

APPLICATION PACKET FOR

# Alternative Authorization – Teacher to New



IDAHO DEPARTMENT OF EDUCATION  
CERTIFICATION AND PROFESSIONAL STANDARDS

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BOISE, IDAHO 83702  
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CREATED 05/09/2024

**CHECKLIST OF COMPLETE PACKET** – The hiring district/charter must verify the candidate holds a valid Idaho Credential. Access the [Certification Lookup Tool](#) to confirm.

## **ROUTE TO TEACHER TO NEW CERTIFICATE**

The candidate will receive a three (3) year interim non-renewable certificate. The candidate must be enrolled in either a traditional route or enrolled with ABCTE.

### **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 and applicable testing to qualify for an Institutional Recommendation for certification/endorsement*
- Must complete program during the three (3) year interim to be eligible to apply to revise their current Idaho Credential
- If the college/university is not CAEP or AAQEP 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 to revise their current Idaho Credential

### **Option I: ABCTE Route - ABCTE is only available for obtaining a Standard Instructional Certificate with certain instructional endorsement(s).**

- Attach enrollment verification specifying exact endorsement area aligning to the assignment 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 state specific requirement(s) i.e. ICLC/ICLA, TMT and a two (2)-year state board approved mentoring program during the three (3) year interim to qualify to revise their current Idaho Credential

**ROUTE TO TEACHER TO NEW ENDORSEMENT** – Valid for the school year for which the application is requested and approved. Must choose one (1) of the following options:

### **Option I: College/University Route**

- Attach signed formal plan by the dean of the College of Education
  - *The plan must outline all the required coursework and applicable testing to qualify for an Institutional Recommendation for certification/endorsement*
- If the college/university is not CAEP or AAQEP 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 to revise their current Idaho Credential

- The authorization for the college/university route may be renewed two (2) additional times with evidence of satisfactory progress - the completion of nine (9) semester credits is required during the authorized school year unless the university plan indicates otherwise or under extenuating circumstances
- ☐ **Option II: Completed master’s degree route in specific content area (applicable to adding an instructional endorsement only) -**
- Attach a copy of the completed master’s degree in the content area of requested endorsement
  - The candidate will need to successfully complete a one (1) year state-board approved mentor program in the new endorsement area. The specific mentor program and performance requirement(s) are outlined on the [District/Charter and Mentor Recommendation for Alternative Authorization – Teacher to New Endorsement OPTION II and III Completers form](#)
  - The candidate may be required to complete Idaho state specific requirement(s) i.e. ICLC/ICLA, TMT. Conditions will be listed on credential
  - This option is not eligible for renewal
- ☐ **Option III: Content area assessment, AND state board-approved mentoring program (applicable to adding an instructional endorsement only)**
- Approved Content Assessments
    - Praxis II
      - Achieve passing score during the validity period of the one (1) year authorization
    - ABCTE Assessment
      - Achieve passing score during the validity period of the one (1) year authorization
    - [Uniform Standard for Evaluating Content Competency](#) (rubric)
      - Attach highlighted transcripts showing applicable credits. Additional assessments are not required if the rubric is submitted with the application
    - BA/BS in the Specific Content Area
      - Attach a copy of completed baccalaureate degree in the specific content area of requested endorsement. Additional assessments are not required if the candidate holds a baccalaureate degree or higher in the specific content area

- The candidate will need to successfully complete a one (1) year state-board approved mentor program in the new endorsement area. The specific mentor program and performance requirement(s) are outlined on the [District/Charter and Mentor Recommendation for Alternative Authorization – Teacher to New Endorsement OPTION II and III Completers form](#)
- The candidate may be required to complete Idaho state specific requirement(s) i.e. ICLC/ICLA, TMT. Conditions will be listed on credential
- The authorization is non-renewable unless extenuating circumstances exist

## ADDITIONAL DOCUMENTS

### Completed Alternative Authorization - Teacher to New - 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.)*

### Transcripts - Renewal applicants (Not applicable to Teacher to New Certificate)

- Option I for Teacher to New – Endorsement: College/University
  - Attach a copy of transcripts to provide proof of progress. The completion of nine (9) semester credits (or equivalent) is required unless the plan outlined by the university indicates otherwise. If adequate progress has not been met, under extenuating circumstances, a renewal may be considered for candidates based on the following (please include with application):
    1. A letter of explanation
    2. A summative evaluation from the prior authorization year

**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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INTENTIONALLY

FOR OFFICIAL USE ONLY	Fee	Date Paid	Check #	BIC Status <input type="checkbox"/> Same Dist/Chrt <input type="checkbox"/> Need		Candidate Signed	<input type="checkbox"/> Certificate <input type="checkbox"/> Endorsement
	Route Option <input type="checkbox"/> Option I <input type="checkbox"/> Option II <input type="checkbox"/> Option III		Option III <input type="checkbox"/> Praxis # _____ <input type="checkbox"/> Passed			<input type="checkbox"/> ABCTE Assessment	<input type="checkbox"/> Rubric Points _____
Requires:						Current Certificate	
<input type="checkbox"/> ICLC/ICLA <input type="checkbox"/> TMT						<input type="checkbox"/> 3-year <input type="checkbox"/> 5-year	

## ALTERNATIVE AUTHORIZATION – TEACHER TO NEW

### DISTRICT/CHARTER AND CANDIDATE APPLICATION FORM

NEW APPLICATION     RENEWAL APPLICATION

**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: Certificate type and endorsement code(s) listed on candidate's current certificate

<input type="checkbox"/> Instructional Certificate	<input type="checkbox"/> Administrator Certificate	<input type="checkbox"/> Pupil Service Staff Certificate
Endorsement #	Endorsement Title	
Endorsement #	Endorsement Title	
Endorsement #	Endorsement Title	
Endorsement #	Endorsement Title	

**DISTRICT/CHARTER SCHOOL SECTION – Continued**

**Section IV: Certificate type and endorsement code(s) requested**

<input type="checkbox"/> Instructional Certificate	<input type="checkbox"/> Administrator Certificate	<input type="checkbox"/> Pupil Service Staff Certificate
Endorsement #	Endorsement Title	
Endorsement #	Endorsement Title	

**Section V: ISEE assignment code and title the candidate will be assigned**

Assignment #	Assignment Title
Assignment #	Assignment Title

**Section VI: District/Charter Designated Mentor (Option II-III candidates only)**

We understand a mentor is required. The mentor will need to provide ongoing support and formative assessments, which will include feedback and reflection.

Mentor Name: \_\_\_\_\_.

Mentor Title: \_\_\_\_\_.

**Section VII: District/Charter and School Board Attestations – PLEASE READ AND SIGN**

**We, the undersigned:**

- 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 [Idaho Code §33-1201](#)
- Agree that the endorsement(s) requested align to the assignment(s)
- Agree to monitor the candidate’s progress and assure the candidate maintains a pace to complete the preparation program and/or route towards obtaining the requested endorsement within the allowable time frame
- Understand the district/charter will provide a [State Board-approved Mentor Induction Program](#) and qualified mentor for Option II and III candidates. Please access the [State Board of Education website](#) for more information about the State Board-approved mentor program

**School Board Chairperson**

Print	Signature	Date
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**District Superintendent or Charter Administrator**

Print	Signature	Date
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**CANDIDATE SECTION – Read each section carefully. Must be completed and signed by the candidate.**

**Section I: Route and Attestation (select route and check/initial applicable attestations)**

**OPTION I – University or ABCTE**

College/University (renewable for Teacher to New Endorsement Only)

Name of College/University:

**I, the undersigned understand:**

- I have enrolled in a college/university certificate and/or endorsement program and have registered for the applicable courses. A copy of the signed preparation program plan is included with this application. If issued a three (3) year non-renewable interim certificate, I understand I must complete the program during the three (3) year, validity period
- If issued a one (1) year authorization, I must demonstrate adequate progress toward the completion of my endorsement program for my district/charter to apply for renewal of the Alternative Authorization – Teacher to New endorsement. Furthermore, I understand the authorization is eligible for two (2) renewals with the completion of nine (9) semester credits annually or as outlined by the university plan
- If I am using an out-of-state program which is not accredited by [CAEP/AAQEP](#), I am aware I may be required to obtain certification in the state which recognizes the preparation program and then apply for reciprocity for an Idaho certificate
- I understand I may be required to complete the Idaho Comprehensive Literacy Course or Assessment and/or the Teaching Mathematical Teaching courses during the three (3) year validity period
- Upon completion, it is my responsibility to apply for a revision of my current Idaho Credential to add the new endorsement
- If I were to leave the Idaho district/charter while holding the Teacher to New 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

ABCTE – Teacher to New Certificate  
(Applicable to adding a new Standard Instructional Certificate to a current Administrator or Pupil Service Staff Certificate – three (3) year non-renewable)

**I, the undersigned understand:**

- I have attached enrollment verification specifying the exact endorsement area in the ABCTE assessment program for which the authorization is being requested
- I understand I have the three (3) year validity period to complete all applicable assessments and state specific requirement(s)
- I understand I must complete the two (2) year state-board approved mentoring program during the three (3) year validity period before I am eligible to apply for a revision of my current Idaho credential
- I understand I may be required to complete the Idaho Comprehensive Literacy Course or Assessment and/or the Teaching Mathematical Teaching courses during the three (3) year validity period
- Upon completion, it is my responsibility to apply for a revision of my current Idaho Credential to add the new endorsement
- If I were to leave the Idaho district/charter while holding the Teacher to New 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

**Section I: Route and Attestation - Continued**

**Option II – Completed Master’s Degree in specific content area AND complete a one-year state board approved mentoring program**

*Instructional endorsement only - non-renewable*

I, the undersigned understand:

- I have attached a copy of the completed master’s degree transcripts aligning to the new endorsement area being requested
- I understand I must complete the one (1) year state-board approved mentoring program during the authorized school year before I am eligible to apply for a revision of my current Idaho credential
- I understand I may be required to complete the Idaho Comprehensive Literacy Course or Assessment and the Teaching Mathematical Teaching courses during the one (1) year non-renewable authorization year. Refer to the certificate for specific requirements
- Upon completion, it is my responsibility to apply for a revision of my current Idaho Credential to add the new endorsement

**Option III: Content Assessment AND complete a one-year state board approved mentoring program**

**Choose ONE Assessment**

*Initial one assessment route*

I, the undersigned understand:

- I must either obtain a qualifying score on the applicable Praxis II assessment(s) or ABCTE assessment(s) which aligns to the new endorsement area during the authorized school year OR,
- I hold a baccalaureate degree in the specific content area OR,
- I must meet or exceed the required number points in the content area using the Uniform Standards for Evaluating Content Competency (rubric)

**Mentoring and State Specific Coursework (if applicable)**

I, the undersigned understand:

- I understand I **must** complete the one (1) year state-board approved mentoring program during the authorized school year before I am eligible to apply for a revision of my current Idaho credential
- I understand I may be required to complete the Idaho Comprehensive Literacy Course or Assessment and the Teaching Mathematical Teaching courses during the one (1) year non-renewable authorization year. Refer to the certificate for specific requirements
- Upon completion, it is my responsibility to apply for a revision of my current Idaho Credential to add the new endorsement

**Signature of Candidate**

Print	Signature of Candidate	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.**

<p>1. Have you ever had an educator or teacher license/certificate denied by any professional licensing authority?</p>	<p>2. Have you ever had disciplinary action taken against a professional license/certificate? <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. Have you ever voluntarily surrendered a professional license/certificate to avoid disciplinary proceedings by a professional licensing authority?</p>	<p>4. Are there pending disciplinary proceedings or investigations against your license/certificate by a professional licensing authority?</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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