

INSTRUCTIONS FOR THE APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION PRELIMINARY CAREER TECHNICAL EDUCATION (SB 1104)

The submission of the Application for Designated Subjects Credential Recommendation (including all required documentation) initiates a program evaluation and the formal credential recommendation for a **three-year** Designated Subjects Preliminary Career Technical Education (SB 1104) credential by a Credential Analyst to the Commission on Teacher Credentialing (C.T.C.). The application may be submitted in person (see CSUSB Maps & Directions at <http://www.csusb.edu/mapsDirections/>) to Credential Processing or the Palm Desert Campus (see PDC Maps & Directions at <https://pdc.csusb.edu/campus-map-parking>), Student Services Offices (RG 203) to be forwarded to Credential Processing. It is highly recommended that the applicant maintain copies of the application and all required documentation submitted to Credential Processing for their own personal records since all documentation, including transcripts, become the property of the College of Education and will not be returned or photocopied for the applicant.

NOTE: The recommended credential issuance date will be the date the completed application was officially accepted by Credential Processing.

The results of the program evaluation will be sent to the e-mail address provided on the Application for Designated Subjects Credential Recommendation within approximately 2 - 4 business weeks from the submission date of the complete application. Once the credential recommendation has been submitted to C.T.C., it will take approximately **3 - 6 months** from the date of recommendation for C.T.C. to process the credential document. NOTE: C.T.C. has established an online Educator Page at (<https://www.ctc.ca.gov>) to check the status of pending credential applications.

REQUIRED DOCUMENTATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is submitted as a complete packet to the Jim and Judy Watson, College of Education Student Services at the time of the submission of the Application for Designated Subjects Credential Recommendation.

APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION: All applicants must submit an original *Application for Designated Subjects Credential Recommendation* with the Personal Information and Credential Information sections completed and the Transcript Authorization, Declaration and Date section signed. Incomplete applications and forms will be returned to the applicant for completion and resubmission.

The following are the Industry Sectors issued for the Designated Subjects Career Technical Education (SB 1104) credential:

- Agriculture and Natural Resources
- Arts, Media, and Entertainment
- Building and Construction Trades
- Business and Finance
- Education, Child Development and Family Services
- Energy, Environment and Utilities
- Engineering and Architecture
- Fashion and Interior Design
- Health Science and Medical Technology
- Hospitality, Tourism, and Recreation
- Information and Communication Technologies
- Manufacturing and Product Development
- Marketing, Sales, and Service
- Public Service
- Transportation

NOTE: Applicants may refer to C.T.C.'s leaflet *Career Technical Education Credential – Designated Subjects Based on SB 1104 – Issued on or after January 1, 2009* (CL-888) at <http://www.ctc.ca.gov/credentials/leaflets.html> for a chart of specific subjects that fall within the authorized Industry Sectors.

PROCESSING FEE: The *\$35 CSUSB non-refundable processing fee may be paid using one of the following payment methods:

1. Pay in-person via Student Financial Services (UH-35)
2. Pay on-line via MyCoyote account
3. Pay on-line via Campus eMarket

NOTE: Please see *Fee Receipt* for processing fee payment instructions.

C.T.C. APPLICATION FEE: All applicants are required to submit a *\$100 *Money Order or Cashier's Check only* made payable to the *Commission on Teacher Credentialing* (or C.T.C.).

*Fee subject to change

DESIGNATED SUBJECTS PRELIMINARY CAREER TECHNICAL EDUCATION (SB 1104)

REQUIRED DOCUMENTATION (CONT'D.)

CREDENTIAL APPLICATION: All applicants are required to submit a completed *Application for Credential Authorizing Public School Service* (Form 41-4). Please be sure to complete Sections 1, 4, 5 and 7 on the form. Please do NOT complete Sections 2, 3 and 6. NOTE: A *Personal and Professional Fitness Explanation Form* must accompany each “Yes” answer in Section 4.

COLLEGE/UNIVERSITY TRANSCRIPTS: All applicants are required to submit updated original official transcripts from each institution (except CSUSB) attended for course work applicable towards the credential recommendation.

HIGH SCHOOL DIPLOMA, TRANSCRIPT OR G.E.D.: All applicants are required to submit an original and a copy of the official high school diploma OR an official transcript (college or high school with graduation date posted) OR an original official General Education Development (G.E.D.) score report.

EXPERIENCE VERIFICATION: All applicants are required to submit verification of a minimum of three years of paid or unpaid work experience directly related to each Industry Sector to be named on the credential (one year shall equal a minimum of 1,000 clock hours). At least one year of the required work experience must be within the last five years, or two years within the last ten years immediately preceding the issuance of the Preliminary credential.

NOTE: Any of the following may be combined to total 1,000 clock hours in order to meet the recency requirement: A) work experience; B) college-level related coursework; C) non-college related coursework; D) occupational internship and E) vocational teaching experience.

WORK EXPERIENCE MUST BE VERIFIED BY ONE OR MORE OF THE FOLLOWING METHODS:

1. **Original** letter completed and signed by the employer on “company” letterhead (See *Designated Subjects: Company Letterhead Sample*). Please note that duplicated, scanned, and/or emailed copy of the letter will NOT be accepted.
2. In the case of self-employment or if the employer is no longer in business, applicant must submit verification of vocational work experience. (See *Designated Subjects: Verification of Work Experience*)
3. 48 semester units of college course work related to the Industry Sector to be named on the credential (verified by an official original transcript) will be accepted for a maximum of two of the three years of work experience.
4. Possession of an original official advanced industry certificate related to the Industry Sector to be named on the credential (as determined by a commission-approved CTE program sponsor) or one year of full-time general education teaching experience providing instructional services in pre-school or grades K-12. The teaching experience must have been earned in a public or private school of equivalent status for one year of the required three years of work experience and verified by the employing school district/agency personnel office via an official original letter. Please note that duplicated, scanned, and/or emailed copy of the letter will NOT be accepted.

CERTIFICATE OF CLEARANCE: All applicants are required to obtain a Certificate of Clearance directly from C.T.C. Applicants who have previously obtained a California credential/permit may submit a copy of the valid document with the credential application. Applicants who have not held a valid California credential/permit for more than 18 months must submit a copy of a recently completed *Request for Live Scan Service* (Form 41-LS) with the credential application.

Applicants who have not previously obtained a Certificate of Clearance through C.T.C. must submit a copy of a recently completed *Request for Live Scan Service (41-LS)* form (<http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf>). Applicants will also be required to process an *Application for Certificate of Clearance* directly to C.T.C. (<https://www.ctc.ca.gov/credentials/submit-online>) by using the *Educator Page* button. It is highly recommended that you review the following C.T.C. links prior to commencing the filing process:

Professional Fitness Questions Information: <http://www.ctc.ca.gov/educator-discipline/files/pfq-information.pdf>

How to Complete Professional Fitness Questions: <https://www.ctc.ca.gov/docs/default-source/educator-discipline/files/prof-fitness-instructions.pdf>

Professional Fitness Explanation Form (Form OA-EF): <http://www.ctc.ca.gov/credentials/online-services/pdf/OA-EF.pdf>

NOTE: There is a Certificate of Clearance fee of *\$27.50 (plus service charge) payable by credit card or Visa or MasterCard debit card.

Please make sure to print your confirmation page since it may take a few days for the Certificate of Clearance status to be posted on C.T.C.’s website. NOTE: If C.T.C. requires additional documentation, the Certificate of Clearance process will be delayed.

CREDENTIAL WORKSHEET: All applicants are required to complete and submit a *Credential Worksheet* form.

It is the applicant’s responsibility to contact the Designated Subjects credential program coordinator/faculty advisors at (909) 537-5290 for program admission advisement and information regarding the Early Teaching Orientation that is required before or during the first month of teaching.

*Fee subject to change

APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is on file at the Jim and Judy Watson, College of Education Student Services Office **prior to or at the time of** submission of the Application for Credential Recommendation.

PERSONAL INFORMATION

Student Identification Number:		
First Name:	Middle Name:	Last Name:
All Former/Maiden Name(s):		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

CREDENTIAL INFORMATION

If applying for more than one credential, please submit a separate application for each credential:

Indicate a check (✓) next to the CREDENTIAL TYPE for which you are applying (NOTE: The final issuance date for Designated Subjects: Adult Education Full-Time and Part-Time credentials was 1/31/16):

Career Technical Education (SB 1104)
 Special Subjects (Clear only)
 Supervision & Coordination

Indicate a check (✓) next to the CREDENTIAL TERM for which you are applying:

3 Year Preliminary
 Clear

List the subject area(s) for which you are applying:

TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

Confirm the following statements by providing your signature and date below:

I, the aforementioned, authorize Credential Processing to order and/or submit my transcripts(s), if applicable, to the Commission on Teacher Credentialing (C.T.C.). I hereby certify under penalty of perjury that all the required documentation and foregoing information submitted for this application is true and correct.

Applicant's Signature:

Date:

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

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

Appeal: _____

Route to: _____

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

Commission Use Only: Fee Information		
APP	FP	Other

CTC Use Only	IHE/County/District Use Only Issuance Date: _____ Email Address: _____
--------------	--

1. PERSONAL INFORMATION (type or print)

*Social Security or Individual Tax ID Number:	*Date of Birth: (mm/dd/yyyy)	
*Applicant's Full Legal Name:		
First	Middle	Last
Former/Maiden Name(s):	County or District of Employ (CA only):	
*Address:		
*City:	*State:	*Zip:
Home Phone:	Work Phone:	Message Phone:
*Email Address:		

2. CREDENTIAL TYPE (choose only one type below) OPTIONS:

<p>Substitute Permits (PT)</p> <hr/> <p>Single Subject (Secondary Teaching)</p> <p>Specify Subject (If you are requesting more than one subject, enter it in <i>Comments</i> box.)</p> <p>Specify World Language other than English (if applicable)</p> <p>Term</p> <hr/> <p>Multiple Subject (Elementary Teaching)</p> <p>Term</p> <hr/> <p>Education Specialist (Special Education) <small>(If you are requesting more than one specialty area, enter it in <i>Comments</i>.)</small></p> <p>Specify Specialty Area</p> <p>Other Specialist Credentials</p> <p>Term</p> <p>Added Authorizations (AASE)</p>	<p>English Learner Authorizations</p> <p>BILINGUAL AUTHORIZATION - Specify Language</p> <hr/> <p>Services Credentials</p> <p>Term</p> <p>Specify Other Health Services</p> <hr/> <p>Child Development Permits (PK)</p> <p>School-Age Emphasis</p> <hr/> <p>Designated Subjects (PW)</p> <p>Subject(s) Term</p> <hr/> <p>Supplementary Authorization(s) (PJ)</p> <p>Subject Matter Authorization(s) (PJ)</p> <hr/> <p style="text-align: center;">CTC Use Only</p>
--	--



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 reprovod, 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

5. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a document holder 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 document holder, I will fulfill all the duties required of a mandated reporter.

I agree

6. 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, check 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.

7. 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 _____

SIGNATURE OF APPLICANT _____

Comments/Additional Subject Requests:



REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: <u> A0281 </u>	Type of Application: <u> License/Certification/Permit </u>	Section 1
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: <u> TEACHER CRED 44340 EC </u>		

Agency Address Set Contributing Agency:		Section 2
CASM TEACHER CREDENTIALING	03294	
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ)	
1900 Capitol Avenue	Contact Name (Mandatory for all school submissions)	
Street No. Street or PO Box	Contact Telephone No.	
Sacramento CA 95811-4213		
City State Zip Code		

*Name of Applicant: _____		Section 3
(Please print)	Last First MI	
*Alias: _____	*Driver's License No: _____	
Last First		
*Date of Birth: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____	
	Agency Billing Number	
*Height: _____ *Weight: _____	Misc. Number: _____	
	*Home Address: _____	
*Eye Color: _____ *Hair Color: _____	Street No. Street or PO Box	
	City, State and Zip Code	
*Place of Birth: _____		
*Social Security Number (full): _____	* Required Fields	

*OCA Number: _____	Section 4
(SSN OR ITIN#)	
If resubmission, list Original ATI Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI

SUPPLEMENTAL AGENCY/EMPLOYER		Section 5
(County Office of Education/School District)		
Employer Name _____		
Street No. Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)	
City State Zip Code	() Agency Telephone No. (optional)	

Live Scan Transaction Completed By: _____			Section 6
Name of Operator	LSID	Date	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____	

DESIGNATED SUBJECTS: CREDENTIAL WORKSHEET

To complete this form, download and/or print this pdf document.

PERSONAL INFORMATION

Student Identification Number:		
First Name:	Middle Name:	Last Name:

WORK EXPERIENCE

Employer	Address	Position	Start Date	End Date	FT/PT

EDUCATION

Type of School	Name	Location	Degree/Certificate	Start Date	End Date
High School					
College/University					
Trade or Vocational School					

OTHER CREDENTIALS HELD

Credential Type	State Credential Obtained From	Expiration Date

VOLUNTEER EXPERIENCE (List any volunteer experience related to the subject area for which you are applying.)

FEE RECEIPT

1. Pay in-person by completing a Fee Receipt and submitting it directly to Student Financial Services (UH-35) with payment (cash, check, money order, traveler's check, cashier's check or pin-based ATM accepted).

NOTE: A completed Fee Receipt **with Student Financial Services fee stamp** will need to be submitted with your application and/or request.

2. Pay on-line via your MyCoyote account with an electronic check or credit card (American Express, Discover, MasterCard or VISA accepted).

- Sign in to your MyCoyote account via the CSUSB Home page at <http://www.csusb.edu/> (**Coyote ID & password required**)
- Select **Student Center**
- Select **Make a Payment** under the Finances Section
- Read Statement and Select **Next**
- Select **Make Payment** (top menu)
- Select **College of Education Student Services** (right menu)
- Select **Credential Service Fee**
- Manually enter fee amount (refer to the application/request instructions for the required processing fee)
- Select **Add to Basket**
- Checkout and make your payment

NOTE: A completed Fee Receipt with a copy of the MyCoyote confirmation page will need to be submitted with your application and/or request.

3. Pay on-line via Campus eMarket (available for applicants that do not have a valid MyCoyote account) with an electronic check or credit card (American Express, Discover, MasterCard or VISA accepted).

- Go to the Campus eMarket page at <https://commerce.cashnet.com/eCampus>
- Select **College of Education Student Services**
- Enter the required information
- Check the appropriate box (refer to the application/request instructions for the required processing fee)
- Select **Add to Basket**
- Checkout and make your payment

NOTE: A completed Fee Receipt with a copy of the Campus eMarket confirmation page will need to be submitted with your application and/or request.

PERSONAL INFORMATION

Student Identification Number:			
First Name:	Middle Name:	Last Name:	
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
CSUSB Email Address:			

SERVICE FEE: Indicate a (√) next to the appropriate processing fee. If more than one, please complete a separate Fee Receipt.

- \$75 Subject Matter Competency Evaluation
- \$35 Initial Designated Subjects Credential Recommendation Processing Fee
- \$35 Program Admission Filing Fee
- \$35 Program Completion Verification
- \$25 Credential Recommendation Processing Fee
- \$10 Out-Of-State Program Completion Verification
- \$10 Subject Matter Competency Completion / Four-Fifths Completion Letter

OFFICE USE ONLY: PS#: 501899-RT011-C0720-5000

QC#: 716

RECEIVED BY: