



PROFESSIONAL DEVELOPMENT PLAN - InSpIRE Ready!
 (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:		Email Address:		EDUID Number:	
Home Address:			Home/Cell Phone:		
Work Address:			Work Phone:		
Current Position:					
<i>Current Credential(s) Held: Submitting application for Postsecondary Limited Occupational Specialist Certificate</i>					
<i>Credential(s) Sought: 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: Foundational Standards	Online through IDCTE			25	
First Camp	Summer			40	
First Camp OA	Summer			40	
InSpIRE Ready! <i>(completion of CTE Learn courses and mentoring)</i>	Online			Approx. 160	
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 IDCTE Certification Office, on date:					