

ADVANCED PROFESSIONAL ENDORSEMENT RECOMMENDATION – OUT OF STATE

RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF
WHO HAVE TAUGHT OUT OF STATE FOR NINE (9) YEARS OR MORE

Applicant's Full Legal Name	Maiden/Former Name
EDUID #	Date of Birth

I certify that the above-named applicant has met all of the following criteria for an out-of-state Advanced Professional Endorsement:

- Applicant has worked in a certificated position in a compact member state for nine (9) years or more.
- Applicant would have been eligible to work in a certificated position in an Idaho public school based on that certification for nine (9) years or more.

I certify that the following required documentation is submitted with this recommendation form:

- Certificated Professional Experience Reports or completed and signed by the applicant's prior, out-of-state employer(s) totaling nine (9) years or more of certificated professional experience.
- Out-of-state certificate copy/copies, or educator certificate search results from out of state certifying body/bodies totaling nine (9) years of more of certification reciprocal to Idaho certification.

I recommend the above-named applicant to receive the Advanced Professional Endorsement with an effective date of July 1, _____.

Name of Idaho School District/Charter

District/Charter Number

Idaho Superintendent/Charter Administrator/
Designee Signature

Date

Email completed form and supporting documentation to:
professionalendorsements@sde.idaho.gov

Questions? Call 208-332-6879