

Application Packet Important Information *Include this checklist with your complete application.*

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

Correct Application Fee – Fee is nonrefundable. Make check or money order payable to the *Idaho Department of Education*. To determine appropriate application fee, please see Section I of the application.

Completed attestations and signed last page of the application.

Résumé – Remember, you are not applying for a job; you are applying for certification. Organize your education and industry experiences with the following in mind:

- Include all educational and training history
- Include details/primary duties for each job assignment – a bulleted list is fine
- Ensure accurate start and end dates and note average hours per week for each role

Completed and signed Professional Development Plan (PDP). Confirm your intent to complete required professional development activities and obtain 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 a local education agency (LEA) or public charter school.

Out-of-State Certified Applicants Only.

- Include a copy of your valid and current out-of-state license/certificate.
- Include documentation of the pedagogical coursework completed to obtain your out-of-state certificate.

Transcripts

- To expedite processing, please include transcripts with your application.
 - Official Transcripts – required for the initial certification application
 - Unofficial Transcripts – may be substituted for the LOS completer, revision, or reinstatement 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 you mail the application.
- 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 certification@cte.idaho.gov

Mailed separately

Delivered in person

Background Investigation Check (BIC) Packet – if required

- To determine if you need to include a BIC packet and detailed information regarding the process, please visit the Idaho Department of Education website at <https://www.sde.idaho.gov/cert-psc/bic/>
- Include the necessary completed fingerprint card, the associated forms, and the \$28.25 fee.
- Fingerprint card, forms, and instructions can be obtained by emailing fingerprintrequest@sde.idaho.gov

For more detailed information, please see our website at

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

List of Idaho CTE Occupational Specialist Secondary Endorsements

by Program Area

LIMITED, STANDARD, OR ADVANCED OCCUPATIONAL SPECIALIST CERTIFICATES

AGRICULTURE, FOOD, AND NATURAL RESOURCES (AFNR)

- Agribusiness (6-12)
- Agricultural Leadership and Communications (6-12)
- Agricultural Mechanics and Power Systems (6-12)
- Animal Science (6-12)
- Certified Welding (6-12)
- Ecology and Natural Resource Management (6-12)
- Ornamental Horticulture (6-12)
- Plant and Soil (6-12)

BUSINESS AND MARKETING (BAM)

- Administrative Services (6-12)
- Applied Accounting (6-12)
- Business Digital Communications (6-12)
- Business Management (6-12)
- Hospitality Management (6-12)
- Marketing (6-12)

ENGINEERING AND TECHNOLOGY EDUCATION (ETE)

- Commercial Photography (6-12)
- Computer Support Technologies (6-12)
- Cybersecurity (6-12)
- Drafting and Design (6-12)
- Journalism (6-12)
- Graphic Design (6-12)
- Networking Technologies (6-12)
- Pre-Engineering (6-12)
- Programming & Software Technologies (6-12)
- Digital Media Production (6-12)
- Web Design and Development (6-12)

Work-Based Learning Coordinator (6-12)

FAMILY AND CONSUMER SCIENCES & HUMAN SERVICES (FCS&HS)

- Apparel/Textiles (6-12)
- Child Development & Services (6-12)
- Cosmetology (6-12)
- Culinary Arts (6-12)
- Food Science & Processing Technology (6-12)
- Hospitality Services (6-12)

HEALTH PROFESSIONS & PUBLIC SAFETY (HPPS)

- Dental Assisting (6-12)
- Emergency Medical Technician (6-12)
- Firefighting (6-12)
- Law Enforcement (6-12)
- Medical Assisting (6-12)
- Nursing Assistant (6-12)
- Pharmacy Technician (6-12)
- Rehabilitation Services (6-12)

TRADES & INDUSTRY (T&I)

- Aircraft Maintenance (6-12)
- Automated Manufacturing (6-12)
- Automotive Collision Repair (6-12)
- Automotive Maintenance & Light Repair (6-12)
- Cabinetmaking & Bench Carpentry (6-12)
- Certified Welding (6-12)
- Construction Trades Technology (6-12)
- Electrical Technology (6-12)
- Electronics Technology (6-12)
- HVAC Technology (6-12)
- Heavy Duty Truck and Equipment (6-12)
- Industrial Mechanics (6-12)
- Plumbing Technology (6-12)
- Powersports and Outdoor Power Equipment (6-12)
- Precision Machining (6-12)
- Small Engine Repair (6-12)



SECONDARY OCCUPATIONAL SPECIALIST INITIAL - REVISION - REINSTATEMENT EDUCATOR CERTIFICATION APPLICATION

THIS SECTION FOR OFFICIAL USE ONLY	Fee	Date Paid	Check #	Date Entered	Date Issued	Date Expired	BIC Status
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Section I: Application Type Check the box that applies to your situation	Application Fee
Occupational Specialist <ul style="list-style-type: none"> Applicant has a combination of training and industry experience 	\$75.00
Limited Occupational Specialist or Alternative Authorization Completer <ul style="list-style-type: none"> Applicant has completed the requirements necessary to qualify for a Standard Occupational Specialist (SOS) or Advanced Occupational Specialist (AOS) certificate 	
CTE Administrator <ul style="list-style-type: none"> Applicant has completed the requirements to secure a CTE Administrator Certificate 	
Reinstatement <ul style="list-style-type: none"> Applicant is applying to reinstate an expired secondary Idaho CTE Educator Credential 	
Revision <ul style="list-style-type: none"> Applicant is adding another certificate/endorsement to an existing current and valid secondary Idaho CTE Educator Credential 	\$25.00

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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what school and in what program?	
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.			
Occupational Area Check all at the right that apply	Agriculture, Food and Natural Resources Business Technology Engineering and Technology Education Family and Consumer Sciences & Human Services Health Professions and Public Safety	Individualized Occupational Training Marketing Technology Trades and Industry Career Technical Education Administrator	
Endorsements 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 Idaho Department of Education or Idaho Division of Career 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 already answered "yes" on a previous application.

IMPORTANT: Discrepancies in this section will result in denial of educator license/certificate.

- Have you ever had an educator or teacher license/certificate denied by any professional licensing authority?

Yes	No
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- 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
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- Have you ever voluntarily surrendered a professional/license/certificate to avoid disciplinary proceedings by a professional licensing authority?

Yes	No
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- Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority?

Yes	No
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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.
 - Please obtain court records from the courthouse.
 - 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/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 the 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:

Return application packet and fee(s) in one packet to:

**State Department of Education
ATTN: Educator Certification
P.O. Box 83720
Boise, ID 83720-0027**

You will be mailed two copies of your certificate upon application approval. Provide one copy to your LEA.

THIS SECTION FOR 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 **Secondary (LOS)** and **Postsecondary (PLOS)**
Limited Occupational Specialist educators]

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 coursework to move from the LOS/PLOS to a Standard or Advanced Occupational Specialist 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. Reach us at IDCTE, Attn: Educator Certification, 650 W State St Ste 324, Boise, ID 83702-5936 or certification@cte.idaho.gov.

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			40
First Camp	Determined yearly			40
*Methods of Teaching CTE	ISU or U of I		3	
*Principles/Philosophies of CTE	ISU or U of I		3	
+Evaluation and Assessment	ISU or U of I		3	
+Guidance/Transition to Work	ISU or U of I		3	
+Occ Analysis/Curriculum Design	ISU or U of I		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.				
Local Supervisor Printed Name		Title/Institution for Local Supervisor		
Local Supervisor Signature		Date		
University CTE Teacher Educator Printed Name		Title/Institution for University CTE Teacher Educator		
University CTE Teacher Educator 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 **Secondary 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 InSpIRE Ready! program 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 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 Certificate, engage in educator pedagogical training to qualify for Standard (SOS) or Advanced Occupational Specialist (AOS) Certificate.</i>				
ACTIVITY PLANNED*: Course / Workshop / In-Service	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Core: Educator Standards	Online through IDCTE			40
First Camp	Determined yearly			40
First Camp Occ Analysis (OA)	Determined yearly			40
Module 1: Clsrm Mgmt & Lrn Environ	Online/College of Southern Idaho			45
Module 2: Clarity of Inst/Content Acc	Online/College of Southern Idaho			45
Module 3: Professionalism	Online/College of Southern Idaho			45
Module 4: Engagement & Content App	Online/College of Southern Idaho			45
Module 5: Success Lrng by Students	Online/College of Southern Idaho			45
Core: Idaho CTE	Online through IDCTE			45
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 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:				