

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

For Privacy Act Notification see [Application Instructions](#)

Appeal: _____

Route to: _____

Commission Use Only: Fee Information		
APP	FP	Other

IHE/County/District Use Only

Issuance Date: _____

Email: _____

1. PERSONAL INFORMATION (type or print)

CTC Use Only

*Social Security or Individual Tax Identification Number: _____		*Date of Birth: (mm/dd/yyyy) _____	
*My Full Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First Middle Last </div>			
All Former/Maiden Name(s): _____			
*Home Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	
*Email Address: _____			
County of Employment (CA only): _____			
School District of Employment (CA only): _____			
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Asian Groups: _____ Pacific Islander Group: _____ Other Groups: _____ </div>	

2. APPLICATION TYPE REQUESTED: (select only one option)

* = Required Information

Other: _____

3. CHOOSE DOCUMENT TYPE: (make only one selection in this section)

* = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.

TEACHING CREDENTIALS:	SERVICES CREDENTIALS:	EMERGENCY PERMITS*:	SUBSTITUTE PERMITS:	CHILD DEVELOPMENT PERMITS:
Single Subject	Administrative	Limited Assignment*	30-Day Substitute	Assistant
Multiple Subject	Pupil Personnel	Short-Term Staff*	Career Substitute*	Associate Teacher
Education Specialist	Speech-Language	Provisional Internship*	Prospective Substitute	Teacher
Career Technical (CTE)	Pathology	EM CLAD*	Teaching Permit for Statutory Leave*	Master Teacher
Adult Education	Teacher Librarian	EM Bilingual*	30-Day CTE Substitute	Site Supervisor
Other: _____	School Nurse	EM Teacher Librarian*		Program Director
	Other: _____	EM Resource Specialist*		Permit
		ETK Permit*		School-Age Emphasis

4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable) Special Education Specialty Areas: CTE Industry Sector: Adult Education Subjects:	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____ Pupil Personnel Services:	Supplementary Authorization/ Subject Matter Authorization: <hr style="border: 0.5px solid red;"/> <p style="text-align: center; font-weight: bold;">CTC Use Only</p>
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a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired, or
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a documentholder, I will fulfill all the duties required of a mandated reporter.

I agree

8. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Before submitting, please review the application for completeness:

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.

9. OATH AND AFFIDAVIT *

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT _____

* You must complete all portions of this section.

Comments/Additional Subject Requests:

**Mail application and payment
(check or money order) to:**
Commission on Teacher Credentialing Certification Division
1900 Capitol Avenue
Sacramento, California 95811-4213

