

PROFESSIONAL ENDORSEMENT RECOMMENDATION – OUT OF STATE

RECOMMENDATION FOR IDAHO INSTRUCTIONAL OR PUPIL SERVICE STAFF
WHO HAVE TAUGHT OUT OF STATE FOR THREE (3) TO EIGHT (8) YEARS

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

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

- Applicant has worked in a certificated position in a compact member state for three (3) years or more, but fewer than nine (9) years.
- Applicant would have been eligible to work in a certificated position in an Idaho public school based on that certification for three (3) years or more, but fewer than nine (9) years.

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 three (3) 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 three (3) or more of certification reciprocal to Idaho certification.

I recommend the above-named applicant to receive the 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