

APPLICATION PACKET FOR

Idaho CTE Postsecondary Occupational Specialist Application

RENEWAL



EDUCATOR CERTIFICATION
650 W State St Ste 324
Boise, Idaho 83702

Who should use this application packet?

This application packet is intended for holders of a CTE Postsecondary Occupational Specialist Certificate to renew their certificate between January 1st and August 31st of the year of expiration of their current certificate.

Postsecondary Occupational Specialist holders who desire to apply for an additional endorsement(s) at renewal may do so. It is mandatory, however, that additional documentation to support the new endorsement request be included in the renewal application packet.

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

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POSTSECONDARY OCCUPATIONAL SPECIALIST RENEWAL EDUCATOR CERTIFICATION APPLICATION

Important Information

NOTE: This application is ONLY for those that are applying for a **renewal of a five-year renewable certificate with the same endorsements as previously awarded**. If you are applying for anything other than a renewal, please use the [Idaho CTE Postsecondary Occupational Specialist Initial – Revision – Reinstatement Educator Certification 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.**
- ☐ **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.
- ☐ **Completed attestations and signed last page of the application.**
- ☐ **Documentation of renewal credits and/or hours, and Industry Certifications.**
 - **Transcripts** (if applicable) – To expedite processing, please include transcripts with your application.
 - Unofficial transcripts may be sent in lieu of unofficial transcripts. If sending your transcripts separately, please email them to certification@cte.idaho.gov.
 - **Certificates of Completion/Participation** – Attach certificates to a [Professional Development Activities Form](#), adding an agenda when the certificate refers to trainings/conferences.
 - **Back-to-Industry Work** – Attach documents confirming back-to-industry hours to a [Professional Development Activities Form](#).
 - **Industry Certifications** – Attach copies of your current industry certifications to your complete application. Remember that certain endorsement areas – health professions, endorsements for those individuals working in a Career Technical Center, etc. – require that you maintain current industry certification.

List of Idaho CTE Postsecondary Occupational 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 and 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 RENEWAL EDUCATOR CERTIFICATION APPLICATION

Section I: 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="float: right; text-align: right;"> Yes No </div>				
School?		Program?		
Section II: Occupational Area and Endorsements				
Check the occupational area(s) for which you are applying, then list the endorsements for which you are applying. If adding new endorsement(s), please list the endorsement(s) here and include transcripts, an updated resume, and other information to support the endorsement consideration. Please refer to the list of Idaho CTE endorsements on page 2. <i>If no changes to a current certificate are being requested, please write "SAME" next to Endorsement #1.</i>				
Occupational Area Check all at the right that apply	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Agriculture, Food, and Natural Resources <input type="checkbox"/> Business and Marketing Education <input type="checkbox"/> Career Guidance <input type="checkbox"/> CTE Administrator <input type="checkbox"/> Engineering and Technology Education </div> <div style="width: 50%;"> <input type="checkbox"/> Family and Consumer Sciences and Human Services <input type="checkbox"/> Health Professions and Public Safety <input type="checkbox"/> Trades and Industry <input type="checkbox"/> Work-Based Learning </div> </div>			
Endorsements List, at the right, the endorsements for which you are applying	# 1		# 4	
	# 2		# 5	
	# 3		# 6	
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. Semester credits may be earned at the rate of one (1) transcripted credit = 15 hours of workshop/conference = 40 hours back-to-industry. Below, list only education institutions where transcripted credits were earned and include transcripts. All other professional development activities need to be documented through the use of a <i>Professional Development Activities</i> form found at https://cte.idaho.gov/educators-5/become-a-cte-educator/ .				
College/University Name and Location		Major	Certificate or Degree Earned	Date Granted
a.				
b.				
c.				
d.				

Section IV: 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 V: 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 VI: 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 <https://www.sde.idaho.gov/cert-psc/psc/>).

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 and supporting materials in one file or packet to:

Email to:

certification@cte.idaho.gov

OR Mail to:

Idaho Division of Career Technical Education
ATTN: 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.

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

Date _____ to _____

This **Professional Development Plan** (PDP) will be developed by you, the career technical education (CTE) 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 certificate renewal. File it with your application sent to **Idaho Division of Career Technical Education** (IDCTE) certification, 650 W State St Ste 324, Boise, ID 83702-5936 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:			
Credential(s) Sought:			
Professional Development Plan Goal Statement:			
ACTIVITY PLANNED*: Course / Workshop / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements Credits Clock Hours
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 your 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.			
IDCTE Educator Certification Director, date:			

*See next page for suggested activities

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PROFESSIONAL DEVELOPMENT PLAN SUGGESTED ACTIVITIES

INDIVIDUALIZED NEEDS ASSESSMENT

Identified below are topic areas that might be identified as areas of personal professional development need. Some of these areas might relate to a specific class, workshop, or seminar that is available to career technical education professionals. Read through the list and check those areas that are of interest or meet personal needs. Use this information to assist in developing your professional development plan.

Needs Related Directly to Instruction

- | | |
|--|--|
| <input type="checkbox"/> Surveying industry-area partners to conduct occupational analysis. | <input type="checkbox"/> Instructional planning: develop units of instruction, prepare materials/learners. |
| <input type="checkbox"/> Platform skills/instructional execution/basic methods. | <input type="checkbox"/> Evaluating instruction: assessing learner performance. |
| <input type="checkbox"/> Managing instruction: budgeting, filing, inventory, records. | <input type="checkbox"/> Career technical education guidance: gathering student data, providing information/education and careers. |
| <input type="checkbox"/> School-community relations: public relations aspects. | <input type="checkbox"/> Establishing and maintaining a career technical student organization. |
| <input type="checkbox"/> Professional role development: teaching profession, establishing an educational philosophy. | <input type="checkbox"/> Coordinating a cooperative career technical education program. |
| <input type="checkbox"/> Implementing competency-based education: materials and organization. | <input type="checkbox"/> Special needs students in career technical education programs: how to teach and meet their needs. |
| <input type="checkbox"/> Assisting students in improving their basic skills: communications and math. | <input type="checkbox"/> Computer applications in career technical education. |
| <input type="checkbox"/> Conferencing techniques: planning for and conducting small/large conferences. | <input type="checkbox"/> Statistics: reading, understanding, and utilizing statistical information. |
| <input type="checkbox"/> Human development: theories of learning related to human growth and development. | <input type="checkbox"/> Multicultural students: their needs and interests, and how to relate to them. |
| <input type="checkbox"/> Research. How to read and use the information from research. | <input type="checkbox"/> Occupational upgrade. |
| <input type="checkbox"/> Laboratory management. Safety, layout of equipment, organizing student, maintenance. | |

Related coursework in:

Administrative/Supervisory/Master Teacher Needs

- | | |
|--|--|
| <input type="checkbox"/> Local program planning, development, and evaluation. | <input type="checkbox"/> Coordination of professional-technical programs |
| <input type="checkbox"/> Managing student recruitment and retention. | <input type="checkbox"/> Administration and supervisors of career technical programs, and curriculum development |
| <input type="checkbox"/> Appraising staff development needs and planning for staff development | <input type="checkbox"/> Personnel and personnel affairs management |
| <input type="checkbox"/> Business and financial management | <input type="checkbox"/> Facilities planning and maintenance |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Establishing linkages with industry |
| <input type="checkbox"/> Research. How to conduct research and analyze and utilize findings | <input type="checkbox"/> Supervisorship/foremanship |

APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES

For Degree Based or Occupational Specialist Certificate Renewal

Name:	EDUID Number:
Home Address:	Home/Cell Phone:
Work Address:	Work Phone:

Directions: You may include information about **more than one activity per form**, but you may not duplicate hours and/or credits. It is expected that you will **attach information/documentation** to support the hours and/or credits you claim. Send **all** copies to certification@cte.idaho.gov, or attach to your renewal application.

Check As Applies	Activity Type	Choose ONE column <u>only</u> per Activity Type	
		Hours	Credit
<input type="checkbox"/>	Program or Professional Development Credit (attach grade report or transcript)		
<input type="checkbox"/>	Paid or Unpaid Work or Clinical Experience		
<input type="checkbox"/>	Workshop, Seminar		
<input type="checkbox"/>	Conference		
<input type="checkbox"/>	Independent Research/Activities Related to Teaching		
Description of Activity(ies):		Completion Date	
Participant's Signature		Local Administrator's Signature	
Date		Date	

This Portion to be Completed by <i>Idaho Division of Career Technical Education</i>	
Circle one:	Will apply Will <u>not</u> apply
Reason declined:	
Director, Idaho Division of Career Technical Certification	
Date	