



IDAHO EDUCATOR CERTIFICATION APPLICATION

Application Packet Important Information *Include completed check sheet with your application packet.*

- If you are **initially applying** for a five-year renewable certificate, do not use this application. Please use the *Secondary Degree-Based Career Technical Idaho Educator Certification Initial-Revision-Reinstatement Application*.
- Please check that you have included the items below, as the application will be returned to you if they are missing.

Correct Application Fee – Fee is nonrefundable; \$75.00 check or money order payable to the State Department of Education (SDE)

Completed and Signed Application with completed attestations and signed last page of the application

Transcripts – To expedite processing, please include transcripts with your application. Unofficial transcripts are acceptable to demonstrate required renewal credits.

- Check the box for the method you are using to submit transcripts:

Included in this application packet – *preferred method for expedited processing*

Electronically sent directly from university/college to certification@cte.idaho.gov

Emailed from applicant to certification@cte.idaho.gov

Mailed separately

Delivered in person

For more detailed information, please see our website at

<https://cte.idaho.gov/educators-5/become-a-cte-educator/>

List of Idaho CTE Secondary Degree-Based Endorsements

By Certificate

DEGREE-BASED CAREER TECHNICAL CERTIFICATE

- CTE – Agricultural Science and Technology (6-12)
- CTE – Business Technology Education (6-12)
- CTE – Computer Science Technology (6-12)
- CTE – Engineering (6-12)
- CTE – Family and Consumer Sciences (6-12)
- CTE – Marketing Technology Education (6-12)
- CTE – Technology Education (6-12)

CAREER TECHNICAL EDUCATION ADMINISTRATOR CERTIFICATE

- CTE Administrator (6-12)

PUPIL SERVICES STAFF CERTIFICATE

- CTE Career Counselor (6-12)



**SECONDARY DEGREE BASED CAREER TECHNICAL EDUCATION (CTE)
RENEWAL
IDAHO EDUCATOR CERTIFICATION APPLICATION**

THIS SECTION FOR OFFICIAL USE ONLY	Fee	Date Paid	Check #	Date Entered	Date Issued	Date Expired	BIC Status
------------------------------------	-----	-----------	---------	--------------	-------------	--------------	------------

Section I: Personal Information

Full Legal Name		Birth Date	
Maiden/Other Name		Male	Female
Email Address			
Home Street or PO Box #			
City, State, Zip Code		Phone	

Section II: Endorsements If adding new endorsement(s), please list the endorsement(s) here and include transcripts and any other forms to support the endorsements. Please refer to the list of Idaho CTE endorsements on page 2. Note: If no changes to a current certificate are being requested, please write "SAME" next to Endorsement #1.

Endorsement #1		Endorsement #4	
Endorsement #2		Endorsement #5	
Endorsement #3		Endorsement #6	

Section III: Professional Development – Six (6) Semester Credits Renewal applicant must have earned at least six (6) semester credits during the validity period of the credential. At least three (3) of these credits must be transcribed. Up to three (3) semester credits may be earned by Idaho district-approved in-service signed off on a Verification of Equivalent In-Service Form. List only educational institutions where these credits were earned.

	Name of Course	College/University Name	Credits Earned	Date Completed
a.				
b.				
c.				
d.				
e.				
f.				

Section IV: Renewal Requirements

The Mathematical Thinking for Instruction (MTI)/Teaching Mathematical Thinking (TMT) class is required at renewal if you are working in an Idaho public school AND teaching mathematics at any level (including Title I).

- Do you anticipate having a signed contract with an Idaho K-12 public school for the upcoming school year?
Yes No
- To the best of your knowledge, what will your assignment be? Please be specific.

- Have you completed the MTI/TMT course? Please submit verification of course completion with this application packet.
Yes Not required for renewal

Applicants renewing Administrator Certificates (CTE Administrator) are required to complete a State Board of Education approved three (3) credit course on teacher evaluation based on the statewide framework. For a list of approved courses, please visit: <https://boardofed.idaho.gov/k-12-education/educator-effectiveness/administrator-recertification-renewal-requirement/>.

- Have you completed the Administrator Certificate Renewal Requirement? Please submit verification of course completion with application packet.
Yes Not required – I do not hold an administrator certificate

Section V: Licensing History

You must answer “yes” to each question that applies to you, even if you have already answered “yes” on a previous application.

IMPORTANT: Discrepancies in this section will result in denial of educator license/certificate.

1. Have you ever had an educator or teacher license/certificate denied by any professional licensing authority?
Yes No
2. Have you ever had disciplinary action taken against a professional license/certificate? Disciplinary action on a license/certificate includes revocation, suspension, probation, letters of reprimand, or conditions imposed by a professional licensing authority.
Yes No
3. Have you ever voluntarily surrendered a professional/license/certificate to avoid disciplinary proceedings by a professional licensing authority?
Yes No
4. Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority?
Yes No

All applicants answering yes – Include a detailed written explanation for each questions marked yes. You do not need to re-submit a written explanation if you have previously provided one.

Section VI: Legal History

As part of the application process, the State Department of Education may conduct a background investigation check, which involves a review of criminal history such as arrests and misdemeanor or felony convictions.

By signing this application I acknowledge that I may be required to provide additional information, such as court records.

- **Felonies** – In order to expedite your application, please include a detailed written explanation of each felony criminal issue and a copy of the judgment of conviction for any felony conviction.
 - Please obtain court records from the courthouse.
 - A printout from the State Judiciary Repository will NOT be accepted as relevant court documents.

NOTE: If you have provided these documents with a previous application, you do not need to re-submit them.

- **Misdemeanors** – There is no need to submit documentation with your application for misdemeanor arrest and/or convictions. We will contact you if we need any information.

IMPORTANT – Failure to respond to a request for information will result in your application not being approved.

Section VII: Attestations and Signature

For us to be able to process your application, **please review and initial each of the statements below.**

_____	I attest and affirm that I have read the Code of Ethics for Idaho Professional Educators (for a copy, go to http://sde.idaho.gov/cert-psc/psc/ethics.html).
_____	I attest and affirm that all statements made by me on this application are true and correct to the best of my knowledge.
_____	I understand that it is a violation of the Code of Ethics for Idaho Professional Educators to make any false statement(s) on this application or required documents. Disciplinary action, which may include revocation, suspension, denial, letter of reprimand, or conditions, may be imposed under Section 33-1208, Idaho Code.
_____	I understand that it is my responsibility to keep my mailing address always updated with the IDCTE. Failure to do so may result in not receiving legal/licensing documents or communications related to my credential.

Do not sign until you have read and initialed the above statements.

Signature of Applicant:	Date:
-------------------------	-------

Return form, transcripts, and fee(s) in one packet to:

State Department of Education
 ATTN: Educator Certification
 P.O. Box 83720
 Boise, ID 83720-0027

You will be mailed two copies of your certificate upon application approval.

THIS SECTION FOR ICTE OFFICIAL USE ONLY

Applicant Name:					
Date of Birth:	EDUID:				
CERTIFICATION RECOMMENDATION					
Certificate:					
Endorsements:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				
Dates Valid:	Approved Date:				
Authorization Signature:					