



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE Instruction and Information Sheet

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**Remove this instruction section before you submit your application and keep it with a photocopy of the complete application packet until your credential is in your possession.**

A separate application form and fee is required for each credential for which you apply. If applying for your first credential, and do not hold a Certificate of Clearance (the document required to enter student teaching in California), you must include fingerprint processing information with your application. There is a fee for processing fingerprint information through the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). See the fee schedule ([leaflet CL-659](#)) to determine the correct amount.

Applications not completely and accurately filled in and accompanied by all required supporting materials will be returned to the sender for completion. **If your application is returned to you at any point in the processing, you will need to follow the directions included with it and resubmit the entire packet in a timely manner.**

The Commission cannot accept application forms with revision dates more than five years old. Applications older than five years will be returned to sender. Current versions of all application forms may be downloaded from the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov).

You are responsible for providing the appropriate official transcripts, letters verifying experience, examination score reports, and other information needed to determine your eligibility for the current issuance of the credential each time you submit an application. Transcripts or other supporting materials sent separately from the application will be returned to the sender without further action. We do not maintain pending files and cannot match pieces of an application that arrive separately.

Throughout these instructions we will use the word "credential" to mean any type of credential, certificate, or permit we issue, unless the specific title of the document is important.

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### 1. PERSONAL INFORMATION

Type or print all information requested on this application form. You are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Family Code §17520. If not furnished, your application may be denied, delayed, or returned for completion. Use your full legal name and be sure to list all former names, including your maiden name. Be sure to notify us in writing of an address change and include your full name and social security number (SSN) so that we can quickly locate your file.

The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Your name, former names, social security number, date of birth, address, and telephone numbers are used to provide proper identification of your file and to contact you. Other information is used to determine your eligibility.

With the exception of your SSN and home address, information displayed on the documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted by you through those agencies. Information may also be disclosed to other State or Federal agencies as authorized by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code Sections 44200-44439, which authorize this work.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Director of Certification, Assignment, and Waivers Division, 1900 Capitol Avenue, Sacramento, California 95814, (916) 445-7254, is responsible for the maintenance of this information.

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## 2. TYPE OF CREDENTIAL

Select the Type and Name of Credential you are applying for by checking the appropriate box(es). If applicable, include any Subjects, CLAD, BCLAD and Supplementary Authorization Subjects. If you do not find a box appropriate to the credential type you are requesting, you may write the credential type in any available space on page 1 of the application.

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## 3. EDUCATION

List your college or university degrees as shown. Official transcripts for applicable course work bearing the raised seal of the institution or the registrar's signature in ink must accompany your application. Grade cards are not acceptable.

If you apply through a school district, county office of education, or institution of higher education, you may include photocopies as long as the agency submits the application on your behalf. If the college or university will not release the official transcripts to you, contact your employer to see if they will allow you to file your application with them so that you can request that the transcripts be sent directly from the institution to your employer, who can attach them to the application and forward the packet to us.

Do not have any college or university mail transcripts directly to this office separate from the application. If no course work was required, no transcripts need be submitted.

You are responsible for submitting all supporting materials required for the type of credential for which you are applying.

If this is your first application for this type of credential and you hold an **out-of-state credential/certificate/license** authorizing this type of public school service, include a photocopy of that document.

Applicants who have completed their degree or professional preparation outside of the United States must have their degrees and transcripts evaluated by an agency approved by the Commission prior to submitting their application. Specific information about this process, including a list of approved evaluating agencies may be found on the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov) or by calling (916) 445-7254 or (888) 921-2682 and pressing 5.

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## 4. PERSONAL AND PROFESSIONAL FITNESS / OATH AND AFFIDAVIT

You are required to answer all questions. You must submit a **complete** explanation each time you apply for a credential.

**If you checked "yes" to questions 2, 3, 4, 5, 6 or 7 in Section 4, you *must* provide the following documents with your explanation:**

**Criminal Conviction:** Provide a *certified copy* of:

- the complete investigative or arrest report from the appropriate law enforcement agency, and
- court documents showing the charges filed against you, including the criminal complaint and sentencing documents, and
- complete court docket, showing the plea you entered, the sentence, and verification that any conditions of probation were satisfied, and
- court order expunging the record or a certificate of rehabilitation, if applicable.

If any of these records have been purged or are otherwise not available, provide an original statement from the law enforcement agency or court on official letterhead verifying that fact.

You may also provide documented evidence of rehabilitation, such as proof of completion of drug or alcohol programs; letters on official letterhead from professional counselors, instructors, employers, probation or parole officers; letters from recovery programs and/or counselors attesting to current sobriety and length of time of sobriety; proof of community work, schooling, or other self-improvement efforts; current mental status examination by a clinical psychologist; and your own statement describing your rehabilitative efforts or changes made to prevent future problems.

**Action by Licensing Agency:** Provide a copy of any decisions, findings, accusations, charges, investigative reports, and any other documents related to the licensing agency's action. If the records have been purged or are otherwise not available, provide an original statement from the licensing agency verifying that fact.

**You are required to disclose all criminal convictions (misdemeanors and felonies), including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed even if the case has been dismissed pursuant to Penal Code Section 1203.4.**

**Warning: Failure to disclose information or providing false or deceitful answers could lead to criminal prosecution, denial of your application, and/or adverse action on other credentials you currently hold.**

Please complete this section and certify (or declare) under penalty of perjury under the laws of California that all the foregoing statements in this application are true and correct by signing the oath.

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## FEES

Attach a **certified check or money order (no cash will be accepted)** for the total amount to the front of the application. A personal check is acceptable if you are mailing the application directly to the Commission. Make checks payable to the **California Commission on Teacher Credentialing**. Be sure to include the required fees for all applications and fingerprint cards that you are currently submitting. See the fee schedule (leaflet [CL-659](#)) to determine the correct amount. If you are applying through a county office of education or school district office, you may be asked to make the check payable to that agency so they can submit a single check to the Commission for all of their applicants.

The application fee is considered earned when the application is received and is **not refundable** (Reference: Title 5, California Code of Regulations, Section 80487). A service charge will be assessed for a check that does not clear the bank. Your application and fee remain valid for one year.

If you are employed on an emergency permit (other than a 30-Day Substitute Permit), a Short-Term Staff Permit, Provisional Internship Permit, a one-year nonrenewable credential, Individualized Internship Certificate, or District Internship Credential you must apply through your employing agency.

If you are not currently completing your professional preparation program or employed in the public schools of California, you may send your application directly to us.

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## FINGERPRINT INFORMATION

*California Residents:* If this is your first application for a credential or Certificate of Clearance, you will need to submit verification that you have had your fingerprints taken electronically by submitting a Live Scan receipt with your application packet. A copy of the Live Scan form may be found on the Commission's website at [www.ctc.ca.gov/credentials/leaflets/41-LS.pdf](http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf). Three copies of the form will be needed for the Live Scan operator. Effective July 1, 2005, California residents do not have the option of submitting fingerprint cards. A current listing of Live Scan sites offering electronic fingerprint services is available to the public on the California Attorney General's website at [www.ag.ca.gov](http://www.ag.ca.gov).

*Out-of-State/Out-of-Country Residents:* If this is your first application for a credential or Certificate of Clearance, you will need to submit verification that you have had your fingerprints taken electronically by submitting either a Live Scan receipt with your application packet or two fingerprint cards (FD-258F) and processing fees. The California Department of Justice (DOJ) will accept fingerprint cards from the Commission for teachers who reside outside of California provided the teacher's home address is from another state or country. A copy of the Live Scan form may be found on the Commission's website at [www.ctc.ca.gov/credentials/leaflets/41-LS.pdf](http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf). Three copies of the form will be needed for the Live Scan operator. A current listing of Live Scan sites offering electronic fingerprint services is available to the public on the California Attorney General's website at [www.ag.ca.gov](http://www.ag.ca.gov).

If you already have fingerprint clearance on file with the Commission, your credential will be printed and mailed to you once it is granted. If you submit fingerprint cards with your application packet, you will receive a letter verifying your academic eligibility for the credential when your application is favorably evaluated and the fingerprint cards will be forwarded to the DOJ and FBI for processing. When we receive clearance from both DOJ and FBI, your credential will be printed and mailed. Fingerprint processing generally takes one month.

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## APPLICATION SUBMISSION DEADLINE

As indicated in California Code of Regulations Title 5 §80440 (b) and (c), applications submitted through an employing agency or recommending institution must be received by the Commission within four months from the requested issuance date of the credential. If the application is received after the four-month deadline, the date of issuance of the credential, certificate or permit will be the date the application was received by the Commission.

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## PROCESSING TIME

Title 5, California Code of Regulations, Section 80443, sets a minimum processing time for completed applications. Applicants not notified of their credential status within 75 working days after the Commission receives the application have the right to file an appeal, in writing, with the Executive Director of the Commission for a refund of the filing fee. Applications delayed by a Commission appeal, Professional Standards review, or fingerprint processing are not subject to the 75-day restriction. The Commission may deny the refund request if the Commission's application workload exceeds by 15 percent the number of applications processed in the same quarter of the previous year, or if other statutory mandates cause an unforeseeable delay in application processing.

You may check your [application status online](#) and calculate the approximate processing time by clicking [here](#) or you may access these features by visiting the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov).

Please wait until the minimum processing time has passed before contacting the Commission regarding your application status. Applications are processed in the order in which they are received. Staff cannot search for pending applications or process applications out of order. The Commission suggests you request a return receipt through the post office when you mail your application packet if you would like notice that your application was received by the Commission.

If you need additional information about credentialing in California or about filing your application, you may visit the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov) or write, telephone, or e-mail the California Commission on Teacher Credentialing at the address on the top of the instructions. Additional application forms and information are also available at county offices of education, school district offices, and in the education offices at colleges and universities with Commission-approved professional preparation programs.

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#### ISSUANCE DATES

The issuance date of a credential, certificate, or permit is based upon either the initial date of service as determined by the employer, the completion date of a program as determined by the recommending institution or agency, or the fee date the Commission received the application. The Commission will honor the issuance date established by the employing agency or institution of higher education as long as the applicant is eligible for the document on the date indicated and the application was submitted within the submission deadline, as established in California Code of Regulations, Title 5 §80440 (b) and (c), outlined below.

If a first time or new type of application is submitted directly to the Commission by an individual, the issuance date of the credential, certificate or permit will be the date the application was received by the Commission.

If the application is for renewal and the application is received on or before the expiration date of the document being renewed, the Commission will use the expiration date of the old document as the issuance date for the new document. If the application is for renewal and the application is received after the expiration date of the document being renewed, the issuance date on the new document will be the date the application was received by the Commission.

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#### ***Before you seal the envelope, have you enclosed:***

For the first-time California credential applicant, be sure you have included the following items. Incomplete applications will be returned to you.

- Application [\(41-4\)](#) form (Revision date may be no more than five years old)
- Livescan [41-LS](#) receipt or, for out of state residents only, two fingerprint cards (FD-258)
- Exam score reports when applicable
- Official transcripts and other necessary materials
- Current fees (see fee Information Leaflet [CL-659](#))

For all other types of applications

- Application [\(41-4\)](#) form (Revision date may be no more than five years old)
- Official transcripts and/or other necessary materials when applicable
- Current fees (see fee Information Leaflet [CL-659](#))

**Please be sure that all sections have been completed and the oath signed.**

**APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE**

(For Privacy Act Notification See Instructions)

Mail to: STATE OF CALIFORNIA  
CALIFORNIA COMMISSION ON TEACHER  
CREDENTIALING  
BOX 944270 (1900 Capitol Avenue)  
SACRAMENTO, CALIFORNIA 94244-2700

- Appeal: CTC or RGA \_\_\_\_\_
- Route to \_\_\_\_\_
- Courtesy \_\_\_\_\_

Commission Use Only: Fee Information	
APP	FP
OTHER	

CCTC Use Only

IHE/County/District/Use Only \_\_\_\_\_

Issuance Date: \_\_\_\_\_

**1. PERSONAL INFORMATION (Type or print)**

Social Security Number:  -  -

Date of Birth  -  -   
Month Day Year

Applicant's Full Legal Name:

First	Middle	Last
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Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

All Former/Maiden Name(s): \_\_\_\_\_ County of Employment \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**2. SELECT TYPE OF CREDENTIAL**     **FIRST TIME**     **NEW TYPE**     **RENEWAL**     **CERTIFICATE OF CLEARANCE**

<input type="checkbox"/> <b>30-Day Substitute</b> <input type="checkbox"/> <b>Prospective Substitute</b> <input type="checkbox"/> <b>Career Substitute</b>  <input type="checkbox"/> <b>Multiple/Single Subject (CA Trained Only)</b> <input type="checkbox"/> <b>Provisional Internship</b> <input type="checkbox"/> <b>Short-Term Staff</b> <input type="checkbox"/> <b>Long Term Emergency</b> <input type="checkbox"/> <b>Individualized Internship</b> <input type="checkbox"/> <b>District Intern</b> <input type="checkbox"/> <b>IHE Recommend</b> College: attach 41-REC RYAN or 41-REC 2042  <input type="checkbox"/> <b>Specify Authorization(s) for Document Selected Above</b> <input type="checkbox"/> <b>Multiple Subject</b> <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD _____ <input type="checkbox"/> <b>Single Subject</b> Specify subject _____ <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD _____ <input type="checkbox"/> <b>Adapted Physical Education</b> <input type="checkbox"/> <b>Variant Concurrent Agriculture</b>  <input type="checkbox"/> <b>Induction Program Completed</b> Sponsor: Attach Form 41-Induction <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject	<input type="checkbox"/> <b>Education Specialist</b> <input type="checkbox"/> Provisional Internship <input type="checkbox"/> Short-Term Staff <input type="checkbox"/> Long Term Emergency <input type="checkbox"/> Individualized Internship <input type="checkbox"/> District Intern <input type="checkbox"/> IHE recommendation <input type="checkbox"/> Out-of-State Program  <input type="checkbox"/> <b>Specify disability Area(s) for Document Selected Above:</b> <input type="checkbox"/> Mild/Moderate Disabilities <input type="checkbox"/> Moderate/Severe Disabilities <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> Physical & Health Impairments <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Early Childhood Special Education  <input type="checkbox"/> <b>Multiple or Single Subject Based on Out-of-State Program</b> <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject Specify _____  <input type="checkbox"/> <b>Reading Specialist</b>  <input type="checkbox"/> <b>Other Specialist</b> Specify _____  <input type="checkbox"/> <b>Resource Specialist</b> <input type="checkbox"/> Preliminary <input type="checkbox"/> Clear <input type="checkbox"/> Emergency  <input type="checkbox"/> <b>Added Authorization (80499)</b> <input type="checkbox"/> <b>Sojourn</b> <input type="checkbox"/> <b>Exchange</b> <input type="checkbox"/> <b>Eminence</b>	<input type="checkbox"/> <b>English Learner Authorizations</b> <input type="checkbox"/> Emergency CLAD Permit <input type="checkbox"/> Emergency BCLAD Permit Specify language _____ <input type="checkbox"/> CLAD Certificate <input type="checkbox"/> BCLAD Certificate Specify language _____ <input type="checkbox"/> Bilingual Specialist <input type="checkbox"/> Certificate of Completion of Staff Development  <input type="checkbox"/> <b>Services Credentials</b> <input type="checkbox"/> Administrative Services <input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> Preliminary <input type="checkbox"/> Professional Clear <input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> Clinical/Rehabilitative Svcs <input type="checkbox"/> Library Media Services <input type="checkbox"/> School Nurse Services <input type="checkbox"/> Other Health Services Specify _____ <input type="checkbox"/> Reading Certificate  <input type="checkbox"/> Based on IHE Recommendation College: attach form 41-REC <input type="checkbox"/> Based on Out-of-State Program  <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Limited Assignment Specify _____ <input type="checkbox"/> Supplementary Authorization(s) Specify _____ or <input type="checkbox"/> Intro/Specific Subject Matter Authorization(s) Specify _____	<input type="checkbox"/> <b>Child Development Permits</b> <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher Area of specialization _____ <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> School-Age Emphasis  <input type="checkbox"/> <b>Designated Subjects</b> <input type="checkbox"/> Adult <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Vocational <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special Subjects <input type="checkbox"/> Supervision & Coordination <input type="checkbox"/> Vocational 30-Day Substitute  <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Multiple Subject via Private School Experience (SB57) <input type="checkbox"/> Single Subject via Private School Experience (SB57) Specify subject _____
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**EMPLOYMENT INFORMATION**

County CDS Code \_\_\_\_\_ School District CDS Code \_\_\_\_\_

Charter School/Non-Public School or Agency/Statewide Agency Name \_\_\_\_\_

*Must be completed for all credentials, certificate, and permit types where service is restricted to an employing agency. Applications for emergency permits, except 30-Day Substitute Teaching Permits, must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.*

**3. EDUCATION**

List all colleges and universities you have attended. A complete set of official transcripts must accompany the initial application for each credential.

Name of Institution	Location	Dates of Attendance		Degree and Subject/Major	Date Granted
		From	To		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. CHARACTER AND FITNESS QUESTIONS FOR APPLICATION**

Answer the questions below by checking "yes" or "no." **If you answer yes to any question, you must submit a full explanation using a separate sheet of paper. Please refer to the instructions to determine what additional documents must be submitted with your application.**

**Failure to disclose any information requested is considered falsification of your application and is grounds for denial of your application and/or disciplinary action against your credential.**

1. Have you ever held a credential or license authorizing service in the public schools in another state?  Yes  No

**If you answer "yes," -- State \_\_\_\_\_ Type of Credential \_\_\_\_\_**  
**State \_\_\_\_\_ Type of Credential \_\_\_\_\_**
2. Has **any** application you filed in another state or place for a credential, license, or other document authorizing public school service or teaching been denied and/or rejected for alleged misconduct?  Yes  No
3. Has **any** disciplinary action (including an action that was stayed by the licensing agency) ever been taken against any credential, license, or other document authorizing public school service or teaching that you hold or held in another state or place?  Yes  No
4. Have you ever been convicted, including a conviction based on a plea of no contest, of **any** felony or misdemeanor in California or any other state or place? **(Note: You must disclose your conviction even if the case was dismissed pursuant to Penal Code section 1203.4, or the equivalent.)**  Yes  No
5. Has **any** disciplinary action (including an action that was stayed by the licensing agency) ever been taken against **any** professional or vocational license that you hold or held in California or any other state or place?  Yes  No
6. Are **any** criminal charges **currently** pending against you in California or any other place, or are you **currently** the subject of **any** inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state or place?  Yes  No
7. Have you ever been the subject of **any** inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state or place regarding alleged misconduct that involved **children** or took place on **school property**?  Yes  No
8. Have you ever been dismissed, non-reelected, suspended without pay for more than ten days, retired, resigned, or otherwise left school employment because of allegations of misconduct or while allegations of misconduct were pending?  Yes  No
9. Is **any** disciplinary action now pending against you in any school district or other school employer?  Yes  No

**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** \_\_\_\_\_

**BEFORE MAILING, PLEASE REVIEW THE APPLICATION FOR COMPLETENESS.**