

# USBE Speech-Language Technician Licensing Program Application

Reminder: You must complete a background check and have a CACTUS ID before completing this application.

## PERSONAL INFORMATION

Last Name	First	Middle	Maiden
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Date of Birth	CACTUS ID	Ethnicity*	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Are you a U.S. Citizen? Yes  No

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

Are you currently working in a licensed position? Yes  No  If yes, complete the following:

If no, contact Sabrina Gill, [Sabrina.gill@schools.utah.gov](mailto:Sabrina.gill@schools.utah.gov), 801-538-7936

**\*Note: If you work for multiple LEAs, please provide the following information for each LEA.**

### LEA #1(District or Charter School)

Supervising Administrator	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervising SLP	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

### LEA #2(District or Charter School)

Supervising Administrator	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervising SLP	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

**LEA #3(District or Charter School)**

Supervising Administrator

Email

Telephone

Supervising SLP

Email

Telephone

**EDUCATION**

College or University

Degree

Date Received

Major

Minor

Minimum training to be accepted into the USBE program is a Bachelor’s Degree in Communication Disorders or Speech and Hearing Science. Please provide USBE an **original transcript** with your degree posted.

**CONVICTION HISTORY**

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

I verify that the above statements are true.

Signature

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

**Submit this document by mail:**

Utah State Board of Education  
250 East 500 South  
PO BOX 144200  
Salt Lake City, UT 84114-4200  
Attn: Sabrina Gill

Questions or concerns? Contact:

Sabrina Gill  
801-538-7936  
[sabrina.gill@schools.utah.gov](mailto:sabrina.gill@schools.utah.gov)