

Educator License Application

Utah State Office of Education, 250 East 500 South, P. O. Box 144200, Salt Lake City, UT 84114-4200

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|---|---------------------|--------------|------------------------------|--------------------|
| To be filled out by Student (Please type or print in Black ink using a medium point pen and complete ONLY those areas that are applicable.) | | | | |
| Full Name: (Last) (First) (Middle) (Maiden Name) | | | | Date: |
| Mailing Address for Delivery of License (Including City, State & Zip) | | | | Social Security #: |
| Sex: | Ethnic Background*: | Citizenship: | Place of Birth: | Date of Birth: |
| Previous Utah Educator License (If Any): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Year Granted: | |
| Have you ever had a credential revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, where? | |
| Have you ever been convicted of violating any law, except minor traffic violations? _____ (Convictions for Driving Under the Influence of drugs or alcohol shall be reported.) If a background check reveals that you have made false statements, your license may be revoked. | | | | |
| I verify these statements are true, and I understand this information may be used or provided to potential employers and to the Utah State Office of Education for appropriate licensure and professional development purposes. I also give permission for the university to submit my preservice test scores for licensure. | | | Educator's Signature: | |

*Ethnic background information is being requested for state and federal reporting purposes; however, you are not required to respond.

| (USOE ONLY) | | (FOR UNIVERSITY USE ONLY) | | | | | (USOE USE ONLY) | |
|-------------|----|---------------------------|--------------|------------|----------------|--|-----------------|---------------|
| L | BS | License Area | Endorsements | ETS Test # | ETS Test Score | Subtest Scores | Date Issued | Renewal Dates |
| | | | | | | <input type="checkbox"/> Average Range or Higher | | |
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| | | | | | | <input type="checkbox"/> Average Range or Higher | | |

| (FOR UNIVERSITY USE ONLY) | | |
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| Degrees (University/ Month/Year/State) --B.S./B.A. Major(s): Minor(s) | Degrees (University/ Month/Year/State) -- M.S./ M.A./M.Ed. Major(s) | Degrees (University/Month/Year/State) --Ed.D/ Ph.D. Major(s): |

This is to certify that the applicant has completed the requirements in the approved program for this license and that all information submitted is accurate:

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| _____ Signature of Institutional Officer _____ Lisa Christensen Printed Name of Officer _____ Utah State University College/University | _____ Co ordinator of Programs Title _____ Date |
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