

Educator License Application for Post-baccalaureate Programs

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

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) (Birth Name)				Date:
Mailing Address (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 yes, explain on a separate sheet. 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		
						<input type="checkbox"/> Average Range or Higher		
						<input type="checkbox"/> Average Range or Higher		
						<input type="checkbox"/> Average Range or Higher		
						<input type="checkbox"/> Average Range or Higher		

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

Endorsement determined by:

Required: <input checked="" type="checkbox"/> degree major equivalent by transcript review. <input type="checkbox"/> degree major equivalent 100% by testing. <input type="checkbox"/> degree major equivalent 50% by test; 50% by transcript.	Optional: <input type="checkbox"/> degree minor equivalent by transcript review. <input type="checkbox"/> degree minor equivalent 100% by testing. <input type="checkbox"/> degree minor equivalent 50% by test; 50% by transcript.
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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:

Signature of Institutional Officer _____ Title Dean, McKay School of Education Printed Name of Officer Dr. K Richard Young

Brigham Young University _____
 College/University Date