AMERICAN SIGN LANGUAGE (ASL) ENDORSEMENT

Application for the Utah State Board of Education

APPLICANT INFORMATION

Name: _____ CACTUS ID#: _____

E-mail: _____

PURPOSE

This endorsement, when attached to a current Educator License, qualifies one to teach American Sign Language (ASL) in Elementary or Secondary (grades K-12) ASL classes.

ENDORSEMENT REQUIREMENT AREAS

Only one demonstration of competency needed per requirement area.

1. American Sign Language Proficiency
   ☐ *American Sign Language Proficiency Interview (ASLPI) Rating: 3+ or higher*
   Date Completed: _____ Score/Rating: _____
   ☐ *Bachelor's degree (or higher) in American Sign Language*
   University: _____ Year: _____
   Degree: _____ Major: _____
   ☐ *American Sign Language Teachers Association (ASLTA) Certification at Certified or Master level*
   Date Completed: _____ Level: _____
   ☐ *Utah Interpreter Program (UIP) Certification:*
      ☐ Utah Certified Professional Interpreter (UCPI) or
      ☐ Utah Certified Deaf Interpreter (UCDI)
   Date Completed: _____ Expiration Date: _____

2. Deaf/Hearing-Impaired Cultural Competency and ASL Teaching Methods
   ☐ *Bachelor's degree (or higher) in one of the following:*
     ☐ *Bilingual/Bicultural Education of Deaf/Hard of Hearing*
     ☐ *Deaf Education*
     ☐ *Deaf Studies*

University: _____ Year: _____

Degree: _____ Major: _____

   ☐ *Teacher preparation program at a university in one of the following:*
     ☐ *Deaf Education*
     ☐ *American Sign Language*

University: _____ Date Completed: _____

   ☐ *[American Sign Language Teachers Association (ASLTA) Certification](#) at Certified or Master level*

Date Completed: _____ Level: _____

APPLICANT'S SIGNATURE

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

   ☐ I have submitted any required documentation such as original transcripts, certifications, test scores, MIDAS transcripts, etc.
   ☐ Electronic transcripts must be sent directly from the College/University clearinghouse to the USBE Licensing Department at transcripts@schools.utah.gov.

Educator Signature: _____ Date: _____

APPLICATION SUBMISSION

Please submit application online in the Utah Educator Licensing Application system, [Survey Monkey Apply](https://usbelicensing.smapply.us) (https://usbelicensing.smapply.us)

Associate Level Endorsement:
Degree major in ASL *or* one (1) of the two (2) requirement areas.