

Submit completed application, official transcripts, and all other required documentation to:



USBE Educator Quality & Licensing  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, Utah 84114-4200  
801.538.7740



## Application for a General Financial Literacy (GFL) Endorsement or a State-Approved Endorsement Plan (SAEP)

Full Name \_\_\_\_\_ CACTUS ID \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Do you have a current teaching assignment? Yes No  
If so, where? District \_\_\_\_\_ School \_\_\_\_\_

### Endorsement/SAEP Requirements

1. Hold a Career & Technical Education, Elementary Education, Special Education (K12) and/or Secondary Education (6-12) teaching license. Yes No ARL
2. Complete the GFL Methods & Resources Course [3 CR] (Boot Camp) Date \_\_\_\_\_
3. One or more of the following endorsement pathways must be completed:
  - a. Qualifying Undergraduate or Graduate Degree
 

Accounting	Business Administration	Business Education	Economics
Family and Consumer Science		Finance	Marketing

 Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_
  - b. Prior Teaching Experience [ $\leq$  2015-16]
 

Adult Roles and Financial Literacy	Business Mathematics and Personal Finance
Mathematics of Personal Finance	General Financial Literacy
  - c. College Level Coursework
    - Personal and/or Family Finance [3 CR] Date \_\_\_\_\_
    - Economics [3 CR] (Consumer, Family, Macro, Micro, etc.) Date \_\_\_\_\_
    - Related Elective [3 CR] (ACCT, BUS, ECON, FIN, etc.) Date \_\_\_\_\_
    - Related Elective [4 CR] (candidate's choice) Date \_\_\_\_\_
  - d. Competency-Based/Academic Pathway to Teaching (APT)
 

American Association of Family & Consumer Sciences	
Personal Finance Educator Exam	Date _____

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

----- Information below to be completed by USBE personnel -----

An endorsement is	approved	denied
A State-Approved Endorsement Plan (SAEP) is	approved for _____ years	denied
Alternative Routes to Licensure content eligibility is	approved	denied

CTE Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_