HEALTH EDUCATION ENDORSEMENT
Application for the Utah State Board of Education

APPLICANT INFORMATION

Name: _____ _____ CACTUS ID#: _____

E-mail: _____

PURPOSE

This endorsement, when attached to a current Secondary Educator License, qualifies one to teach middle school and high school health education courses.

ENDORSEMENT REQUIREMENT AREAS

Which of the following requirement areas did you complete? Only one demonstration of competency needed per requirement area.

1. **Human Diseases**
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

2. **Nutrition**
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

3. Mental Health
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

4. Substance Abuse Prevention
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

5. Sex Education/Human Sexuality
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

6. Methods of Teaching Health Education
    ☐   *University Course*
    University: _____ Course code: _____
    Course name: _____ Semester/Year: _____ Grade: ____
    ☐   *Approved USBE course*
    Course name: _____
    Date completed and posted in MIDAS:_____
    ☐   *Microcredential Stack*
    Date completed and posted in MIDAS:_____

7. CPR/First Aid Certification (hands-on course) provided by one of the approved organizations.
   ☐ American Heart Association
   ☐ American Red Cross
   ☐ National Safety Council
   ☐ Emergency Care and Safety Institute
   Date Completed: _____

APPLICATION SUBMISSION

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