

Application Packet for Alternative Authorization – Pupil Service Staff New and Renewal

THIS APPLICATION IS FOR A SCHOOL DISTRICT OR CHARTER THAT WOULD LIKE TO HIRE A CANDIDATE WHO HAS A BACCALAUREATE DEGREE TO SERVE IN AN ASSIGNMENT THAT REQUIRES CERTIFICATION/ENDORSEMENT WHILE THE CANDIDATE IS ENROLLED AND WORKING TOWARD THE PUPIL SERVICE STAFF CERTIFICATE WITH THE APPLICABLE SCHOOL COUNSELOR OR SCHOOL SOCIAL WORKER ENDORSEMENT.

THIS APPLICATION CAN ONLY BE USED FOR SCHOOL COUNSELOR AND SCHOOL SOCIAL WORKER. FOR INFORMATION REGARDING SCHOOL NURSE, SPEECH LANGUAGE PATHOLOGIST (SLP), SCHOOL PSYCHOLOGIST, OR AUDIOLOGIST SEE THE [CERTIFICATE FOR PUPIL SERVICE STAFF WEBSITE](#).

As per [IDAPA 08.02.02.042.03](#), candidate must hold at least a baccalaureate degree.



IDAHO STATE DEPARTMENT OF EDUCATION
CERTIFICATION & PROFESSIONAL STANDARDS

650 W STATE STREET, 2ND FLOOR
PO BOX 83720
BOISE, IDAHO 83720-0027
208 332 6800 OFFICE
WWW.SDE.IDAHO.GOV

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IMPORTANT: PLEASE READ PRIOR TO FILLING OUT APPLICATION

This Alternative Authorization – Pupil Service Staff allows a local education agency to request a Pupil Service Staff certificate for School Counselor or School Social Worker for an individual who holds a baccalaureate degree. The hiring district/charter must attest to the ability of the candidate to fill the position.

ONLY complete application packets will be reviewed. Incomplete packets may result in funding reduction for the district/charter. Verification of packet completion is the responsibility of the district/charter. A checklist is provided below to help ensure a complete packet is submitted.

Approved applications will ensure the district/charter is in compliance with [Idaho Code §33-1201](#) and no financial penalties will be assessed to the hiring district/charter. Two (2) certificates will be mailed - one to the district and one to the candidate.

The authorization is **valid for the school year** for which the application is requested and approved. The authorization is valid for one (1) year and depending on the route, may be renewed two (2) additional times with evidence of satisfactory progress or under extenuating circumstances.

CHECKLIST OF COMPLETE PACKET - The hiring district/charter must ensure the candidate meets the following qualification and has included applicable documentation:

Verification of packet completion is the responsibility of the district/charter.

➤ **Transcripts**

- New applicants - attach official transcripts verifying at least a baccalaureate degree or all coursework completed but the student teaching.
- Renewal applicants - 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, the Authorizations Committee may consider a renewal application for candidates based on the following (please include with application):
 1. A letter of explanation
 2. A summative evaluation from the prior authorization year

➤ **Route to Certification and Endorsement** - The route to certification may be an Idaho college/university or an out-of-state CAEP/NCATE/TEAC or CSWE for School Social Worker or CACREP for School Counselor approved program.

- College/University Route** - attach the signed college/university plan
 - The plan must be signed by the dean of the College of Education

- The plan must outline all of the required coursework, applicable testing, and/or student teaching to qualify for an Institutional Recommendation for certification/endorsement.
- The completion of nine (9) semester credits is required during the authorization, unless the plan outlined by the university indicates otherwise.
- The authorization for college/university may be renewed two (2) additional times with evidence of satisfactory progress or under extenuating circumstances.
- If the college/university is not CAEP/NCATE/TEAC or CSWE for School Social Worker or CACREP for School Counselor accredited, the candidate will need to include a statement indicating they are aware that once the program is finish they will need to get an out-of-state certificate and then apply for reciprocity in order to get an Idaho certificate.

Background Investigation Check (BIC), associated forms and fee

- Include the necessary completed fingerprint card, the associated forms, and the applicable fee. Certificates will not be issued unless the applicant has cleared a BIC. See our [Background Investigation Check website](#) for current guidelines, fees and information to obtaining a fingerprint card and associated forms.
- If the candidate is new to the district/charter, a new fingerprint packet is required.
- Renewal applicants do not need a new fingerprint card if the candidate is staying in the same district/charter.

Application fee - \$100

- Check or money order is to be made payable to the State Department of Education or SDE. Credit cards are not accepted. Cash in the exact amount is accepted for walk-ins. Payment is non-refundable. One check or money order for both application and BIC fees is acceptable.

RESOURCES

- PSC Scheduled meetings link: <https://www.sde.idaho.gov/cert-psc/cert/apply/files/alternative/application/SBOE-PSC-Meetings-2021-2022.pdf>
- Assignment Credential Manual link: <https://www.sde.idaho.gov/cert-psc/shared/manuals/2021-2022-SDE-Assignment-Credential-Manual.xlsx> This will help the district/charter to determine endorsement/assignment alignment for the candidate.
- Certification Look Up Tool link: <https://apps2.sde.idaho.gov/certificationlookup>
- Upon completion an Idaho college/university program apply for 5-year renewable certificate: <https://www.sde.idaho.gov/cert-psc/cert/apply/graduates.html>
- Upon completion of a CAEP/NCATE/TEAC or CSWE for School Social Worker or CACREP for School Counselor accredited college/university program apply for completers of an out-of-state program: <https://www.sde.idaho.gov/cert-psc/cert/apply/out-of-state.html>

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THIS SECTION FOR OFFICIAL USE ONLY	Fee	Date Paid	Check #	BIC Status	District Signed	Candidate Signed
		Verified BA/BS	School Year		Meeting Reviewed	Printed

ALTERNATIVE AUTHORIZATION – PUPIL SERVICE STAFF DISTRICT/CHARTER AND CANDIDATE APPLICATION FORM

Must be completed by the hiring district/charter and the candidate.

NEW APPLICATION

RENEWAL APPLICATION

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			
Full Legal Name		Birth Date	
Maiden/Other 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			
See endorsement tab 2021-2022 SDE Assignment Credential Manual			
<input type="checkbox"/> 7022 School Counselor		<input type="checkbox"/> 7026 School Social Worker	
Section IV: ISEE assignment code(s) and title(s) the candidate will be assigned			
See assignment tab 2021-2022 SDE Assignment Credential Manual			
Assignment #		Assignment Title	
Assignment #		Assignment Title	

DISTRICT/CHARTER SCHOOL SECTION CONTINUED

Section V: District/Charter Designated Mentor

- We understand a mentor is required and will need to provide a minimum of one (1) observation per month, which will include feedback and reflection.

Mentor Name: _____.

Mentor Title: _____.

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) the candidate will have.
- Agree to monitor the candidate progress through their program and assure that the candidate maintains a pace to complete the preparation program within the allowable timeframe, (renewable for two additional times with adequate progress). The completion of nine (9) semester credits is required unless the plan outlined by the university indicates otherwise.
- Understand that the district/charter will provide a [State Board-approved Mentor Induction Program](#) and qualified mentor. Please access the State Board of Education website for more information about the State Board-approved program.
- Have ensured all the required documents are contained in this application packet and understand that only completed application packets will be reviewed by the Authorization Committee.
- Are aware that an incomplete packet may result in a reduction of district/charter funding and is in violation of [Idaho Code §33-1201](#).

Signature of School Board Chairperson

Print	Signature	Date

Signature of District Superintendent or Charter Administrator

Print	Signature	Date

CANDIDATE SECTION – *Must be completed by candidate in pen (electronic form entry not available for candidate section)*

Section I: Candidate Degree Status

Currently hold a baccalaureate degree or higher - attach transcripts

Section II: Route and Attestation (initial attestations)

College/University (renewable two times with adequate progress):

Name of College/University: _____

I, the undersigned understand:

_____ I have enrolled in a college/university certification program and have registered for the courses to be completed during the authorization year and a copy of the signed teacher preparation program plan is included with this application.

_____ I must demonstrate adequate progress toward the completion of my certification program in order for my district/charter to apply for renewal of the Alternative Authorization – Pupil Service Staff. Furthermore, I understand the authorization is eligible for two 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/TEAC/NCATE or CSWE for School Social Worker or CACREP for School Counselor, I will need to get certificated in the state which recognizes the teacher preparation program and then apply for reciprocity for an Idaho certificate.

Section III: Renewal Candidates Only

Semester-credits obtained in the prior authorization year _____. The completion of nine (9) semester credits is required unless the plan outlined by the university indicates otherwise.

Under extenuating circumstances, the Authorizations Committee may consider a renewal application for candidates that do not meet renewal requirements. Include the following with the application:

- Letter of explanation
- Summative evaluation from the prior authorization year

If you are requesting to change routes, the new route must maintain the three-year timeline required by IDAPA rule. Please provide the following:

- Letter of explanation
- Signed formal plan from a university that will lead to an institutional recommendation.

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.*

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

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 State 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** - In order to expedite your application, please include a detailed written explanation of each felony criminal issue and a copy of the judgment of conviction for any felony conviction.
 - Please obtain court records from the court house.
 - A printout from the State Judiciary repository will NOT be accepted as relevant court documents.*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

In order for us to be able to process your application, **please review and initial each of 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/psc/ethics.html>).

_____ 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 State Department of Education at all times. Failure to do so may result in not receiving legal/licensing documents related to my credential.

Do not sign until you have read and initialed the above statements

Signature of Candidate

Date