Idaho CTE Degree Based Career Technical Application

Division of Career Technical Education

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

Who should use this application packet?

This application packet is intended for a secondary educator who holds a Degree Based Career Technical Certificate and related endorsement(s) to renew their certificate between January 1-August 31st of the year their current certificate lapses.

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



SECONDARY DEGREE BASED CAREER TECHNICAL EDUCATION (CTE) RENEWAL

EDUCATOR CERTIFICATION APPLICATION

Important Information

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

| Please check that you have included the items below, as the application will be returned to you if they are missing. |
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| Completed and Signed Application with completed attestations and signed last page of the application |
| Documentation of Renewal credits and/or hours, and Industry Certifications. |
| Transcripts - To expedite processing, please include transcripts with your application. Unofficial transcripts are acceptable to demonstrate required renewal credits. If sending your transcripts separately, please email them to certification@cte.idaho.gov. Professional Development Activities 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. |
| Correct Application Fee – Fee is nonrefundable; \$75.00 check or money order payable to the Idaho Department of Education |

List of Idaho CTE <u>Secondary</u> Degree Based Career Technical Endorsements/Indicators

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

EDUCATOR CERTIFICATION APPLICATION

| | HIS SECTION FOR FFICAL USE ONLY | ree | Date Paid | Check # | Date Entered | Date isst | iea | Date Exp | lired BIC Status |
|---|------------------------------------|------------------|------------------|----------------------------|-------------------|--------------|---|----------------|------------------|
| Se | ection I | : Persona | al Informa | ation | | | | | |
| | I Legal Nam | | | | | | Birth Date | | |
| Ma | iden/Other I | Name | | | | | | | |
| ivia | ilderi/ Otrier i | Name | | | | | ☐ Male | | ☐ Female |
| Em | ail Address | | | | | | | | |
| Но | me Street or | · PO Boy # | | | | | | | |
| 110 | | 1 O BOX # | | | | | | | |
| City | y, State, Zip | Code | | | | Phone | | | |
| C. | | I. F. d | | | | | | | |
| inc | lude transcr | ipts and any oth | ner forms to sup | port the endorse | ements. Please | refer t | list the endorsen to the list of Idaho e "SAME" next to | CTE | endorsements on |
| End #1 | dorsement | | | | Endorsement #4 | | | | |
| End #2 | dorsement | | | | Endorsement #5 | | | | |
| End #3 | dorsement | | | | Endorsement #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. 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 | | Credits Earn | ned | Date Completed | |
| a. | | | | | | | | | |
| b. | | | | | | | | | |
| c. | | | | | | | | | |
| d. | | | | | | | | | |
| e. | | | | | | | | | |
| f | | | | | | | | | |

| Sec | tion IV: Renewal Requirements |
|-----------------|---|
| | fathematical Thinking for Instruction (MTI)/Teaching Mathematical Thinking (TMT) class is required at renewal if you orking 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 |
| appro please | cants renewing Administrator Certificates (CTE Administrator) are required to complete a State Board of Education oved three (3) credit course on teacher evaluation based on the statewide framework. For a list of approved courses, e visit: https://boardofed.idaho.gov/k-12-education/educator-effectiveness/administrator-recertification-renewal-rement/ . |
| > | 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 |
| You m | tion V: Licensing History nust answer "yes" to each question that applies to you, even if you have already answered "yes" on a previous cation. 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? |
| 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. |
| 3. | Have you ever voluntarily surrendered a professional/license/certificate to avoid disciplinary proceedings by a |
| | professional licensing authority? |
| 4. | Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority? |
| | ☐ Yes ☐ No |
| All ap | oplicants answering yes – Include a detailed written explanation for each questions marked yes. You do not need to resubmit a written explanation if you have previously provided one. |
| As par | tion VI: Legal History It of the application process, the State Department of Education may conduct a background investigation check, which es a review of criminal history such as arrests and misdemeanor or felony convictions. |
| By sig | rning 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. |
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| 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 |
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| For us to be able to process your application, <mark>please review and initial each of the statements below</mark> . |
| 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: |
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Return form, transcripts, and fee(s) in one packet to:

Idaho 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

| Applic | eant Name: | |
|---------------|-------------------------|----------------|
| Date | of Birth: | EDUID: |
| CERTIF | FICATION RECOMMENDATION | |
| Certif | icate: | |
| | | |
| Endorsements: | | |
| rsem | | |
| Endo | | |
| | | |
| Dates Valid: | | Approved Date: |
| Autho | rization Signature: | |



APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES

For Degree Based or Occupational Specialist Certificate Renewal

| ome Address: | | | | | |
|---|-------------------------------------|----------------------------------|--------|--|--|
| | Home/Cell Phone: | e/Cell Phone: | | | |
| Vork Address: | Work Phone: | Work Phone: | | | |
| ections: You may include information about more than one activected that you will attach information/documentation to supportification@cte.idaho.gov, or attach to your renewal application. Check | | claim. Send al Choose ONE | column | | |
| As Activity Type Applies | only per Activity Type Hours Credit | | | | |
| Program or Professional Development Credit (attach | grade report or transcript) | | | | |
| Paid or Unpaid Work or Clinical Experience | | | | | |
| Workshop, Seminar | | | | | |
| Conference | | | | | |
| Independent Research/Activities Related to Teaching | 3 | | | | |
| Description of Activity(ies): | Completion Date | | | | |
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| | | | | | |
| Participant's Signature Date Loca | I Administrator's Signature | | Date | | |
| This Portion to be Completed by | Idaha Division of Caroor Toohni | and Education | | | |
| Circle one: Will apply Will not apply | Idano Division di Career Technil | uai Luuvalioii | | | |
| Reason declined: | | | | | |