



Associate Educator License Extension Form

SUBMIT ONLINE through SM Apply AEL Extension
You must submit this form for the USBE to approve the license extension.

An educator may extend an Associate Educator License for up to two (2) years if their employing Utah school district, charter school, or accredited private school cosigns the extension request. Special Education related licensees may only extend the AEL if they have worked less than three (3) years in a Utah public school district or charter as a Special Educator and Related Service Provider. Impacted license areas: Special Education, Preschool Special Education, Deaf Education, Audiologist, Speech Language Pathologist, Speech Language Technician, School Psychologist, School Social Worker and School Counselor.

License Holder's Name:

CACTUS ID#:

Email:

License Expiration Date:

Phone Number:

- Have you ever had a **credential revoked or suspended** that has not been "reinstated" by the Utah Professional Practices Advisory Commission or by another standards Board?
- No
- Yes
- Is this request for the extension of a **special educator or related service provider** license area (*Special Education, Preschool Special Education, Deaf Education, Audiologist, Speech Language Pathologist, Speech Language Technician, School Psychologist, School Social Worker, or School Counselor*)?
- No
- Yes; Number of years working (at least half-time) in Utah**:

NOTE: Special Educators and Related Service Providers with **three (3) or more years of work experience in a Utah public or accredited private school in one of the following license areas **do not qualify** for a license extension: *Special Education, Preschool Special Education, Deaf Education, Speech Language Pathologist, Speech Language Technician, School Psychologist, School Social Worker, or School Counselor.*

School Information

Name of district/school:

Please select your district/school type:

- Utah Public School **District**
- Utah Public **Charter School**
- Utah Accredited **Private School**

License Holder Signature Verification

I verify these statements are true and I understand this information may be used or provided to potential employers and to the Utah State Board of Education for appropriate licensure purposes. I understand that my Utah extension may be rescinded, and my license is subject to disciplinary action if any information on this renewal form is false.

License Holder's Printed Name:

License Holder Signature:

Date:

Current Human Resources Officer or Charter Director Verification

I verify that I am a human resources officer or charter director at a Utah public district/charter or accredited private school. Our school/district is requesting an Associate Educator License extension for the above-named educator who we employ.

District/School Representative Name:

Position:

Email:

Phone Number:

Signature:

Date:



Utah State
Board of
Education

Educator
Licensing