

ADAPTED PHYSICAL EDUCATION ENDORSEMENT

Application for the Utah State Board of Education

APPLICANT INFORMATION

Name: _____ CACTUS ID#: _____

E-mail: _____

PURPOSE

This endorsement when attached to a current Special Educator License verifies that the individual has the skills and knowledge to deliver specially designed instruction in the area of Physical Education, evaluate student skills and abilities through standardized assessments, understand the role of Adapted Physical Education in the IEP process, think critically and creatively, and can adapt exercises and activities for student participation along with their peers that lead to a lifelong active lifestyle.

*This endorsement will allow you to teach Adapted Physical Education.

ENDORSEMENT REQUIREMENT AREAS

Please mark the requirement areas you have completed.

1. CPR/First Aid Certification provided by one of the approved organizations and has an element of hands-on (In person) experience.

- American Heart Association
- American Red Cross
- National Safety Council
- Emergency Care and Safety Institute
- Other: _____

Date completed: _____

(2 DIFFERENT) SPORTS AND SKILLS COURSES REQUIRED

2. KNOWLEDGE AND APPLICATION OF MOVEMENT AND PERFORMANCE (SPORTS AND SKILL COURSE)

- University Course*

University: _____ Course code: _____

Course name: _____ Semester/Year: _____ Grade: _____

Date completed and posted in MIDAS: _____

Microcredential Stack
Date completed and posted in MIDAS: _____

**3. KNOWLEDGE AND APPLICATION OF MOVEMENT AND PERFORMANCE
(SPORTS AND SKILL COURSE)**

University Course
University: _____ Course code: _____
Course name: _____ Semester/Year: _____ Grade: ____

Microcredential Stack
Date completed and posted in MIDAS: _____

4. METHODS OF TEACHING PHYSICAL EDUCATION K-12

University Course
University: _____ Course code: _____
Course name: _____ Semester/Year: _____ Grade: ____

Microcredential Stack
Date completed and posted in MIDAS: _____

5. ADAPTED PHYSICAL EDUCATION

University Course
University: _____ Course code: _____
Course name: _____ Semester/Year: _____ Grade: ____

Date completed and posted in MIDAS: _____

Microcredential Stack
Date completed and posted in MIDAS: _____

APPLICANT'S SIGNATURE

I certify that the information contained in this application is true.

- I have submitted any required documentation such as original transcripts, MIDAS transcripts, current CPR certification, etc.
- Electronic transcripts must be sent directly from the College/University clearinghouse to the USBE Licensing Department at transcripts@schools.utah.gov.

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

APPLICATION SUBMISSION

Please submit application online in the Utah Educator Licensing Application system, [Survey Monkey Apply](https://usbelicensing.smapply.us) (https://usbelicensing.smapply.us)