



Associate Educator License Extension Form

You must attach this completed form to your application and submit via SM Apply at: <https://bit.ly/3yx1bRB>

An educator may extend an Associate Educator License for up to two years at the request of their LEA Human Resource department or Charter School Director. Applicants employed at a private school are not eligible for an AEL extension.

License Holder's Name: _____ CACTUS ID#: _____

Email: _____

License Expiration Date: _____ Phone Number: _____

Number of years (minimum 50% time) teaching in Utah public/private school**:

- 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?

Yes No

- Is this request for the extension of a *special educator or related service provider* license area (*Special Education, Preschool Special Education, Deaf Education, School Social Worker, School Psychologist, Speech Language Pathologist, or Speech Language Technician*)?

Yes No

**NOTE: The following license areas do not qualify for a license extension if an educator has worked in a Utah school for three (3) or more years, as shown in CACTUS/USIMS: *Special Education, Preschool Special Education, Deaf Education, School Social Worker, School Psychologist, Speech Language Pathologist, or Speech Language Technician*.

VERIFICATION SIGNATURES

Current LEA Human Resources Officer or Charter Director Verification:

I verify that I am a human resources officer or charter director at a Utah LEA. Our LEA is requesting an Associate Educator license extension for the above-named educator who is employed by our LEA.

LEA Name: _____

LEA Representative Signature: _____ Date: _____

LEA Representative Name: _____ Position: _____

LEA Representative Email: _____ Phone Number: _____

License Holder 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 I understand that my Utah extension may be rescinded, and my license is subject to disciplinary action if any information on this renewal worksheet is false.

License Holder Signature: _____ Date: _____

License Holder's Printed Name: _____



Utah State
Board of
Education

Educator
Licensing