

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
801.538.7752



Application for a Machining/CNC Endorsement or a State-Approved Endorsement Plan (SAEP)

This endorsement attaches to either a Secondary Education (6-12) License or a CTE License.

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 Requirements

*The following requirements must be completed **prior** to application:*

1. Hold either a CTE license or a Secondary Education (6-12) teaching license. Yes No
2. Have six years of documented, related, fulltime occupational experience within the 10 years prior to application. A related associate's degree may be counted for up to two years of occupational experience. A related bachelor's degree may be counted for up to four years of occupational experience. Documentation shall consist of a letter from a supervisor on company letterhead indicating duties, responsibilities, and dates of employment. Yes No

OR

Successfully pass the NOCTI #5176 Precision Machining exam

Written (must score 82.9 or higher) _____ Performance (must score 92.5 or higher) _____

The following requirements may be completed as a part of an SAEP:

3. Attend the CTE New Teacher Academy (2.0 USBE Credits) Date _____
4. Complete the Safety Management workshop (2.5 USBE Credits) Date _____
5. Complete SkillsUSA New Advisor Training (0.5 USBE Credits) Date _____
6. Attend 2 USBE approved Trade Conferences/Trainings (2.0 USBE Credits) Dates _____
7. Complete your LEA's Safety Review 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

CTE Specialist Signature: _____ Date: _____