

## PROFESSIONAL ENDORSEMENT RECOMMENDATION – IN STATE/OUT OF STATE

### RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF WITH SOME OUT OF STATE EXPERIENCE

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

**I certify that the applicant has met all criteria for an in state/out of state Professional Endorsement:**

- Applicant has held an instructional or pupil service staff certificate and been employed in a public or accredited private school in a compact member state for 3 years or more, of which no more than 2 years occurred in an Idaho public/accredited private school. Certificated out of state employment must have occurred in a compact member state.
- Applicant's CLDS Data confirms that Professional Compensation Rung Performance Criteria are met: an overall rating of proficient or higher, with no components rated as unsatisfactory on the state framework for teaching evaluation; and the majority of applicant's students have met their measurable student achievement targets or student success indicator targets.
  - If the applicant has 1 year of Idaho evaluations in the Career Ladder Data System (CLDS): Applicant has met the professional compensation rung performance criteria in that year.
  - If the applicant has 2 years of Idaho evaluations in CLDS: Applicant has met the professional compensation rung performance criteria in each of the 2 previous years, or the 2nd year.

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

- Certificated Professional Experience Reports completed and signed by the applicant's prior, out-of-state employer(s).
- Out-of-state certificate copy/copies or educator certificate search results from out of state certifying body/bodies.

**I recommend the applicant for a Professional Endorsement with an effective date of**

**July 1,** \_\_\_\_\_.

\_\_\_\_\_  
Name of Employing Idaho School District/Charter

\_\_\_\_\_  
District/Charter Number

\_\_\_\_\_  
Signature of Idaho School District/Charter  
Superintendent, Charter Administrator, or Designee

\_\_\_\_\_  
Signature Date

Email completed form and required documentation to: [professionalendorsements@sde.idaho.gov](mailto:professionalendorsements@sde.idaho.gov)

Questions? Call 208-332-6879