

PROFESSIONAL ENDORSEMENT – 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 |

To be completed by the applicant's Idaho superintendent/charter administrator or their designee once all documentation to meet Professional Endorsement requirements has been received by the district/charter:

| Professional Endorsement Requirements | Meets Requirement |
|---|------------------------------|
| EXPERIENCE: Applicant has worked in a certificated position in a compact member state for three (3) to eight (8) years. <ul style="list-style-type: none">Requirement is met with Certificated Professional Experience Reports completed and signed by each prior, out-of-state employer. Submit report copy/copies with this form. | <input type="checkbox"/> YES |
| CERTIFICATION: Applicant would have been eligible to work in a certificated position in an Idaho public school based on that certificate for three (3) to eight (8) years. <ul style="list-style-type: none">Requirement is met with out-of-state certificate copy/copies, or educator certificate search results from out of state certifying body/bodies. Submit copy/copies with this form. | <input type="checkbox"/> YES |

I recommend above-named applicant to receive a Professional Endorsement with an effective date of July 1, _____, based on the attached out-of-state experience and certification.

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 208-332-6882