

# SECONDARY DEGREE BASED CAREER TECHNICAL EDUCATION (CTE)

## **EDUCATOR CERTIFICATION APPLICATION**

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

If you are <u>initially applying</u> for a five-year renewable certificate, <u>do not use this</u> application. Please use the Secondary Degree Based Career Technical <u>Initial-Revision-Reinstatement</u> Application.

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** with <u>completed attestations</u> and <u>signed last page</u> 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 <a href="mailto:certification@cte.idaho.gov">certification@cte.idaho.gov</a>

Emailed from applicant to <a href="maileo:certification@cte.idaho.gov">certification@cte.idaho.gov</a>

Mailed separately

Delivered in person

**Correct Application Fee** – Fee is nonrefundable; \$75.00 check or money order payable to the Idaho Department of Education

For more detailed information, please see our website at <a href="https://cte.idaho.gov/educators-5/become-a-cte-educator/">https://cte.idaho.gov/educators-5/become-a-cte-educator/</a>

# 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 Cybersecurity (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 SERVICE STAFF CERTIFICATE

• CTE Career Counselor (6-12)



# SECONDARY DEGREE BASED CAREER TECHNICAL EDUCATION (CTE) RENEWAL

Date Issued

Date Entered

# **EDUCATOR CERTIFICATION APPLICATION**

Date Expired BIC Status

Section I: Personal Information  Full Legal Name  Male  Male  Female  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 #2  Endorsement #3  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 transcripted on an accredited university transcript. Up to three (3) semester credits may be earned by Idaho district-approved in-service participation as 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  Date Completed  A.  Date Completed	THIS SECTION FOR	Fee	Date Paid	Check #	Date Entered	Date Issue	Date Issued Date Expired BIC Status		red BIC Status
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d.									
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#### 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: <a href="https://boardofed.idaho.gov/k-12-education/educator-effectiveness/administrator-recertification-renewal-requirement/">https://boardofed.idaho.gov/k-12-education/educator-effectiveness/administrator-recertification-renewal-requirement/</a>.

➤ 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.
  - O Please obtain court records from the courthouse.
  - O 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 doc convictions. We will contact you if we need any i	cumentation with your application for misdemeanor arrest and/or information.
IMPORTANT - Failure to respond to a request for	r information will result in your application not being approved.
Section VII: Attestations and Section VII: Attestations and Section VII: Attestations and Section VII: Attest and office that I have read to	review and initial each of the statements below.
copy, go to <a href="http://sde.idaho.gov/ce">http://sde.idaho.gov/ce</a>	the Code of Ethics for Idaho Professional Educators (for a ert-psc/psc/ethics.html).
I attest and affirm that all statemen best of my knowledge.	nts made by me on this application are true and correct to the
any false statement(s) on this appli	the Code of Ethics for Idaho Professional Educators to make cation or required documents. Disciplinary action, which may nial, letter of reprimand, or conditions, may be imposed under
· · · · · · · · · · · · · · · · · · ·	oility to keep my mailing address always updated with the n not receiving legal/licensing documents or communications
	read and initialed the above statements.
Signature of Applicant:	Date:
Return form, transcr	ripts, and fee(s) in one packet to:
ATTN: Edu Box 8372 Boise, ID 8	83720-0027
You will be mailed two copies of your certificates  S SECTION FOR ICTE OFFICIAL USE ONLY	te upon application approval. Provide one copy to your LEA.
Applicant Name:	
Date of Birth:	EDUID:
CERTIFICATION RECOMMENDATION Certificate:	
ents	
Endorsements:	
End	
Dates Valid:	Approved Date:

Authorization Signature: