

**PROFESSIONAL ENDORSEMENT – IN STATE AND 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

**To be completed by the applicant's Idaho superintendent/charter administrator or their designee once all the requirements indicated below are met:**

Professional Endorsement Requirements	Meets Requirement
<b>Experience</b> Applicant has held an instructional or pupil service staff certificate and been employed in a public or accredited private school for at least three (3) years, no more than two (2) years of which has occurred in an Idaho public or accredited private school. Certificated out of state employment must have occurred in a compact member state. Out of state employment and certification requirements are met with the following forms: <ul style="list-style-type: none"> <li>Certificated Professional Experience Report completed and signed by each prior, out-of-state employer</li> <li>Out-of-state certificate copy/copies, or educator certificate search results from out of state certifying body/bodies.</li> </ul>	<input type="checkbox"/> YES
<b>Professional Compensation Rung Performance Criteria</b> <ul style="list-style-type: none"> <li>An overall rating of proficient or higher, with no components rated as unsatisfactory on the state framework for teaching evaluation; and</li> <li>Majority of applicant's students have met measurable student achievement targets or student success indicator targets.</li> </ul> <u>If the applicant has one (1) year of Idaho evaluations in the Career Ladder Data System (CLDS):</u> Applicant has met professional compensation rung performance criteria in that year. <u>If the applicant has two (2) years of Idaho evaluations in CLDS:</u> Applicant has met professional compensation rung performance criteria in both of the two (2) previous years, or the second year.	<input type="checkbox"/> YES
<b>Annual Individualized Professional Learning Plan</b> Applicant has an individualized professional learning plan developed with their district/charter supervisor.	<input type="checkbox"/> YES

I recommend the above-named applicant to receive a Professional Endorsement with an effective date of July 1, \_\_\_\_\_, based on in-state performance criteria and the attached documents verifying out-of-state certificated experience.

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

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

\_\_\_\_\_  
 Idaho Superintendent/Charter Administrator/Designee Signature

\_\_\_\_\_  
 Date

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