

Exercise Science/Sports Medicine Endorsement Application

Endorsement Application for the Utah State Board of Education

APPLICANT INFORMATION

Name:

CACTUS ID#:

Email:

PURPOSE

This endorsement is meant for certified teachers interested in teaching **Exercise Science/Sports Medicine** courses. It is attached to a current Utah Educator License with a license area of concentration in **Secondary** or **CTE** Education.

Prerequisite Requirement

- CTE Knowledge

Associate Level Requirements

Complete **ONE** of the competency areas.

This endorsement is non-renewable and valid for up to three school years before it expires.

- Human Body Systems
- Exercise/Movement Science
- Basic Sports Medicine/Athletic Training

Professional Level Requirements

Complete **ALL** the competency areas.

ENDORSEMENT COMPETENCY AREAS

1. *CTE Knowledge (REQUIRED)*

Select one of the following options:

- ☐ USBE Course: [CTE Orientation Canvas](#) course
- ☐ Complete THREE years of full-time CTE Teaching in Utah
- ☐ Currently hold a professional-level CTE endorsement

2. *Human Body Systems*

Select one of the following options:

- ☐ College Course (ex, UU BIOL 2325, UU BIOL 2420, WSU HTHS 1110/1111)
College: _____ Course code: _____
Course name: _____ Semester/Year: _____ Grade: _____
- ☐ Online Course (choose one):
 - Carnegie Mellon University – Anatomy & Physiology I & II
 - Rice Online Learning through Coursera – Human Anatomy & Physiology Specialization (3-course series)

- UVU Online – Human Physiology Series (Human Anatomy & Physiology I & II)
- Utah Science Teachers Association – Human Anatomy for Teachers
- ☐ CE Course Instructor Approval: attach documentation
- ☐ Occupational Experience: Verifiable active Utah DOPL license in Athletic Training or Physical Therapy. DOPL license #

3. *Exercise / Movement Science*

Select one of the following options:

- ☐ College Course (ex, UVU HLAC 2200, UVU EXCS 3100)
 College: _____ Course code: _____
 Course name: _____ Semester/Year: _____ Grade: _____
- ☐ CE Course Instructor Approval: attach documentation
- ☐ Occupational Experience: Verifiable active Utah DOPL license in Athletic Training or Physical Therapy. DOPL license #
- ☐ USBE Microcredential: Physiology of Exercise. Credit must be posted to your MIDAS professional transcript.

4. *Basic Sports Medicine / Athletic Training*

Select one of the following options:

- ☐ College Course (ex, UVU EXSC 2500)
 College: _____ Course code: _____
 Course name: _____ Semester/Year: _____ Grade: _____
- ☐ CE Course Instructor Approval: attach documentation
- ☐ Occupational Experience: Verifiable active Utah DOPL license in Athletic Training or Physical Therapy. DOPL license #

APPLICATION SUBMISSION

Submit the application online in the Utah Educator Licensing Application System, [Survey Monkey Apply](https://usbelicensing.smapply.us) (<https://usbelicensing.smapply.us>). Please upload any certifications or documentation that verifies the competencies indicated.