



PROFESSIONAL DEVELOPMENT PLAN

Postsecondary InSpIRE Ready!

Date _____ to _____

This **Professional Development Plan** conveys your intent, with the agreement of your employer or supervisor (per signatures below), to successfully complete Postsecondary InSpIRE Ready! program to move from the Postsecondary Limited Occupational Specialist (PLOS) to the Postsecondary Standard Occupational Specialist (PSOS) Certificate at the conclusion of the PLOS validity period. If choosing this option, this form must be included as an element of the application packet when applying for the initial certification.

Name:		EDUID Number:		
Home Address:		Home/Cell Phone:		
Work Address:		Work Phone:		
Current Position:				
Current Credential(s) Held: Submitting application for Postsecondary Limited Occupational Specialist Certificate				
Credential(s) Sought: Seeking Postsecondary Standard or Advanced Occupational Specialist Certificate				
Professional Development Plan Goal Statement: Within the three-year validity period of the Postsecondary Limited Occupational Specialist Certificate, engage in educator pedagogical training to qualify for Postsecondary Standard or Advanced Occupational Specialist Certificate.				
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
First Camp		2023		40
First Camp OA				40
CTE Learn courses, including Postsecondary Portfolio (evidence of teaching competency.	Online	Fall/Spring/Summer		Approx. 200
Local Supervisor: Printed Name		Title/Institution: For Local Supervisor		
Local Supervisor's Signature		Date		
Applicant's Signature		Date		
Revisions to this professional development plan can be made at any time. Make note of changes on this sheet and send a copy to the director for IDCTE educator certification at the address noted in the directions above.				
Received by ICTE Certification Office, on date:				