

USBE Speech-Language Technician Licensing Program Application

Reminder: You must complete a background check and have a CACTUS ID before completing this application.

PERSONAL INFORMATION

Last Name	First	Middle	Maiden	
Street Address	City	State	Zip Code	
Telephone	Date of Birth	CACTUS ID	Ethnicity*	Gender
Email				

Are you a U.S. Citizen? Yes No
If no, does your residency or visa status permit employment? Yes No

Are you currently working in a licensed position? Yes No If yes, complete the following: If no, contact Sabrina Gill (sabrina.gill@schools.utah.gov) or 801-538-7936

***Note: If you work for multiple LEAs, please provide the following information for each LEA.**

LEA #1(District or Charter School)

Supervising Administrator	Email	Telephone
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Supervising SLP	Email	Telephone
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LEA #2(District or Charter School)

Supervising Administrator	Email	Telephone
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Supervising SLP	Email	Telephone
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LEA #3(District or Charter School)

Supervising Administrator

Email

Telephone

Supervising SLP

Email

Telephone

EDUCATION

College or University

Degree

Date Received

Major

Minor

Minimum training to be accepted into the USBE program is a Bachelor's Degree in Communication Disorders or Speech and Hearing Science. Please provide USBE with an **original transcript** with your degree posted.

CONVICTION HISTORY

Have you ever been convicted of violating any law (except minor traffic violations)? You must report Driving Under the Influence convictions. Yes No

I verify that the above statements are true.

Signature

If a background check reveals that you have made false statements, your license may be revoked.

Submit this document by mail:

Utah State Board of Education
250 East 500 South
PO BOX 144200
Salt Lake City, UT 84114-4200
Attn: Sabrina Gill

Questions or concerns? Contact:

Sabrina Gill
801-538-7936
sabrina.gill@schools.utah.gov