Application to Teach an Individualized Lifetime Activities Course

In order to expand student opportunities in physical education, an individual with expertise in a specific lifetime activity may apply for a restricted endorsement to teach that activity for physical education credit. The person must be deemed “highly qualified” in the specific area by a panel of licensed physical educators and must be current in CPR and First Aid. The application for this endorsement must be signed by the physical education chairperson, the principal, and the local district or charter school board president or designee.

Suggested lines of evidence for documentation include:

- Documented teaching experience of specified activity
- Documentation of relative certifications by state, national, or international organizations
- College coursework related to specified activity
- Approved professional development classes
- Letters from supervisors verifying demonstrated competency to teach the class
- Current first aid/CPR card – copy attached

Athletics classes do not qualify for this restricted endorsement

Please fill out information below:

Name: ____________________________  Cactus Number: ______________________
Address: __________________________
City: ______________  Zip Code: __________  Telephone Number: ________________

☐ Check that you have a current Utah Teaching License (required)
  ☐ I have a current Utah Teaching License

Area(s) of Endorsement: __________________________
School: __________________________  District: __________________________
Proposed Course Title: __________________________
Course Description: __________________________

Is this course open to all students? (Please check one)

☐ Yes
☐ No

Please attach documentation of qualifications and copies of both sides of current CPR/First Aid Cards.
Approval Page
Please sign

We approve of the proposed course and teacher

_____________________________   ______________________________
School Physical Education Department Chairperson               School Principal

_____________________________
President or Designee of District or Charter School Board

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USBE Evaluation
☐ Application Approved – Licensed, Restricted Endorsement
☐ Application Denied

_____________________________   ______________________________
USBE Physical Education Specialist               Date