist

Complete Endorsement Application.

Attach original college /university or Professional Learning transcript(s) *with the relevant courses highlighted*.

1. *Original paper transcripts with courses highlighted are preferred. Transcripts do not need to be in a sealed envelope, but must be on the original college/university transcript paper.*
2. *USBE will accept electronic transcripts only if sent directly from the college/university through a transcript clearinghouse to [transcripts@schools.utah.gov](mailto:transcripts@schools.utah.gov). Electronic transcripts should be emailed before you submit your endorsement application.*

**3. Please list any electronic transcripts being sent to USBE for this application:**

\_\_\_\_\_ *4. Photocopies and printed or forwarded electronic transcripts will not be accepted.*

\_\_\_\_\_ Attach copy of the appropriate content praxis test, if applicable.

\_\_\_\_\_ Mail to:

USBE Licensing  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, UT 84114-4200

For each of the four course requirements, indicate below the courses you have completed or the documentation attached to satisfy each of the requirements. If the course name and number are not an exact match to those listed on the left (the pre-approved courses) check "other," and record in the box on the right the course you wish to substitute. Please include a course description for all substitutions.

**Highlight the course on your transcript.**

1. \_\_\_ Recommendation from current principal indicating support and school need.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **American Social Dance 1 semester hour** (Demonstrate by practice and application the techniques [footwork, rhythm, alignment, poise, styling, partnering] associated with each dance. Also demonstrate school figures associated with each dance.)

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

3. **International Latin, Gold Level 1 semester hour** (Demonstrate competitive figures at a pre-championship level in International Style Cha-Cha, Samba, Rumba, Paso Doble, and Jive. Also demonstrate correct Latin techniques in posture, style, rhythm, footwork, weight transfer and partnering.)

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

4. **International Ballroom, Gold Level 1 semester hour** (Demonstrate competitive figures at a pre-championship level in International Style of Waltz, Tango, Foxtrot, and Quickstep. Also demonstrate correct ballroom technique in posture, style, rhythm, footwork, weight transfer, and partnering.)

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

5. **Methods of Teaching Dance to Social Groups 2 semester hours** (Demonstrate teaching techniques in social and world dance, including calling steps, proper music selection and tempo in either a formal or informal setting.)

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

6. **CPR/First Aid Certification**

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

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**7. One other line of evidence from the menu below:**

- \_\_\_\_\_ History of successful teaching of social/ballroom in a licensed studio, or
- \_\_\_\_\_ History of successful teaching of social/ballroom dance in a public school or higher education, or
- \_\_\_\_\_ Documented evidence of significant awards won in the field, or
- \_\_\_\_\_ Evidence of publication in the field, or
- \_\_\_\_\_ Imperial Society of Teachers of Dancing Certification (ISTD)

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	COMPLETION DATE	SPONSORING AGENCY

**Demonstrated Competency for One or More Requirements**

In lieu of university and/or approved professional development courses, the applicant may apply for an endorsement through demonstrated competency. Demonstrated competency must be verified for each course individually. Demonstrated competency will be approved under the direction of the USBE Content Area Specialist. **The applicant must schedule, document, and submit the following:**

**Portfolio evidence** of college-level competence in each category.

**AND**

**Participate in an oral interview** under the direction of the USBE Content Area Specialist or designee/s to determine applicant’s declarative, procedural, and conditional research-based knowledge of each individual course. This is usually done by a committee of specialists.

**AND**

**Participate in a formal observation** conducted by USBE Content Area Specialist or designee/s to demonstrate classroom instructional application of the Social/Ballroom Dance course content.

**State Approved Endorsement Program (SAEP)**

1. An approved SAEP for Social/Ballroom Dance allows a secondary teacher to teach social/ballroom dance classes while working on the endorsement.
2. The applicant has two years from the date the SAEP is approved to complete all requirements for the endorsement.
3. The applicant must have a minimum of “bronze level” dance experience (Social, Latin and Ballroom Dance I) before applying for the SAEP.

4. The applicant must document the minimum level on this application by attaching and highlighting transcript evidence.

### **Submitting the Application**

1. Print and complete this Endorsement Application.
2. Attach original transcript(s) *with the relevant courses highlighted* and all other documentation. Or, arrange for university/college to e-mail transcripts directly to [transcripts@schools.utah.gov](mailto:transcripts@schools.utah.gov).
3. Send :
  - Completed application with all documentation attached
  - Highlighted original transcripts. Or, if sent electronically, transcripts must be received **before** this application is submitted.

USBE Licensing  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, UT 84114-4200

#### **For more information contact:**

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