



# SECONDARY OCCUPATIONAL SPECIALIST *INITIAL – REVISION – REINSTATEMENT* IDAHO CTE EDUCATOR CERTIFICATION APPLICATION

## Application Packet Important Information

Please check that you have included the items below, as the application will be returned to you if they are missing.

**Correct Application Fee** – Fee is nonrefundable. Make check or money order payable to the State Department of Education or SDE. To determine appropriate application fee, please see Section I of the application.

**Completed attestations and signed last page of the application.**

### Résumé

- Include all educational and training history
- Include details/primary duties for each job assignment
- Ensure accurate dates of employment and hours per week

**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.
  - You must select the “University Course” PDP if you are not employed in an institution of higher education (IHE).
- When applying for the Standard (SOS) or Advanced (AOS) Occupational Specialist application, refer to the CTE website to access the fillable PDP and create your own plan.

**Out-of-State Certified Applicants Only.** Include a copy of your valid and current 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 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.
- Check the box for the method you are using to submit transcripts:
  - Included in this application packet – preferred method for expedited processing
  - Electronically sent directly from university/college to [certification@cte.idaho.gov](mailto: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 SDE website at <https://www.sde.idaho.gov/cert-psc/bic/>
- Include the necessary completed fingerprint card, the associated forms, and the \$28.25 fee.
- Fingerprint card, forms, and instructions can be obtained by emailing [fingerprintrequest@sde.idaho.gov](mailto:fingerprintrequest@sde.idaho.gov)

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

# List of Idaho CTE Secondary Occupational Specialist Endorsements

By Certificate

## 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 (BAM)**

- 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)**

- Commercial Photography (6-12)
- Computer Support Technologies (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)**

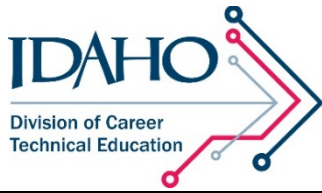
- Apparel/Textiles (6-12)
- Child Development & Services (6-12)
- Cosmetology (6-12)
- Culinary Arts (6-12)
- Food Science & Processing Technology (6-12)
- Hospitality Services (6-12)

### **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)**

- 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 Equipment/Diesel Technology (6-12)
- Industrial Mechanics (6-12)
- Plumbing Technology (6-12)
- Precision Machining (6-12)
- Small Engine Repair/Power Sports (6-12)



**SECONDARY OCCUPATIONAL SPECIALIST**  
**INITIAL - REVISION - REINSTATEMENT**  
**IDAHO 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: Application Type Check the box that applies to your situation	Application Fee
<b>Occupational Specialist</b> <ul style="list-style-type: none"> <li>Applicant has a combination of training and industry experience</li> </ul>	\$75.00
<b>Limited Occupational Specialist Completer</b> <ul style="list-style-type: none"> <li>Applicant has completed the requirements necessary to qualify for a Standard Occupational Specialist (SOS) or Advanced Occupational Specialist (AOS) certificate</li> </ul>	
<b>CTE Administrator</b> <ul style="list-style-type: none"> <li>Applicant has completed the requirements to secure a CTE Administrator Certificate</li> </ul>	
<b>Reinstatement</b> <ul style="list-style-type: none"> <li>Applicant is applying to reinstate an expired secondary Idaho CTE Educator Credential</li> </ul>	
<b>Revision</b> <ul style="list-style-type: none"> <li>Applicant is adding another certificate/endorsement to an existing current and valid secondary Idaho CTE Educator Credential</li> </ul>	\$25.00

Section II: 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? <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> </table>			Yes	No
	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.			
<b>Occupational Area</b> Check all at the right that apply	Agriculture, Food & Natural Resources Business Technology Engineering & Technology Education Family and Consumer Sciences & Human Services Health Professions & Public Safety	Marketing Technology Trades & Industry Work-Based Learning Career Technical Education Administrator	
<b>Endorsements</b> 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 State 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?                                                                                                                                                        | <b>Yes</b> | <b>No</b> |
| 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. | <b>Yes</b> | <b>No</b> |
| 3. Have you ever voluntarily surrendered a professional/license/certificate to avoid disciplinary proceedings by a professional licensing authority?                                                                                                                   | <b>Yes</b> | <b>No</b> |
| 4. Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority?                                                                                                                                | <b>Yes</b> | <b>No</b> |

**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 State 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 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 <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:

**Return application packet and fee(s) in one packet to:**

**State 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.*

### 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 - University Courses

Date \_\_\_\_\_ to \_\_\_\_\_

This **Professional Development Plan** conveys your intent, with the agreement of your employer or supervisor and an approved Idaho State University or University of Idaho CTE teacher educator (per signatures below), to successfully complete pedagogy coursework 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 initial certification.

<b>Name:</b>		<b>EDUID Number:</b>		
<b>Home Address:</b>		<b>Home/Cell Phone:</b>		
<b>Work Address:</b>		<b>Work Phone:</b>		
<b>Current Position:</b>				
<b>Current Credential(s) Held:</b> Currently applying for Limited Occupational Specialist Certificate.				
<b>Credential(s) Sought:</b> Seeking Standard or Advanced Occupational Specialist Certificate.				
<b>Professional Development Plan Goal Statement:</b> 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	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Pre-Service Academy	Online	Ongoing		40
*Methods of Teaching CTE	ISU or U of I	TBD	3	
*Principles/Philosophies of CTE	ISU or U of I	TBD	3	
*Evaluation and Assessment	ISU or U of I	TBD	3	
*Guidance/Transition to Work	ISU or U of I	TBD	3	
*Occ Analysis/Curriculum Design	ISU or U of I	TBD	3	
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.				
<b>Local Supervisor:</b> <i>Printed Name</i>		<b>Title/Institution:</b> <i>For Local Supervisor</i>		
<b>Local Supervisor's Signature</b>		<b>Date</b>		
<b>University CTE Teacher Educator:</b> <i>Printed Name</i>		<b>Title/Institution:</b> <i>For University CTE Teacher Educator</i>		
<b>University CTE Teacher Educator's Signature</b>		<b>Date</b>		
<b>Applicant's Signature</b>		<b>Date</b>		
Revisions to this 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.				
<b>Received by ICTE Certification Office, on Date:</b>				



# PROFESSIONAL DEVELOPMENT PLAN- InSpIRE Ready!

Date \_\_\_\_\_ to \_\_\_\_\_

This Professional Development Plan (PDP) will be developed by you, the career technical education 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 initial certification, and update and submit it each time you apply for certificate renewal. File it with Idaho Division of Career Technical Education (IDCTE) educator certification, 650 W State St Ste 324, Boise, ID 83702-5936 or email it to [certification@cte.idaho.gov](mailto:certification@cte.idaho.gov).

<b>Name:</b>		<b>EDUID Number:</b>		
<b>Home Address:</b>		<b>Home/Cell Phone:</b>		
<b>Work Address:</b>		<b>Work Phone:</b>		
<b>Current Position:</b>				
<b>Current Credential(s) Held:</b> Currently applying for Limited Occupational Specialist.				
<b>Credential(s) Sought:</b> Seeking Standard or Advanced Occupational Specialist Certificate.				
<b>Professional Development Plan Goal Statement:</b> 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 / Seminar	Location of Activity/University	Date(s) Planned	Anticipated Earnings Toward PD Requirements	
			Credits	Clock Hours
Pre-Service Academy - Yr. One & Two	To be determined yearly	Summer 2021 & 2022		80
Module 1: Clsrn Mgmt & Lrn Environ	Online/College of Southern Idaho	Fall 2021 - required		45
Module 2: Clarity of Inst/Content Acc.	Online/College of Southern Idaho	Fall/Spring		45
Module 3: Professionalism	Online/College of Southern Idaho	Summer Only		45
Module 4: Engagement & Content App.	Online/College of Southern Idaho	Fall/Spring		45
Module 5: Success Lrng. by Students	Online/College of Southern Idaho	Fall/Spring		45
Module 6: ID CTE Secondary Practice	Online/College of Southern Idaho	Fall/Spring/Summer		45
<b>Local Supervisor: Printed Name</b>		<b>Title/Institution: For Local Supervisor</b>		
<b>Local Supervisor's Signature</b>		<b>Date</b>		
<b>Applicant's Signature</b>		<b>Date</b>		
Revisions to this 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.				
<b>Received by ICTE Certification Office, on Date:</b>				

Revised 8-2021