Utah State Board of Education

CTE CAREER CLUSTER OCCUPATIONAL EXPERIENCE ENDORSEMENT

Application for the Utah State Board of Education

APPLICANT INFORMATION

Name: _____ Educator ID#: _____

E-mail: _____

PURPOSE

This endorsement, when attached to a Secondary or Career & Technical Education (CTE) license area, verifies that the individual has the skills and knowledge necessary to teach CTE classes in the related CTE Career Cluster.

CAREER CLUSTER

Three (3) years full-time work experience (or equivalent) directly related to the career cluster is required. Work experience may include self-employment with documentation. Which career cluster have you worked for at least 3 years full-time?

- ☐ Advanced Manufacturing and Engineering
- ☐ Agriculture
- ☐ Arts, Entertainment and Design
- ☐ Business Management & Entrepreneurship
- ☐ Construction
- ☐ Digital Technology
- ☐ Education
- ☐ Energy and Natural Resources
- ☐ Financial Services
- ☐ Healthcare
- ☐ Human Services
- ☐ Hospitality, Events and Tourism
- ☐ Marketing
- ☐ Public Service and Safety
- ☐ Supply Chain and Transportation

OCCUPATIONAL EXPERIENCE

List your most recent occupational experience related to the selected CTE Career Cluster. You must provide evidence of employment with an employer verification form or self-employment verification. You may need to submit multiple Employment Verification forms.

Type of Work	Employer/Business	Position	Hours per Week	Start Date	End Date

SELF-EMPLOYMENT VERIFICATION

You must provide copies of your federal tax returns to represent the equivalent of three years of full-time work. Accepted documents include **Form 1040 with Schedule C** or **Transcript of Tax Return**. Transcripts of your individual and business federal tax records are available on the IRS website (https://www.irs.gov/individuals/get-transcript). *You may redact sensitive information such as social security number.*

Company/Business Name: _____

Description of work completed:

Tax Year	Average Hours per Week	Documentation Provided

For each of the documents listed above, please attach to your SM Apply Application.

Self-Employment Attestation

I certify that I was self-employed, operating as an independent entity, and that the income and business information provided are true, complete, and accurate.

Educator Signature: **_____** ***Date:*** **_____**

EMPLOYER VERIFICATION

You must include a signed occupational employment verification form **for each job listed in the occupational experience section** above. You may need to include multiple forms if you held one or more position to make up 3 years of full-time work.

If you have been self-employed in the relevant area for at least 3 years (or equivalent), you do not need to complete any employment verification forms.

APPLICATION SUBMISSION

Please submit application online in the Utah Educator Licensing Application system, Survey Monkey Apply (https://usbelicensing.smapply.us). Any employment verification forms must be sent from the employer directly to Utah Educator Licensing (licensing@schools.utah.gov).

CAREER & TECHNICAL EDUCATION (CTE) OCCUPATIONAL EXPERIENCE – EMPLOYMENT VERIFICATION FORM

Verification for the Utah State Board of Education

Section 1: General Information and Instructions

This form is used to verify occupational experience needed to qualify for a Career and Technical Education (CTE) occupational experience endorsement.

INSTRUCTIONS FOR THE ENDORSEMENT APPLICANT

- ***Step 1:*** Review the requirements for the CTE Occupational Experience Endorsement to determine if you qualify.
    - Note: Utah Educator Licensing will not accept verifications that are submitted by the applicant.
- ***Step 2:*** Complete Section 2: Applicant Request below and forward this form to a **Human Resources (HR) Administrator**.
    - Note: You may need to submit multiple verification forms if you listed multiple employers on your application.

INSTRUCTIONS FOR THE HR ADMINISTRATOR

- ***Step 1:*** Complete Section 3: Employment Verification.
- ***Step 2:*** Save the completed verification as a PDF and forward the form **directly** to licensing@schools.utah.gov. If possible**, please email the form from your business email address.**
    - **Note: Utah Educator Licensing will not accept verifications that are submitted by the applicant**.

Section 2: Applicant Request for Employment Verification

First Name:	Last Name:	Date of Birth (MM/DD/YYYY):

I hereby request verification of my employment with your organization. I authorize you to provide information on my position/title, job description, dates of employment, and hours of employment. I request that this information be sent directly from the business email to licensing@schools.utah.gov.

Applicant Signature: _____ Date: _____

Section 3: Work Experience Verification

IMPORTANT NOTE: ALL PARTS OF THIS SECTION MUST BE COMPLETED BY HR ADMINISTRATOR.

Employee/Applicant Information

First Name:	Last Name:	Date of Birth (MM/DD/YYYY):

Business Information

Name of Business or Organization:	Location (City and State):

Employee/Applicant's Position Information

Job Title:

Employment Dates

Start Date (MM/YYYY):	End Date: (MM/YYYY):	Employment Status:	Average hours worked per week in this position:
		☐ Full-Time ☐ Part-Time	

Job Duties

Description of Job Duties for this position:

Verifier Information

Name of Verifier:	Title:
Contact Phone Number:	**Email:**

I certify the above information to be true and correct.

Signature: _____ Date: _____

Please email the completed form directly to Utah Educator Licensing at licensing@schools.utah.gov from your work email address.