

## INSTRUCTIONS FOR THE APPLICATION FOR CREDENTIAL RECOMMENDATION PRELIMINARY DESIGNATED SUBJECTS ADULT EDUCATION (AB 1374)

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 Adult Education (AB 1374) 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://www.csusb.edu/pdc/parking-information-campus-map>), 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.

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 2 - 4 months from the date of recommendation for C.T.C. to process the credential document.

### REQUIRED DOCUMENTATION

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

**APPLICATION FOR CREDENTIAL RECOMMENDATION:** All applicants must complete sections 1, 2, and 3 (signature required). 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 Adult Education credential:

#### Academic Subjects:

- |   |   |   |
|---|---|---|
| • English as a Second Language          | • English                                 | • Mathematics                                 |
| • Elementary and Secondary Basic Skills | • Fine Arts                               | • Physical Science, including General Science |
| • Languages Other than English          | • Life Science, including General Science | • Social Sciences                             |

#### Career Technical Education Subjects:

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

#### Personal Development Subjects:

- |       |                     |                    |                      |
|-------|---------------------|--------------------|----------------------|
| • Art | • Health and Safety | • Family Education | • Financial Literacy |
|-------|---------------------|--------------------|----------------------|

**PROCESSING FEE:** All applicants are required to submit confirmation of payment of the \*\$35 CSUSB non-refundable processing fee. Please see Fee Receipt for processing fee payment instructions.

**C.T.C. APPLICATION (Form 41-4):** All applicants are required to submit a completed *\*\*Application for Credential Authorizing Public School Service*. Please be sure to complete sections 1, 6, 7, and 9 on the form. Please DO NOT complete sections 2, 3, 4, 5, and 8. NOTE: A Personal and Professional Fitness Explanation Form must accompany each "Yes" answer in section 6.

**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.).

**BASIC SKILLS REQUIREMENT:** All academic subject applicants are required to submit verification of successful completion of the Basic Skills Requirement via one of the following: 1) Official copy of the Electronic Score Report (unique bar code required); 2) Official CBEST Passing Status card; 2) Official CSET: Multiple Subject Plus Writing Skills Examination (unique bar code required); or 3) CSU Early Assessment Program and/or Placement Examinations. If the Basic Skills Requirement has been previously registered with C.T.C., the applicant need only submit a copy of the valid California credential that registered the examination(s) and a copy of the examination results.

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REQUIRED DOCUMENTATION (CONTINUED)**

**HIGH SCHOOL DIPLOMA, TRANSCRIPT OR G.E.D.:** All non-academic subject 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.

**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. Academic subject areas require verification of a bachelor's degree (see Bachelor's Degree or Higher below).

**CERTIFICATE OF CLEARANCE:** All applicants are required to have a valid Certificate of Clearance or California credential/permit recorded with C.T.C. All applicants not officially admitted to the university will be required to submit a copy of their Live Scan 41-LS form. Applicants who have not previously obtained a Certificate of Clearance through C.T.C., please see Certificate of Clearance instructions.

**LIVE SCAN 41-LS:** All applicants not officially admitted to the university will be required to submit a copy of their Live Scan 41-LS form with their application.

**EXPERIENCE VERIFICATION:** All non-academic subject applicants are required to submit verification of a minimum of three (3) 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 (1) year of the required work experience must be within the last five (5) years, or two (2) years within the last ten (10) 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 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.

**BACHELORS DEGREE OR HIGHER: *English as a Second Language applicants*** are required to submit verification of a bachelor's degree or higher completed at a regionally-accredited college or university to include a degree major or completion of 20 semester units or 10 upper division semester units in one or any combination of the following: Teaching English as a Second Language (TESL), Teaching English to Speakers of Other Languages (TESOL), Second Language Acquisition, Language other than English, Linguistics, or Bilingual/Bicultural studies.

***Elementary and Secondary Basic Skills applicants*** are required to submit verification of a bachelor's degree or higher completed at a regionally-accredited college or university to include a degree major or completion of 20 semester units or 10 upper division semester units one or any combination of the following: English, Mathematics, Science, Social Sciences, Fine Arts, or Language other than English.

All **other academic subjects** are required to submit verification of a bachelor's degree or higher completed at a regionally-accredited college or university and completion of 20 semester units or 10 upper division semester units in the subject to be taught.

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

\*Fee subject to change

**\*\*C.T.C. requires the Form 41-4 be free from errors (such as blotted out, crossed out, or white out). Applications received with errors will be returned and a new Form 41-4 will be required.**

## 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 submitting the Application for Credential Recommendation. *NOTE: To complete this form, download and/or print the pdf document.*

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### 1. PERSONAL INFORMATION

Student Identification Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
*First Middle Last*

All Former Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street City State Zip Code*

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (MyCoyote or Personal): \_\_\_\_\_

### 2. CREDENTIAL INFORMATION

CREDENTIAL TYPE: ADULT EDUCATION

CREDENTIAL TERM: PRELIMINARY

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

*NOTE: Three years of experience with one year of recent experience is required for each non-academic subject area listed.*

\_\_\_\_\_  
\_\_\_\_\_

### 3. TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

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

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

Appeal: \_\_\_\_\_

Route to: \_\_\_\_\_

| Commission Use Only: Fee Information |    |       |
|--------------------------------------|----|-------|
| APP                                  | FP | Other |

|              |  |
|--------------|--|
| CTC Use Only | IHE/County/District Use Only<br><br>Issuance Date: _____<br><br>Email: _____ |
|--------------|--|

## 1. PERSONAL INFORMATION (type or print)

|   |                   |  |             |
|---|-------------------|--|-------------|
| *Social Security or Individual Tax Identification Number: _____ |                   | *Date of Birth: (mm/dd/yyyy) _____             |             |
| *My Full Legal Name: _____                                      |                   |  |             |
| First   | Middle            | Last   |             |
| All Former/Maiden Name(s): _____                                |                   | County/District of Employment (CA only): _____ |             |
| *Address: _____   |                   |  |             |
| *City: _____  |                   | *State: _____                                  | *Zip: _____ |
| Home Phone: _____   | Work Phone: _____ | Mobile Phone: _____                            |             |
| *Email Address: _____   |                   |  |             |

\* = Required Information

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

- New Credential/Permit    
  Extension by Appeal    
  Upgrade (Clear Credential or Child Development Permit)    
  Renewal  
  
 Add Subject/Authorization to Existing Document    
  Change of Restriction    
  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.

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

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

|   |   |  |
|---|---|--|
| Multiple Subject (Elementary Teaching)<br>Single Subject (Secondary Teaching):<br><br>(Specify World Language-if applicable)<br><br>Special Education Specialty Areas:<br><br>CTE Industry Sector:<br><br>Adult Education Subjects: | English Learner Authorization<br>CLAD Certificate<br>Bilingual Authorization:<br>(Specify Language)<br><br>_____<br><br>Pupil Personnel Services: | Supplementary Authorization/<br>Subject Matter Authorization:<br><br><hr style="border: 0.5px solid red;"/> CTC Use Only |
|---|---|--|



## 5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

### DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed \_\_\_\_\_ hours of professional growth activities

My Professional Growth Advisor is \_\_\_\_\_  
Advisor's Name Advisor's Phone Number

## 6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**WARNING:** You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.

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 \***

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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.

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Comments/Additional Subject Requests:





Jim and Judy Watson COE Student  
Services Credential Processing (CE 102)  
5500 University Parkway  
San Bernardino, CA 92407-2393  
Website: <http://credentials.csusb.edu>  
Telephone#: (909) 537-7401



**DESIGNATED SUBJECTS: COMPANY LETTERHEAD SAMPLE**

The applicant must obtain the original verification of employment from the personnel office or company owner and should include the following information on **company letterhead**. NOTE: Please **do not** type on this form. This is a sample form only.

Date: **MONTH, DAY AND YEAR** \_\_\_\_\_

To: California State University, San Bernardino  
Jim and Judy Watson College of Education Student Services  
Attention: Credential Processing

From: **NAME OF COMPANY REPRESENTATIVE, POSITION TITLE AND SIGNATURE** \_\_\_\_\_

Subject: **NAME OF APPLICANT** \_\_\_\_\_

May this memorandum server to verify the employment of **NAME OF APPLICANT** \_\_\_\_\_  
at **NAME OF COMPANY** \_\_\_\_\_ from **MONTH & YEAR** \_\_\_\_\_ to **MONTH & YEAR** \_\_\_\_\_ in the position  
of **POSITION TITLE** \_\_\_\_\_ . During this period, **NAME OF APPLICANT** \_\_\_\_\_

was employed **FULL-TIME/PART-TIME** \_\_\_\_\_ for an average of **NUMBER** \_\_\_\_\_ hours per week.

In this regard, the specific nature of his/her duties and responsibilities were as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DESIGNATED SUBJECTS: VERIFICATION OF WORK EXPERIENCE

This verification of work experience form must be completed **ONLY** when the employer is no longer in business or in the case of self-employment. This verification form must be **notarized** and accompanied by substantiating documentation i.e., tax statements (*minimum of three years*) and business license(s), employment contracts, business cards or letterhead. Please note that resumes cannot be used for verification of experience.  
 NOTE: To complete this form, download and/or print this pdf document.

**Employer and Address** (If self-employed, indicate exact title of business and business license number.):

\_\_\_\_\_

\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day & Year*
*Month, Day & Year*

If Full-Time employment, indicate the number of months employed: \_\_\_\_\_

If Part-Time employment, indicate the number of hours worked per week: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Description of Duties and Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty and perjury that the content of this letter is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (Month, Day & Year)

\_\_\_\_\_  
Notary Public's Signature & Stamp

## **CERTIFICATE OF CLEARANCE INSTRUCTIONS**

All applicants are required to have a valid Certificate of Clearance or California credential/permit recorded with the Commission on Teacher Credentialing (C.T.C.). Applicants who have **not** held a valid Certificate of Clearance or 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 their credential application.

Applicants who have not previously obtained a Certificate of Clearance through C.T.C. will need to follow these steps to process an Application for Certificate of Clearance directly to C.T.C.:

1. Print three copies of the Live Scan 41-LS form. Take these to a location offering Live Scan electronic fingerprint services for submission to the Live Scan operator. You will be required to pay a processing fee to the Live Scan operator for your prints to be scanned. Retain a copy of the Live Scan form for your records.
2. From the Commission's Home page (<https://www.ctc.ca.gov/>), use the blue Educator Login button to complete the online application. If you need help completing your online profile and application, see the Login Help page for directions.
3. Submit by credit or debit card the transaction fee of \*\$52.50 (all online transactions are subject to a \$2.50 service fee in addition to the \$50.00 application fee). Immediately following the successful submission of the online application, an email will be sent containing a confirmation number.

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.

It is highly recommended that you review the following information located on C.T.C. website (<https://www.ctc.ca.gov/credentials/submit-online>), prior to submitting your application for certificate of clearance:

- Completing the Professional Fitness Questions:
- Video – Submit Your Fingerprint Clearance Application

Applicants may view the status of their Certificate of Clearance application using their Educator Login on the C.T.C. website (<https://www.ctc.ca.gov/>). Once the Certificate of Clearance has been granted, C.T.C., the applicant will receive an email from C.T.C. (using the email address on file with C.T.C.).

\*Fees subject to change.

# 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> | <b>Section 1</b> |
| <small>Code assigned by DOJ</small>   |  |                  |
| Job Title or Type of License, Certification or Permit: <u>TEACHER CRED 44340 EC</u> |  |                  |

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

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

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

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

|   |                        |  |                  |
|---|------------------------|--|------------------|
| Live Scan Transaction Completed By: _____ |                        |  | <b>Section 6</b> |
| _____                                     | _____                  | _____                                  |                  |
| <small>Name of Operator</small>           | <small>LSID</small>    | <small>Date</small>                    |                  |
| _____                                     | _____                  | _____                                  |                  |
| <small>Transmitting Agency</small>        | <small>ATI No.</small> | <small>Amount Collected/Billed</small> |                  |

## 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 INSTRUCTIONS

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All applicants are required to pay the \$35 non-refundable processing fee via one of the methods below.

NOTE: Confirmation of the payment must be submitted with the Application for Credential Recommendation.

### IN PERSON

Pay in-person at Student Financial Services (UH-35) with payment (cash, check, money order, traveler's check, cashier's check or pin-based ATM accepted). **Due to the current COVID-19 situation, the pay in-person option is not available.**

### ON-LINE (MyCoyote Account)

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

- Sign in to your MyCoyote account via the CSUSB Home page at <http://www.csusb.edu/>
- 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

### ON-LINE (Without MyCoyote Account)

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) following these steps:

- 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