



PROFESSIONAL DEVELOPMENT PLAN - Inspire Ready!

(For first time *Postsecondary Limited Occupational Specialist* educators)

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 Postsecondary Limited Occupational Specialist (PLOS) to the Postsecondary Standard Occupational Specialist (PSOS) 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. The Inspire Ready! route is only available to educators contracted to teach in a CTE program at an institution of higher education.

Name:	EDUID Number:
Home Address:	Home/Cell Phone:
Work Address:	Work Phone:
Current Position:	
Current Credential(s) Held: <i>Currently applying for Postsecondary Limited Occupational Specialist Certificate.</i>	
Credential(s) Sought: <i>Seeking Postsecondary Standard or Advanced Occupational Specialist Certificate.</i>	
Professional Development Plan Goal Statement: <i>Within the three-year validity period of the Postsecondary Limited Occupational Specialist Certificate, engage in educator pedagogical training to qualify for Postsecondary Standard (PSOS) or Advanced Occupational Specialist (PAOS) Certificate.</i>	
ACTIVITY PLANNED*: Course / Workshop / In-Service	Location of Activity*
Core: Educator Standards	Online through IDCTE Canvas
Block A: Launching Your Classroom with Confidence	In Person (Summer or Winter) and Synchronous+ Virtual Meetings
Block B: Planning & Teaching for Engagement	In Person (Summer or Winter) and Synchronous Virtual Meetings
Block C: Growing as a Reflective, Collaborative Professional	Synchronous (Summer or Winter) Virtual Meetings
Block D: Building CTE that Tackles Industry Needs	Synchronous (Summer or Winter) Virtual Meetings
Local Supervisor: <i>Printed Name</i>	Title/Institution: <i>For Local Supervisor</i>
Local Supervisor's Signature	Date
Applicant's Signature	Date
Revisions to this PDP can be made with IDCTE certification and supervisor approval. Make note of changes on this sheet and send a copy to IDCTE educator certification at certification@cte.idaho.gov . Upon approval, a signed copy will be returned to candidate.	
IDCTE USE ONLY: PDP approval by IDCTE on date: PDP validity period:	

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*Location of Activity:

- In Person – Face-to-face training at common location, likely requires travel
- Virtual – Instruction is via webinar through a virtual connection, no travel required

+Synchronous (defn.) – training occurring at same time for all participants