



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 validity period 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 Postsecondary Standard (PSOS) or Advanced (PAOS) 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
 - 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/>

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Idaho CTE Postsecondary Endorsements

POSTSECONDARY OCCUPATIONAL SPECIALIST CERTIFICATE:

AGRICULTURE, FOOD, AND NATURAL RESOURCES

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

BUSINESS AND MARKETING

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

ENGINEERING AND TECHNOLOGY EDUCATION

- Digital Media Production
- 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
- Radiological Technologies
- Rehabilitative Services
- Surgical Technician

TRADES AND INDUSTRY

- Automated Manufacturing
- Building Trades Construction
- Diesel Engine Technology
- Electronics Technology
- Manufacturing Technology
- Natural Resources Management
- 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

Occupational Specialist Applicant has a combination of postsecondary education and industry experience
Limited Occupational Specialist Completer Applicant has completed the requirements necessary to qualify for a Standard Occupational Specialist (SOS) or Advanced Occupational Specialist (AOS) Certificate
CTE Administrator Applicant has completed the requirements to secure a CTE Administrator Certificate
Reinstatement Applicant is applying to reinstate an expired Idaho CTE Educator Credential
Revision 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? <div style="display: flex; justify-content: space-between;"> School? Program? </div>	
<div style="display: flex; justify-content: flex-end; gap: 20px;"> Yes No </div>	

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.

Occupational Area 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
Endorsements List, at the right, the endorsements for which you are applying	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> # 1 # 2 # 3 </div> <div style="width: 45%;"> # 4 # 5 # 6 </div> </div>	

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 <http://sde.idaho.gov/cert-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 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:

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

Scan and Email:

certification@cte.idaho.gov

OR Mail to:

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

You will be mailed two copies of your certificate upon application approval. Please provide one copy to your dean's office for their records.

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
(For first time **Postsecondary Limited Occupational Specialist** educators)

Date _____ to _____

This Professional Development Plan (PDP) conveys your intent, with the agreement of your employer or supervisor (per signatures below), to successfully complete the 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. Mail the completed application packet to **IDCTE, Attn: Educator Certification, 650 W State St Ste 324, Boise, ID 83702-5936.**

Name:		EDUID Number:	
Home Address:		Home/Cell Phone:	
Work Address:		Work Phone:	
Current Position:			
Current Credential(s) Held: <i>Currently applying for Limited Occupational Specialist Certificate.</i>			
Credential(s) Sought: <i>Seeking Standard or Advanced Occupational Specialist Certificate.</i>			
Professional Development Plan Goal Statement: <i>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.</i>			
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements
			Credits Clock Hours
*Core: Educator Standards	Online through IDCTE		
*First Camp	Determined yearly		
*Methods of Teaching CTE/CTSOs	ISU or U of I		
*Principles/Philosophies of CTE	ISU or U of I		
+Evaluation and Assessment	ISU or U of I		
+Guidance/Transition to Work	ISU or U of I		
+Occ Analysis/Curriculum Design	ISU or U of I		
ACTIVITY KEY: *indicates required activities; + indicates three coursework options from which the educator selects two to complete			
Local Supervisor: <i>Printed Name</i>		Title/Institution: <i>For Local Supervisor</i>	
Local Supervisor's Signature		Date	
University CTE Teacher Educator: <i>Printed Name</i>		Title/Institution: <i>For University CTE Teacher Educator</i>	
University CTE Teacher Educator's Signature		Date	
Applicant's Signature		Date	
Revisions to this PDP can be made at any time, with IDCTE and supervisor approval. 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. Upon approval, a signed copy will be returned to candidate.			
Received by ICTE Certification Office, on date:			



PROFESSIONAL DEVELOPMENT PLAN – InSpIRE Ready!
 (For first time **Postsecondary Limited Occupational Specialist** educators)

Date _____ to _____

This **Professional Development Plan** will be developed by you, the career technical education professional, with the agreement of your employer or supervisor and an approved Idaho State University or University of Idaho CTE teacher educator (when appropriate), as indicated by signatures below. Develop the plan prior to applying for initial certification. File it, as an element of your complete application, with the **Idaho Division of Career Technical Education (IDCTE)** educator certification office, PO Box 83720, Boise, ID 83720-0095 or email it to certification@cte.idaho.gov.

Name:		EDUID Number:	
Home Address:		Home/Cell Phone:	
Work Address:		Work Phone:	
Current Position:			
Current Credential(s) Held: <i>Submitting application for Postsecondary Limited Occupational Specialist Certificate.</i>			
Credential(s) Sought: <i>Seeking Postsecondary Standard or Advanced Occupational Specialist Certificate.</i>			
Professional Development Plan Goal Statement: <i>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.</i>			
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements
			Credits Clock Hours
Core: Educator Standards	Online		40
First Camp	Summer, various		40
First Camp Occ. Analysis. (OA)	Summer, various		
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 PDP can be made at any time, with IDCTE and supervisor approval. 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. Upon approval, a signed copy will be returned to candidate.			
Received by ICTE Certification Office, on date:			