



## POSTSECONDARY OCCUPATIONAL SPECIALIST *INITIAL – REVISION – REINSTATEMENT* EDUCATOR CERTIFICATION APPLICATION

### Application Packet Important Information

Please check that you have included the items below, as the application will be returned to you if they are missing.

**Completed and signed application.** Ensure that you complete the legal attestations and sign the last page of the application.

**Completed and signed Professional Development Plan (PDP).** Confirm your intent to complete required professional development activities by completing a PDP and obtaining the appropriate signatures.

- When applying for your first Occupational Specialist Certificate, select **one** of the two PDPs in this packet (discard the other) as your professional development route to move to a five-year renewable certificate at the end of the three-year Limited Occupational Specialist (LOS) Certificate.
  - You must select the “University Course” PDP if you are not employed in an institution of higher education (IHE).
- When applying for the Standard (SOS) or Advanced (AOS) Occupational Specialist application, refer to the CTE website to access the fillable PDP and create your own plan.

**Copies of industry certifications.**

**Official transcripts.**

- To expedite processing, please include transcripts with your application.
- Official transcripts may be removed from the sealed envelope. We cannot accept faxes, photocopies, or printouts of electronic transcripts.
- Official transcripts sent electronically/faxed directly from the university/college are acceptable. Please have them sent within the week after mailing the application.
- Check the box for the method you are using to submit official transcripts:
  - Included in this application packet – preferred method for expedited processing
  - Electronically sent directly from university/college to [certification@cte.idaho.gov](mailto:certification@cte.idaho.gov)
  - Mailed separately
  - Delivered in person

**Résumé.**

- Include all educational and training history
- Include details/primary duties for each job assignment
- Ensure accurate dates of employment and hours per week

For more detailed information, please see our website at

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

# Idaho CTE Postsecondary Endorsements

## POSTSECONDARY OCCUPATIONAL SPECIALIST CERTIFICATE:

### Agriculture, Food, and Natural Resources

- Agribusiness
- Agricultural Power Machinery
- Animal Science
- Horticulture
- Ecology and Natural Resources Management

### Business and Marketing

- Business Management and Administration
- Digital Communications
- Hospitality & Tourism
- Marketing

### Engineering and Technology Education

- Digital Media Production
- Electronics Technology
- Engineering Technology
- Information Technology

### Family and Consumer Sciences, and Human Services

- Human Services
- Child Development Care & Guidance
- Cosmetology
- Culinary Arts
- Fashion and Interiors
- Hospitality Services

### Health Professions and Public Safety

- Dental Assisting

- Dental Hygiene
- Dietitian
- Emergency Medical Technician
- Medical Assisting
- Medical Lab Technologies
- Mental Health Assisting
- Nursing Assistant
- Occupational Therapy Technologies
- Paramedic
- Pharmacy Technology
- Physical Therapy Technologies
- Practical Nursing
- Public Safety Technology
- Radiologic Technologies
- Rehabilitative Services
- Surgical Technologist
- Health Informatics
- Health Professions - General

### Trades and Industry

- Automated Manufacturing
- Building Trades Construction
- Diesel Engine Technology
- Manufacturing Technology
- Transportation Systems Technology

### Other CTE Instructional

- Related Subjects

## POSTSECONDARY CAREER TECHNICAL EDUCATION ADMINISTRATOR CERTIFICATE:

- CTE Administrator



## POSTSECONDARY OCCUPATIONAL SPECIALIST INITIAL – REVISION – REINSTATEMENT EDUCATOR CERTIFICATION APPLICATION

THIS SECTION FOR OFFICIAL USE ONLY	Cert Expired	App Received	New Cert Issued
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**Section I: Application Type** Check the box that applies to your situation

<b>Occupational Specialist</b> Applicant has a combination of postsecondary education and industry experience
<b>Limited Occupational Specialist Completer</b> Applicant has completed the requirements necessary to qualify for a Standard Occupational Specialist (SOS) or Advanced Occupational Specialist (AOS) Certificate
<b>CTE Administrator</b> Applicant has completed the requirements to secure a CTE Administrator Certificate
<b>Reinstatement</b> Applicant is applying to reinstate an expired Idaho CTE Educator Credential
<b>Revision</b> Applicant is adding another certificate/endorsement to an existing current and valid Idaho CTE Educator Credential

**Section II: Personal Information**

Full Legal Name	EDUID						
Maiden/Other Name	Birth Date						
Email Address	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Home Street or PO Box #							
City, State, Zip Code	Phone						
Are you currently teaching or contracted to work in a career technical program? If so, what school and in what program? <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">School?</td> <td colspan="2" style="text-align: center;">Program?</td> </tr> </table>			Yes	No	School?	Program?	
	Yes	No					
School?	Program?						

**Section III: Occupational Area and Endorsements**

Check the occupational area(s) for which you are applying, then list the endorsements for which you are applying. Please refer to the list of Idaho CTE endorsements on page 2.

<b>Occupational Area</b> Check all at the right that apply	Agriculture, Food, and Natural Resources Business and Marketing Career Guidance CTE Administrator Engineering and Technology Education	Family and Consumer Sciences and Human Services Health Professions and Public Safety Trades and Industry Work-Based Learning		
<b>Endorsements</b> List, at the right, the endorsements for which you are applying	# 1		# 4	
	# 2		# 5	
	# 3		# 6	

## Section IV: Education

List the colleges/universities where you have earned credit and/or a degree. You will need to include transcripts for each college/university listed, if not already on file with the State Department of Education or Idaho Division of Career and Technical Education.

	College/University Name and Location	Major	Certificate or Degree Earned	Date Granted
a.				
b.				
c.				

## 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 Idaho Division of Career Technical Education (IDCTE) 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 court house.
  - 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 <a href="http://sde.idaho.gov/cert-psc/psc/ethics.html">http://sde.idaho.gov/cert-psc/psc/ethics.html</a> ).
		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.
<b>Do not sign until you have read and initialed the above statements.</b>		
Signature of Applicant:		Date:

Initial, sign, and return application packet in one file or packet to:

Scan and Email:

[certification@cte.idaho.gov](mailto:certification@cte.idaho.gov)

OR Mail to:

Division of Career Technical Education  
 ATTN: Certification  
 650 W State St Ste 324  
 Boise, ID 83702-5936

*We will mail your certificate upon application approval.*

**THIS SECTION FOR IDCTE OFFICIAL USE ONLY**

Applicant Name:	
Date of Birth:	EDUID:
CERTIFICATION RECOMMENDATION Certificate:	
Endorsements:	
Dates Valid:	Approved Date:
Authorization Signature:	



## PROFESSIONAL DEVELOPMENT PLAN - University Courses

Date \_\_\_\_\_ to \_\_\_\_\_

This **Professional Development Plan** conveys your intent, with the agreement of your employer or supervisor and an approved Idaho State University or University of Idaho CTE teacher educator (per signatures below), to successfully complete pedagogy coursework to move from the Limited Occupational Specialist (LOS) to the Standard Occupational Specialist (SOS) Certificate at the conclusion of the LOS validity period. If choosing this option, this form must be included as an element of the application packet when applying for initial certification.

<b>Name:</b>		<b>EDUID Number:</b>		
<b>Home Address:</b>		<b>Home/Cell Phone:</b>		
<b>Work Address:</b>		<b>Work Phone:</b>		
<b>Current Position:</b>				
<b>Current Credential(s) Held:</b> Currently applying for Limited Occupational Specialist Certificate.				
<b>Credential(s) Sought:</b> Seeking Standard or Advanced Occupational Specialist Certificate.				
<b>Professional Development Plan Goal Statement:</b> Within the three-year validity period of the Limited Occupational Specialist, engage in educator pedagogical training to qualify for a Standard or Advanced Occupational Specialist Certificate upon renewal.				
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Pre-Service Academy, First Camp	Online	Ongoing		54
*Methods of Teaching CTE	ISU or U of I	TBD	3	
*Principles/Philosophies of CTE	ISU or U of I	TBD	3	
*Evaluation and Assessment	ISU or U of I	TBD	3	
*Guidance/Transition to Work	ISU or U of I	TBD	3	
*Occ Analysis/Curriculum Design	ISU or U of I	TBD	3	
Of the above five university courses, IDAPA 08.02.02 requires courses marked with an asterisk (*). The candidate must additionally elect to complete two of the three courses marked with "+" based on the advisement of the university CTE teacher educator.				
<b>Local Supervisor:</b> <i>Printed Name</i>		<b>Title/Institution:</b> <i>For Local Supervisor</i>		
<b>Local Supervisor's Signature</b>		<b>Date</b>		
<b>University CTE Teacher Educator:</b> <i>Printed Name</i>		<b>Title/Institution:</b> <i>For University CTE Teacher Educator</i>		
<b>University CTE Teacher Educator's Signature</b>		<b>Date</b>		
<b>Applicant's Signature</b>		<b>Date</b>		
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.				
<b>Received by ICTE Certification Office, on Date:</b>				



## 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.

<b>Name:</b>	<b>EDUID Number:</b>
<b>Home Address:</b>	<b>Home/Cell Phone:</b>
<b>Work Address:</b>	<b>Work Phone:</b>

**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		Summer Year 1		40
First Camp OA		Summer Year 2		40
CTE Learn courses, including Postsecondary Portfolio (evidence of teaching competency).	Online	Fall/Spring/Summer		Approx. 200

<b>Local Supervisor: Printed Name</b>	<b>Title/Institution: For Local Supervisor</b>
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<b>Local Supervisor's Signature</b>	<b>Date</b>
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<b>Applicant's Signature</b>	<b>Date</b>
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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:**