APPLICATION PACKET FOR

Idaho CTE Occupational Specialist Educator Certification

INITIAL – INTERIM COMPLETER - REVISION – REINSTATEMENT

EDUCATOR CERTIFICATION
650 W State St Ste 324
Boise, Idaho 83702
(Do not send applications to this address. See page 7)

Who should use this application packet?

This application packet is intended for career changers with first-hand experience in CTE-related industries who aspire to teach students in grades 6-12. Known as Occupational Specialists, these individuals bring valuable content knowledge and skill sets to the classroom, guiding students through program pathway learning.

This application should also be used by educators who completed the requirements for their interim Limited Occupational Specialist or CTE Alternative Authorization Certificate, or meet the requirements for a CTE Administrator certification.

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
INITIAL - INTERIM COMPLETER - REVISION - REINSTATEMENT
EDUCATOR CERTIFICATION APPLICATION

Important Information

Please check that you have included the items below, as the application will be returned to you if they are missing.
NOTE: *Limited Occupational Specialist or Alternative Authorization (interim) completers do not have to resubmit any documents (highlighted) **already on file in our office**.*

Please check email addresses included in application regularly for important updates/requests regarding your certification application.

☐ **Correct Application Fee** – Fee **($75)** 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 (a maximum of 40 hours per week, and 2,000 hours per year will be allowed)

☐ **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.

☐ **Out-of-State Certified Applicants Only** -

- Include a copy of your current and valid out-of-state license/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.
- Submit transcripts by way of one of the following methods:
  - 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/about-us/departments/educator-certification/background-investigation-check/
- Include the necessary completed fingerprint card, the associated forms, and the **$37 fee**.
  - A new fingerprint packet is required if the candidate does not currently hold a valid Idaho credential and has not printed with the Idaho Department of Education within the past six months
- Fingerprint card, forms, and instructions can be obtained by emailing fingerprintrequest@sde.idaho.gov

List of Idaho CTE Secondary Occupational Specialist 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 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

INITIAL - INTERIM COMPLETER - REVISION - REINSTATEMENT

EDUCATOR CERTIFICATION APPLICATION

THIS SECTION FOR OFFICAL USE ONLY	Fee	Date Received	Check #	BIC Status	Date Entered	Date Issued	Date Expired

Section I: Application Type

Check the box that applies to your situation

	Application Fee
☐ **Occupational Specialist** Applicant has a combination of education, industry experience, and industry certification.	$75.00
☐ **Limited Occupational Specialist or Alternative Authorization Completer** Applicant has completed the interim requirements necessary to qualify for a Standard- (SOS) or Advanced-Occupational Specialist (AOS) Certificate	
☐ **Career Technical Education Administrator** Applicant has a master's degree, holds/qualifies for an AOS Certificate, and has completed the requirements to secure a Career Technical Education Administrator program certificate	
☐ **Reinstatement** Applicant is applying to reinstate an expired secondary Idaho CTE educator credential	
☐ **Revision** 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
Personal Email Address	Phone
School/Work Email Address	School/Work Phone
Home Street or PO Box #	
City, State, Zip Code	☐ Female ☐ Male

Are you currently teaching or contracted to work in a career technical program? If so, what school and in what program? ☐ Yes ☐ No

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 and Marketing Education
- ☐ Engineering and Technology Education
- ☐ Family and Consumer Sciences & Human Services
- ☐ Health Professions and Public Safety
- ☐ Individualized Occupational Training
- ☐ 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.

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 courthouse.
  - A printout from the State Judiciary Repository will NOT be accepted as a relevant court document.

  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:

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).

Please check email addresses included in application regularly for important updates/requests regarding your certification application.

THIS SECTION FOR OFFICIAL USE ONLY

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

PROFESSIONAL DEVELOPMENT PLAN - Inspire Ready!

*(For first time **Secondary 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 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.

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

Current Position:

Current Credential(s) Held: *Currently applying for Limited Occupational Specialist Certificate.*

Credential(s) Sought: *Seeking Standard or Advanced Occupational Specialist Certificate.*

Professional Development Plan Goal Statement:

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.

ACTIVITY PLANNED Course / Workshop / In-Service	Location of Activity*	Date(s) Planned
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: *Printed Name*	Title/Institution: *For Local Supervisor*
Local Supervisor: *Signature*	Date
Applicant: *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 approved by IDCTE on date:

PDP validity period:

Revised 10.29.2025

***Location of Activity:**

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

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

PROFESSIONAL DEVELOPMENT PLAN - University Courses

[For first time Secondary (LOS) and Postsecondary (PLOS) 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 coursework through the university to move from the Limited Occupational Specialist (PLOS/LOS) to the Standard Occupational Specialist (PSOS/SOS) Certificate at the conclusion of the PLOS/LOS validity period. If choosing this option, this form must be included as an attachment in the application packet when applying for the initial certification.

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

Current Position:

Current Credential(s) Held: *Currently applying for Postsecondary/Secondary Limited Occupational Specialist Certificate.*

Credential(s) Sought: *Seeking Postsecondary/Secondary Standard or Advanced Occupational Specialist Certificate.*

Professional Development Plan Goal Statement:
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.

ACTIVITY PLANNED: Course / Workshop / Seminar	**Location of Activity/University***	**Date(s) Planned**
Core: Educator Standards	Online through IDCTE	
Block A: Launching Your Classroom with Confidence	In Person (determined yearly) and Virtual	
*Methods of Teaching CTE	BSU - ISU - U of I	
*Principles/Philosophies of CTE	BSU - ISU - U of I	
+Evaluation and Assessment	BSU - ISU - U of I	
+Guidance/Transition to Work	BSU - ISU - U of I	
+Occ Analysis/Curriculum Design (If applicant is not taking Occ Analysis/Curriculum Design course, participation in the occupational analysis and curricula design training through IDCTE is recommended)	BSU - ISU - U of I	

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's *Signature*	Date
Applicant's *Signature*	Date

Revisions to this PDP can be made with IDCTE certification director 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 Received by IDCTE on date: PDP validity period:

*University contacts:
Boise State University | Sherry Dismuke Idaho State University | Dr. Brenda Jacobsen University of Idaho | Dr. John Cannon