

## Davis District Level 1 to Level 2 Upgrade Form For All Licensed Educators

### Applicant Information:

Name: Last	First	Middle	CACTUS ID#
Mailing Address			
Email Address			Phone #
School/Department			Grade/Subject

### Principal/Supervisor Verification: (If the applicable requirements have not been met by June 20, contact HR about a license extension)

Worked with a trained mentor and worked as a licensed educator for three school years (Aug-May)			
Portfolio Requirement/Evaluate Davis			
Completed Self-Assessment with Reflection	Received 4 Administrator Observations	Received Satisfactory Mid-Year Summative Evaluation	Received Satisfactory End-of-Year Summative Evaluation
Completed USBE Youth Suicide Prevention Course (1 hour online <b>AND</b> 1 hour district sponsored training)			
Completed USBE Student Data Privacy Re-Licensure Course			

I certify that the above information is true and correct according to our official records.

\_\_\_\_\_  
*Printed Name of Principal*

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*

### Human Resources Verification:

Completed district required new teacher induction professional learning (if applicable to the area of licensure)
Achieved a score of 160 or higher on the <a href="#">Praxis II</a> Principles of Learning & Teaching (if applicable, take the test in your area of educational preparation: Course Numbers 5621, 5622, 5623, or 5624)
Cleared <a href="#">fingerprint/background check</a> with USBE after July 1, 2015
Completed <a href="#">ethics review</a> within one calendar year of final approval for license upgrade

I certify that the above information is true and correct according to our official records.

\_\_\_\_\_  
*Printed Name of Human Resources Designee*

\_\_\_\_\_  
*Signature of Human Resources Designee*

\_\_\_\_\_  
*Date*

### Alternative Upgrade Requirements: (to be completed by Human Resources if applicable)

If using prior temporary or ARL authorizations towards the three-year service requirement for upgrade while educator was in an alternative type of teacher education program, please verify the following: Type of program/university: _____ Years of service: _____	
If using out-of-state/country teaching experience towards the service requirement, experience must be verified and posted in CACTUS.	
State/Country: _____	Years of service: _____
Upgrade to Level 3 (must qualify for a level 2 license and provide evidence of level 3 certification requirements within 30 days)	