POLICY TITLE: Request for Verification of Certificate Form

Policy No.: 300.2F3

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[DISTRICT LETTERHEAD]

REQUEST FOR VERIFICATION OF CERTIFICATE STATUS

Director of Certification/Professional Standards Idaho State Department of Education 650 W. State Street P.O. Box 83720

Boise ID 83720-0027

P.O. Box 83720 Boise, ID 83720-0027
Pursuant to § 33-1210(5), Idaho Code, the District is seeking information regarding the following individual:
Name of Applicant D.O.B.:
Specifically, pursuant to the above-referenced statute, the District is seeking the following information in order to address a hiring decision:
 Certificate Status. The existence of any past findings or complaints relating to violations of the Code of Ethics fo Professional Educators. The existence of any current complaints or investigations relating to alleged violations of the Code of Ethics for Professional Educators. Any information relating to job performance as defined by the State Board of Education, pursuant to Subsection (11) of Idaho Code 33-1210, for any applicants for certificated employment.
The District would greatly appreciate it if this information could be advanced to the attention of on or before the day o in order to allow a timely decision as to employment matters
This information may be mailed at the above address or sent via electronic format to
Sincerely,
Business Manager
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Policy History: Adopted: 4/9/2012

SECTION 300: STAFF PERSONNEL