

APPLICATION PACKET FOR

Idaho CTE 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 Occupational Specialist Certificate to renew their certificate between January 1st and August 31st of the year of expiration of their current certificate.

Occupational Specialist holders who desire to apply for an additional endorsement(s) at renewal may do so without additional fees. 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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SECONDARY 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 secondary Occupational Specialist** certificate. If you are applying for anything other than a renewal, please use the *Secondary Occupational Specialist Initial – Interim Completer – Revision – Reinstatement 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.** Be sure to include all necessary attachments.
- ☐ **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](#).
 - **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.
- ☐ **Correct Application Fee** – Fee is nonrefundable. Make check or money order payable to the Idaho Department of Education.
 - \$75 Application Fee
- ☐ **Transcripts** (if applicable) – To expedite processing, please include transcripts with your application.
 - Unofficial transcripts may be sent in lieu of official transcripts
 - If necessary to email your transcripts, please email them to certification@cte.idaho.gov
- ☐ **Completed attestations and signed last page of the application**

List of Idaho CTE Secondary Occupational Specialist Endorsements

by Program Area

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 EDUCATION (BME)

- 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)

- Aviation (6-12)
- 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)



SECONDARY OCCUPATIONAL SPECIALIST *RENEWAL*

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: 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?			
School?		Program?	<div style="display: flex; justify-content: space-between;"> Yes No </div>

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 any other forms to support the endorsement consideration. 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.

Occupational Area Check all at the right that apply	<input type="checkbox"/> Agriculture, Food and Natural Resources <input type="checkbox"/> Business Technology Education <input type="checkbox"/> Engineering and Technology Education <input type="checkbox"/> Family and Consumer Sciences, and Human Services	<input type="checkbox"/> Health Professions and Public Safety <input type="checkbox"/> Individualized Occupational Training <input type="checkbox"/> Marketing Technology Education <input type="checkbox"/> Trades and Industry <input type="checkbox"/> Career Technical Education Administrator		
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) transcribed credit = 15 hours of workshop/conference = 40 hours back-to-industry. Below, list only education institutions where transcribed credits were earned and include transcripts. All other professional development activities need to be documented using a *Professional Development Activities* form found at <https://cte.idaho.gov/educators-5/become-a-cte-educator/>.

Name of Course	College/University Name	Credits Earned	Date Completed
a.			
b.			
c.			
d.			

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 Idaho 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 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 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 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:	

Initial, sign, and return application packet 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 Local Education Agency (LEA).

THIS SECTION FOR OFFICIAL USE ONLY

Applicant Name:	
Date of Birth:	EDUID:
CERTIFICATION RECOMMENDATION Certificate:	
Endorsements:	
Dates Valid:	Approved Date:
Authorization Signature:	

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	