

Educator License Application

Utah State Board 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) (Maiden Name)				Date:
Mailing Address for Delivery of License (Including City, State & Zip)				Last 4 digits-Social Security #:
Sex:	Ethnic Background*:	Citizenship:	Place of Birth:	Date of Birth:
Previous Utah Educator License (If Any): D Yes D No			Year Granted:	
Have you ever had a credential revoked or suspended? D Yes D 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 Board 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.

(USBE ONLY)		(FOR UNIVERSITY USE ONLY)					(USBE USE ONLY)	
L	BS	License Area	Endorsements	ETS Test #	ETS Test Score	Subtest Scores	Date Issued	Renewal Dates
						D Average Range or Higher		
						D Average Range or Higher		
						D Average Range or Higher		
						D Average Range or Higher		
						D Average Range or Higher		
						D Average Range or Higher		

(FOR UNIVERSITY USE ONLY)		
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:

_____ Signature of Institutional Officer	_____ Program Coordinator Title
_____ Lisa Christensen Printed Name of Officer	
_____ Utah State University College/University	_____ Date

EDUCATOR LICENSING PROGRAM EVALUATION

The College of Education is constantly evaluating its educator licensing programs and we need your feedback. Please be honest in the anonymous response. The information will be used in a confidential way to help improve our programs. Turn this form into EDUC 103 or mail to 2800 Old Main Hill, Logan UT 84322-2800.

1a. Degree completed: Elem Educ (1-8) _____ Elem Educ (K-6) _____ Early Childhood _____
Spec Educ _____ Sec. Ed. _____ (if Sec Ed, list major/minor)
Major _____ Minor _____
Audiology _____ Speech Language _____ Deaf Educ _____
School Psychologist _____ School Counseling _____
School Library Media _____ Administrative/Supervisory _____
School Social Worker _____

1b. Which USU Center did you receive the majority of your certification course?

Main Campus (Logan) _____ Western Utah (Tooele) _____
Uintah Basin (Roosevelt, Vernal) _____
Southwestern, Price, Moab, Blanding, Monticello) _____
South Central (Ephraim, Manti) _____ Northern (SLC, Brigham) _____

(If you are in Secondary Education, please direct your responses to the Secondary Education Department rather than your Major/Minor Department)

2. Evaluate the following:

- a. The teaching ability and effectiveness of the faculty was generally:
1) ___ poor 2) ___ satisfactory 3) ___ excellent
- b. The curriculum for the program was:
1) ___ too flexible 2) ___ well planned 3) ___ too structured
- c. The courses taken were generally:
1) ___ not as demanding as expected in time and effort
2) ___ well planned
3) ___ too demanding in time and effort
- d. The department's interest and commitment was:
1) ___ marginal 2) ___ average 3) ___ enthusiastic
- e. The **availability** of advising in this program was:
1) ___ poor; impossible to find an advisor most of the time
2) ___ satisfactory; adequate, but not outstanding
3) ___ excellent; advising assistance was available always when needed
- f. The **quality** of general program advisement was:
1) ___ poor 2) ___ satisfactory 3) ___ excellent

	Very Little			Extensively	
		(circle one)			
3. To what extent did the Department :					
Keep you informed about requirements and deadlines	1	2	3	4	5
Keep your records straight	1	2	3	4	5
Encourage you to feel like part of a team	1	2	3	4	5
effort Provide opportunities to meet and talk					
to	1	2	3	4	5
visiting professionals					
Give you a clear picture of the opportunities	1	2	3	4	5
in your chosen field	1	2	3	4	5
Inform you regularly of job openings in your field	1	2	3	4	5

4. To what extent did your **educational experience**:

Develop your ability to organize and present ideas	1	2	3	4	5
Expose you to innovative teaching methods	1	2	3	4	5
Provide you with useable research and writing	1	2	3	4	5
skills Improve your ability to communicate ideas	1	2	3	4	5

5. Which classes or experiences were most rewarding to you? (be specific) _____

6. Which classes or experiences were least rewarding to you? _____

7. Other comments or suggestions on improving the program _____
