APPLICATION PACKET FOR

Alternative Authorization - Content Specialist



IDAHO DEPARTMENT OF EDUCATION CERTIFICATION AND PROFESSIONAL STANDARDS

650 W STATE STREET, 2ND FLOOR BOISE, IDAHO 83702 208 332 6800 OFFICE / 711 TRS WWW.SDE.IDAHO.GOV

CREATED 05/09/2024

CHECKLIST OF COMPLETE PACKET — The hiring district/charter must confirm the candidate has a baccalaureate degree or will be student teaching in the authorized school year in which the school applies. The hiring district/charter must also confirm the candidate meets the qualification by following the checklist provided. Please include applicable documentation for the selected route towards obtaining the requested certificate/endorsement. ONLY complete application packets will be processed. *If the candidate holds a valid Idaho credential, please use the Alternative Authorization – Teacher to New application.*

ROUTE TO CERTIFICATION AND ENDORSEMENT -

The candidate will receive a three (3) year non-renewable certificate. The candidate must be enrolled in either a traditional college or university or the American Board (ABCTE) non-traditional route towards certification.

□ College/University Route

- Attach official transcripts verifying at least a baccalaureate degree or all coursework completed except student teaching
- Attach the signed formal plan signed by the dean or designee of the College of Education of the college/university
 - The plan must outline all the required coursework, applicable testing, and/or student teaching to qualify for an Institutional Recommendation for certification/endorsement
- If the college/university is not <u>CAEP</u> or <u>AAQEP</u> accredited, the candidate will need to complete all the out-of-state program requirements, and any Idaho applicable coursework during the three (3) year interim certificate validity period. The candidate will need to obtain an out-of-state certificate and then apply for reciprocity to receive an Idaho five (5) year certificate
 - Must complete all Idaho state specific requirement(s) i.e. ICLC/ICLA, TMT during the three (3) year interim to qualify for the five (5) year Standard Instructional Certificate

☐ American Board for Certification of Teacher Excellence (ABCTE) Route

- Attach official transcripts verifying at least a baccalaureate degree
- Attach enrollment verification specifying exact endorsement area aligning to assignment(s) on the application. The enrollment verification must align to the area of endorsement for which the authorization is being requested
- Must complete all ABCTE assessments, Idaho applicable coursework i.e. ICLC/ ICLA, TMT and a two (2)-year state board approved mentoring program during the three (3) year interim to qualify for the five (5) year Standard Instructional Certificate

ADDITIONAL DOCUMENTS

Completed Alternative Authorization - Content Specialist District/Charter and Candidate Application

- Signed by Board Chairperson
- Signed by Superintendent/Charter Administrator
- Signed by candidate

Content/Pedagogy Qualifier - The candidate demonstrates distinct content knowledge and skill through **ONE** (1) of the following approved qualifiers:

- Content Specific Praxis II Score Report
 - o attach a copy of the official score report
- ABCTE Content or Professional Teaching and Knowledge (PTK) Score Report
 - o attach a copy of the official score report
- Baccalaureate Degree in the Content Area of Endorsement
 - o attach the transcripts which show the degree in the specific content area
- Qualifying Score on the Uniform Standard for Evaluating Content Competency (Rubric)
 - attach the rubric and official transcripts with applicable coursework highlighted

Application fee - \$100

• Check or money order is to be made payable to the Idaho Department of Education and is included with the application

(Credit cards are not accepted. Payment is non-refundable. One (1) check or money order for both application and BIC fees is acceptable.)

Background Investigation Check (BIC)

- Completed and signed Idaho fingerprint card
 - Information is available on the following <u>Background Investigation Check</u> website
- Associated fingerprint forms
- Background check fee \$28.25
 - A new fingerprint packet is required if the candidate is new to the district/charter
 - Certificates will not be issued unless the applicant has cleared a BIC Mailing Address:
 Teacher Certification
 PO Box 83720

Boise, ID 83720-0027

2024-2025 Alternative Authorizations Submission Schedule

Below are the ISEE Submission dates to have applications submitted to ensure funding is not reduced. For complete applications and documents needed, please refer to the packet checklist on the previous page. You may also reference the <u>Application Crosswalk</u>.

Date applications due to the Idaho					
Department of Education:					
November 15, 2024					
*December 20, 2024					
*March 15, 2025					
*May 17, 2025					
*June 21, 2025					

^{*} Assignments that are deficient on these designated ISEE upload dates will result in a reduction of funding. Deficiencies can be determined by running the Assignment Credential Report, located in the ISEE portal. To clear deficiencies, refer to the Assignment Credential Guidance Document.

EMERGENCY PROVISIONALS

Date applications due to the Idaho Department of Education:	State Board of Education Meetings:
July 3, 2024	August 21, 2024
August 28, 2024	October 16-17, 2024
October 30, 2024	December 18, 2024
December 31, 2024	February 19-20, 2025
February 26, 2025	April 16-17, 2025
April 23, 2025	June 11-12, 2025

Important Information:

- Emergency Provisionals cannot be used for Special Education, Administrator, Pupil Service Staff or Career Technical Education (CTE) endorsement(s)/certificate(s)
- Applications received after January 1 of the school year must be due to the school district/charter school losing a staff member after January 1 of the school year

		Fee	Date Paid		Check #	BIC Status	District Signed	□ BA□ Student Teaching
Candidate	☐ College/ ☐ ABCTE University	Content Qualifier					Complete Application	
Signature		Jniversity	☐ Praxis #	□ ABCTE	☐ Rubric	☐ BA in Content	☐ YES	
								□ NO

ALTERNATIVE AUTHORIZATION – CONTENT SPECIALIST

DISTRICT/CHARTER AND CANDIDATE APPLICATION FORM 2024-2025 SCHOOL YEAR

DISTRICT/CHARTER SCHOOL SECTION — Must be completed by district/charter							
school.							
Section I: District/Charter School Information							
District/Charter Name	District/Charter #						
Name of District Superintendent/Charter Administrat	Name of Contact Person						
Email Address	Phone #						
Mailing Address	City, State, Zip Code						
Section II: Candidate Demographic Informa	tion						
Last Name, First Name and Full Middle Name		Birth Date					
Maiden/Another Name	EDUID	Hire Date (for this position)					
Email Address	Phone #						
Mailing Address	City, State, Zip Code						
Section III: Standard Instructional Certificate Endorsement code(s) requested							
Endorsement #	Endorsement Title						
Endorsement #							
Section IV: ISEE assignment code(s) and title(s) the candidate will be assigned							
Assignment #	Assignment Title						
Assignment #	Assignment Title Assignment Title						
Assignment #							

DISTRICT/CHARTER SCHOOL SECTION - Continued						
Section V: Candidate Qualifications and Attach Appropriate Documentation (ONLY select one)						
 Content Specific Praxis II Score Report Attach a copy of the official score report 						
 □ ABCTE Content or Professional Teachin • Attach a copy of the official score report 						
 □ Baccalaureate Degree in Content Area of Endorsement • Attach an official transcript 						
□ Qualifying Score on the <u>Uniform Standa</u>	rd for Evaluating Content Competency (Rubri	ic)				
 Attach the rubric and official transcript 	ts with applicable coursework highlighted					
toward point compilation for eleme	 200 points for Elementary or Special Education Endorsements (educationally related coursework can count toward point compilation for elementary or special education areas) 					
	Content Endorsements. The rubric is not necessal in the specific middle/secondary content area of e					
Total Points:						
Section VI: District/Charter Designa	ited Mentor					
☐ We understand a mentor is required an per month, which will include feedback	nd will need to provide a minimum of one (1) o	classroom observation				
Mentor Name:						
Mentor Title:	<u>.</u>					
Section VII: District/Charter and Sch	hool Board Attestations – <u>PLEASE RE</u>	AD AND SIGN				
We, the undersigned:						
 □ Have ensured the candidate has the met the distinct knowledge qualifications pursuant to <u>IDAPA 08.02.02.042.02</u> □ Have ensured all the required documents are contained in this application packet and understand that only complete application packets will be processed □ Are aware that an incomplete packet may result in a reduction of district/charter funding and is in violation of <u>Idaho</u> 						
 Code §33-1201 □ Agree that the endorsement(s) requested align to the assignment(s) the candidate will instruct. □ Agree to monitor candidate progress through their program and assure that the candidate maintains a pace to complete the preparation program within the allowable time frame (three (3) years) □ Understand the district/charter will provide a state board-approved mentor program using the Idaho Mentor 						
<u>Program Standards</u> and qualified mentor. Please access the State Board of Education website for more information about the State Board-approved mentor program						
Signature of School Board Chairperson						
Print Signature Date						
Signature of District Superintendent or Charter Administrator						
Print Signature Date						

CANDIDATE SECTION –							
Read each section carefully. Must be completed and signed by candidate.							
Section I: Candidate Degree Status							
 □ Currently hold a baccalaureate degree or higher - attach transcripts OR □ Degree completion pending student teaching. Date student teaching to be complete: (Student teaching must be completed during this authorized school year - attach signed plan) 							
Section II: Route and Attestation	(select route and c	heck/initial app	licable attestations)				
College/University (non-renew Name of College/University: I, the undersigned understand: I have enrolled in a college/university program and have registered for the	/ certification	and have atta	ed understand: ed in the ABCTE assessment program ached enrollment verification specifying				
completed during the three (3) year i period. A copy of the signed teacher program plan is included with this ap I understand this certificate is non-re complete the university/college progr state specific requirement(s) listed or during the three (3) year validity periodeligible to apply for my Idaho Standa Credential If I am using an out-of-state program accredited by CAEP/AAQEP, I am aw obtain certification in the state which preparation program and then apply an Idaho certificate If I am using an out-of-state program be required to complete the Idaho Couliteracy Course or Assessment. I may to complete the Teaching Mathematic course during the three (3) year validate specific requirement(s), it is my apply to receive my Idaho Standard Incredential If I were to leave the Idaho district/che Content Specialist Interim Certification the Certification and Professional Standard Incredential The Certification and Professional Standard Incredential The Certification of my program ensure completion of my program	nterim validity preparation plication newable. I must ram and any Idaho n my credential od before I am rd Instructional which is not ware I will need to recognizes the for reciprocity for , I understand I will omprehensive ay also be required cal Teaching lity period program, and any responsibility to Instructional marter while holding cate, I must notify st a letter be sent to andards	the exact endorsement area for which the authorization is being requested I understand this certificate is non-renewable. I must complete all applicable ABCTE assessment(s) and state specific requirement(s) listed on my credential during the three (3) year validity period before I am eligible to apply for my Idaho Standard Instructional Credential I understand I must complete the two (2) year state-board approved mentoring program during the three (3) year validity period I understand I will be required to complete the Idaho Comprehensive Literacy Course or Assessment. I may also be required to complete the Teaching Mathematical Teaching course during the three (3) year validity period Upon completion of the ABCTE assessment program, and any state specific requirement(s), it is my responsibility to apply to receive my Idaho Standard Instructional Credential If I were to leave the Idaho district/charter while holding the Content Specialist Interim Certificate, I must notify the new hiring Idaho school to request a letter to be sent to the Certification and Professional Standards Department attesting to monitoring my progress to ensure completion of my program					
Signature of Candidate							
Print	Signature		Date				

CANDIDATE SECTION – Continued								
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.								
ed lid de pr	ave you ever had an ducator or teacher cense/certificate enied by any ofessional licensing athority?	disciplina taken aga profession license/c Disciplinary license/certi revocation, le probation, le reprimand, de	ertificate? action on a ficate includes suspension, etters of or conditions a professional	Have you ever voluntarily surrendered a professional license/certificate to avoid disciplinary proceedings by a professional licensing authority?	i I I	nvestigationicense/cer	ending y proceedings or ons against your tificate by a al licensing	
	☐ Yes ☐ No	☐ Yes		☐ Yes ☐ No			□ No	
	APPLICANTS ANSV o re-submit a written expl			d written explanation for eaided one.	ach que	estion marke	d yes. You do not	
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 - To expedite your application, include a detailed written explanation and court records of each felony conviction.								
	Note: If you have provide	ed these docume	ents with a previou	s application, you do not n	eed to i	re-submit the	em.	
•	Misdemeanors - There We will contact you if we	is no need to sub need any inform	omit documentationation.	n with your application for	misdem	neanor arres	t and/or convictions.	
IMPO appro		espond to a re	equest for infori	mation will result in yo	ur app	olication no	ot being	
	estations and Signary and initial the statemen							
				aho Professional Educator				
	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 updated with the Idaho Department of Education at							
all times. Failure to do so may result in not receiving legal/licensing documents related to my credential.								
FAILURE TO INITIAL AND SIGN WILL RESULT IN AN INCOMPLETE APPLICATION AND THE APPLICATION WILL NOT BE PROCESSED.								
Signati	ure of Candidate							
Print		Si	gnature				Date	
		J				J		