

APPLICATION PACKET FOR

# Alternative Authorization – Pupil Service Staff



IDAHO DEPARTMENT OF EDUCATION  
CERTIFICATION AND PROFESSIONAL STANDARDS

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CREATED 05/09/2024

**CHECKLIST OF COMPLETE PACKET** – The hiring district/charter must confirm the candidate has a baccalaureate degree and 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.

*School Psychologist must hold a minimum of a baccalaureate degree in psychology to qualify for the School Psychologist Alternative Authorization Pupils Service Staff Certificate*

## ROUTE TO CERTIFICATION

The candidate will receive a three (3) year interim non-renewable certificate.

### Option I: College/University Route

- 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*
- Must complete all Idaho applicable coursework during the three (3) year interim to qualify for the five (5) year Pupil Service Staff Certificate
- If the college/university is not [CACREP/CSWE/NASP](#) accredited, the candidate will need to obtain an out-of-state certificate and then apply for reciprocity to receive an Idaho certificate

## ADDITIONAL DOCUMENTS

### Completed Alternative Authorization – Pupil Service Staff – District and Candidate Application

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

### 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)

A new fingerprint packet is **not** required if the candidate has continuous employment with the same district/charter and holds a current Idaho credential

- Completed and signed Idaho fingerprint card
  - Information is available on the following [Background Investigation Check 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

## 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 [Application Crosswalk](#).

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

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FOR OFFICIAL USE ONLY	Fee	Date Paid	Check #	BIC Status <input type="checkbox"/> Same Dist/Chrt <input type="checkbox"/> Need	District Signed	Candidate Signed	Verified Degree	University Route <input type="checkbox"/> CACREP <input type="checkbox"/> SWE <input type="checkbox"/> NASP	<input type="checkbox"/> IR <input type="checkbox"/> Out of state Certificate

**ALTERNATIVE AUTHORIZATION – PUPIL SERVICE STAFF**

**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 Administrator	Name of Contact Person
Email Address	Phone #
Mailing Address	City, State, Zip Code

**Section II: Candidate Demographic Information**

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: Pupil Service Staff Endorsement code(s) requested**

<input type="checkbox"/> 7022 School Counselor	<input type="checkbox"/> 7023 School Counselor-Basic	<input type="checkbox"/> 7024 School Psychologist	<input type="checkbox"/> 7025 Speech-Language Pathologist	<input type="checkbox"/> 7026 School Social Worker
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**Section IV: ISEE assignment code(s) and title(s) the candidate will be assigned**

Assignment #	Assignment Title
Assignment #	Assignment Title

**DISTRICT/CHARTER SCHOOL SECTION – Continued**

**Section VI: District/Charter and School Board Attestations**

**We, the undersigned:**

- Attest to the ability of the candidate to fill the position
- Have ensured all the required documents are contained in this application packet and understand that only completed 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 Idaho [Code §33-1201](#)
- Agree that the endorsement(s) requested align to the assignment(s)
- Understand a candidate holding a Pupil Service Staff certificate cannot be the Teacher of Record in an instructional assignment
- 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 a mentor is not required, but adequate support will be provided

**Signature of School Board Chairperson**

<b>Print</b>	<b>Signature</b>	<b>Date</b>
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**Signature of District Superintendent or Charter Administrator**

<b>Print</b>	<b>Signature</b>	<b>Date</b>
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**CANDIDATE SECTION – Must be completed and signed by candidate.**

**Section I: Candidate Degree Status**

- Currently hold a baccalaureate degree
- Currently hold a master's degree (School Psychologist)

**Section II: Route and Attestation (check or initial attestations)**

**College/University:**

Name of College/University: \_\_\_\_\_

**I, the undersigned understand:**

- I have enrolled in a master's program through a college/university certification program and have registered for the courses to be completed during the three (3) year interim validity period. A copy of the signed preparation program plan is included with this application
- I understand this certificate is non-renewable and must complete the university/college program during the three (3) year validity period
- If I am using an out-of-state program which is not accredited by [CACREP/CSWE/NASP](#), I am aware I will need to obtain certification in the state which recognizes the preparation program and then apply for reciprocity for an Idaho certificate
- Upon completion of the preparation program, it is my responsibility to apply to receive my Idaho Pupil Service Staff Credential
- If I were to leave the Idaho district/charter while holding the Pupil Service Staff Interim Certificate, I must notify the new hiring Idaho school to request a letter be sent to the Certification and Professional Standards Department attesting to monitoring my progress to ensure completion of my program

**Signature of Candidate**

<b>Print</b>	<b>Signature</b>	<b>Date</b>
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**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.**

<p>1. <b>Have you ever had an educator or teacher license/certificate denied by any professional licensing authority?</b></p>	<p>2. <b>Have you ever had disciplinary action taken against a professional license/certificate?</b> <i>Disciplinary action on a license/certificate includes revocation, suspension, probation, letters of reprimand, or conditions imposed by a professional licensing authority.</i></p>	<p>3. <b>Have you ever voluntarily surrendered a professional license/certificate to avoid disciplinary proceedings by a professional licensing authority?</b></p>	<p>4. <b>Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority?</b></p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**ALL APPLICANTS ANSWERING YES:** Include a detailed written explanation for each question marked yes. You do not need to re-submit a written explanation if you have previously provided one.

**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 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.**

**!** **Attestations and Signature**

Read and initial 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/shared/ethics/code-of-ethics-for-professional-educators.pdf>).
- 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.**

Signature of Candidate

Print	Signature	Date
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