

INSTRUCTIONS FOR THE APPLICATION FOR CREDENTIAL RECOMMENDATION RESTRICTION CHANGE AND/OR APPEAL FOR EXTENSION OR REACTIVATION OF INTERNSHIP CREDENTIAL

The submission of the Application for Credential Recommendation (includes all required documentation) initiates a program evaluation and the formal credential recommendation 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.

The results of the program evaluation will be sent to the e-mail address provided on the Application for Credential Recommendation within approximately 5 – 10 business days from the submission date of the complete application. The e-mail address must remain valid for at least 100 days after the application submission date. NOTE: C.T.C. has established an online Educator Page at (<https://www.ctc.ca.gov>) to check the status of your pending applications.

REQUIRED DOCUMENTATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is in the Program Admissions File (P.A.F.) 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. Please note that all candidates must be officially and unconditionally admitted to the University and to the appropriate credential program in order to be formally recommended for the credential by CSUSB.

APPLICATION FOR CREDENTIAL RECOMMENDATION: All applicants must submit an original *Application for 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.

PROCESSING FEE: The *\$25 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 ***Money Order or Cashier's Check only*** made payable to the *Commission on Teacher Credentialing* (or C.T.C.):

<i>Appeal for Extension:</i>	*\$100
<i>Restriction Change:</i>	*\$50
<i>Reactivation:</i>	*\$100

*Fee subject to change

RESTRICTION CHANGE AND/OR APPEAL FOR EXTENSION OR REACTIVATION OF INTERNSHIP CREDENTIAL

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.

PROGRAM PLAN: All applicants are required to have an updated Program Plan completed and signed by the program coordinator.

INTERNSHIP EMPLOYMENT CONTRACT: All applicants are required to submit a copy of the updated *Internship Employment Contract*/letter from the personnel office of the employing school district/agency indicating position/specialized area and the beginning date of employment as an intern (**month/date/year**). NOTE: The employing school district/agency is required to have a University-District contract referred to as a *Memorandum Of Understanding (MOU)* on file with the program coordinator.

Appeal for Extension: The recommended credential issuance date will be the date of expiration on the current Internship credential document and will expire one year from that date.

Restriction Change: The recommended credential issuance date will be the date the employing school district/agency specifies on the *Internship Employment Contract*/letter as the beginning date of service and will expire on the same date listed on the current Internship credential document.

Reactivation: The recommended credential issuance date will be the date the employing school district/agency specifies on the *Internship Employment Contract*/letter as the beginning date of service and will remain valid for the remainder of the two-year period on the Internship credential (determined by program coordinator when inactivating Internship credential due to withdrawal from Internship program).

VERIFICATION FROM PROGRAM COORDINATOR: All applicants are required to submit verification (via email or letter) from the program coordinator to confirm the candidate’s Internship credential eligibility; beginning date of service (**month/date/year**) and support and mentoring will be provided to the intern. ***Reactivation*** applicants require a statement from the program coordinator verifying the readmission date (aka: beginning date of service) to the Internship program.

LETTER FROM APPLICANT: ***Appeal for Extension*** applicants are required to submit a statement explaining the extenuating circumstances why unable to complete the Internship program requirements within the allotted two years.

APPLICATION FOR 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.

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

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 (<i>Must remain valid for at least 100 days after the application submission date</i>):		

CREDENTIAL INFORMATION

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

Select or list the CREDENTIAL TYPE for which you are applying:
Select or list the CREDENTIAL TERM for which you are applying:
List the SUBJECT AREA for which you are applying, if applicable:
List the Added Authorization for which you are applying for, if applicable:
List all CSUSB course work for which you are currently enrolled, if applicable: <i>Example: EDUC 603</i> _____ _____

TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

Confirm the following statements by providing your signature and date at the bottom.

I, the aforementioned, authorize Credential Processing to order and/or submit my transcript(s), if applicable, to the Commission on Teacher Credentialing. I understand that with the submission of this application, I am required to follow through with C.T.C.'s online application no later than 90 days after the credential recommendation date. Non-compliance will result in having to re-process an Application for Credential Recommendation with the appropriate fees. 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: _____
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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 Employment (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 style="text-align: right;">Term</p> <p>Specify Other Health Services</p> <hr/> <p>Child Development Permits (PK)</p> <p style="text-align: center;">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>
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3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION (CURRENT CHILD DEVELOPMENT PERMIT HOLDERS)

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 clear credential:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____
Advisor's Name
Advisor's Phone Number

4. 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 the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- The Commission may reject your application if it is incomplete and it will be delayed;
- 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



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

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:



FEE RECEIPT

The CSUSB non-refundable processing fee may be paid using one of the following payment methods:

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:
Email Address:		

SERVICE FEE

Select or list the SERVICE for which you are applying:

OFFICE USE ONLY:

PS#: 501899-RT011-C0720-5000

QC#: 716