

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP)

Elementary Keyboarding
(2 semester credits required)

Secondary Keyboarding
(10 semester credits required)

The Secondary Keyboarding endorsement *ONLY* attaches to a Secondary License
The Elementary Keyboarding endorsement attaches to Elementary and Secondary Licenses

Original transcripts must be attached to verify applicable course work

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address				Work Phone
Email Address				Home Phone

Current Teaching/License Status
 Not Teaching **OR** Teaching at: School: _____ District: _____

Educator License(s) held: Elementary Education Secondary Education

Check one

I am requesting the Elementary Keyboarding **or** Secondary Keyboarding endorsement. All credits have been completed and the appropriate documentation is attached.

I am submitting a State Approved Endorsement Plan (SAEP) for the Elementary Keyboarding **or** Secondary Keyboarding endorsement. Course requirements will be completed within the timeframe identified in the plan.

The **Elementary Keyboarding** endorsement authorizes the instructor to teach **3rd, 4th, 5th, and 6th Grade Keyboarding**
 The **Secondary Keyboarding** endorsement authorizes the instructor to teach **Keyboarding I, Keyboarding Applications, Word Processing Basics, and Word Processing**

COMPLETE from this group while on PLAN	Courses Information (minimum grade of C required):	Elem	Sec	Year	Institution	Course #	Credits	
	Methods of Teaching Business and Marketing Education	1 – 3	1 – 3					
	<i>Example:</i> WSU: TBE 3610 Methods of Teaching Business/Marketing Education							
	<i>Example:</i> UVU: BUS 4200: Methods of Teaching Keyboarding and Computer Apps							
	USBE-sponsored Keyboarding Methods				USBE		1	
	Word Processing or industry certification	1	1					
REQUIRED FOR Secondary CONSIDERATION	Electives: <i>Credits should pertain to the courses endorsement authorizes</i>		5 – 6					
	Other (pre-approved by specialist):							

Total Credits Required	2-4	7-10	Total Credits
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Signature of Applicant	Date
X	

Submit completed application and official transcripts or other documentation to: USBE Educator Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7740
Original transcripts must be included with this application.

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

Endorsement Recommended	SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved
	Completed credits: _____ Credits needed: _____
<input type="checkbox"/> Elementary Keyboarding <input type="checkbox"/> Secondary Keyboarding	CTE Specialist Signature _____ Date _____
	Endorsement Awarded
	CTE Specialist Signature _____ Date _____