



**Los Angeles County
Office of Education**

**INFORMATIONAL
BULLETIN # 6998**

9300 Imperial Highway, Downey, California 90242-2890 • (562) 922-6111

Debra Duardo, M.S.W., Ed.D., *Superintendent*

May 29, 2025

TO: Certificated Personnel Administrators
 Credential Analysts and Technicians
 Los Angeles County School Districts (K-12)

FROM: Carolina Rangel, Credentials Coordinator
 District Personnel Information Services
 Division of School Financial Services

SUBJECT: Updates to Certification Forms

We have made important updates to the following certification forms to clarify submission instructions and/or revise specific fields:

- 503-708 Retirant Form
- 503-101 Name Change Form
- 503-158 Request for County Registration: Clinical Rehab Services
- 503-922 Waiver of Superintendent Credential Requirement (EC 35029)
- 503-935 Request for County Registration: Behavioral Interventionist Certificated

The updated versions of these forms are attached to this bulletin and should be used going forward.

To support a smooth transition, we will accept the previous versions of these forms for the next thirty calendar days. Beginning June 30, 2025, only the updated forms will be accepted.

If you have any questions regarding this bulletin, please contact Adrian Padilla at Padilla_Adrian@lacoed.edu or at 562-922-6515, or Carolina Rangel at Rangel_Carolina@lacoed.edu or at 562-922-6605.

Thank you.

Approved:
Nkeiruka Benson, Director
Division of School Financial Services

CR:sm
Attachments

SFS-A63-2024-2025



**Los Angeles County
Office of Education**

**Division of School Financial Services
Certification Services**

Los Angeles County Schools Employment Authorization for Retirant

Read "Instructions for Completion" on reverse

Section I - To be completed by retirant

CREDENTIAL NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN)		SOCIAL SECURITY NUMBER
DATE OF RETIREMENT	DATE OF LAST EMPLOYMENT	DISTRICT AND COUNTY RETIRED FROM
HAVE YOU BEEN EMPLOYED IN CALIFORNIA PUBLIC SCHOOLS SINCE RETIREMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF "YES," WHAT WAS DATE OF LAST EMPLOYMENT AS A RETIRANT?

Section II

A. Certification of Freedom from Contagious or Infectious Disease - To be completed by physician

NAME OF RETIRANT	DATE OF BIRTH
COMPLETE ADDRESS OF RETIRANT (NUMBER, STREET, CITY, STATE, ZIP CODE)	

I hereby certify that: (1) I am licensed to practice as a physician and surgeon in the State of California; (2) on the date shown below I examined the above named person and found him/her to be free from any contagious or infectious disease, including freedom from active tuberculosis.*

DATE OF EXAMINATION	TYPE OR PRINT NAME OF PHYSICIAN
BUSINESS ADDRESS OF PHYSICIAN	
SIGNATURE OF PHYSICIAN	

*** Important - A notice from a public health agency or unit of the Tuberculosis Association may be substituted for *only* that part of the statement relating to tuberculosis.**

B. Authorization - To be completed by retirant

I hereby authorize the above named physician to release to the State Board of Education, County Superintendent of Schools, the governing board of a school district to which I have applied for employment, and representatives of any of them, any and all information regarding findings of being free from any contagious or infectious disease, including freedom from active tuberculosis per Education Code 44839.5(a).

SIGNATURE OF RETIRANT	DATE SIGNED
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Section III - To be completed by employing school district

NAME OF SCHOOL DISTRICT	DISTRICT NUMBER
EMPLOYEE RETIRED FROM LOS ANGELES UNIFIED, LOS ANGELES COMMUNITY COLLEGE, OR A COUNTY OTHER THAN LOS ANGELES <input type="checkbox"/> No <input type="checkbox"/> Yes	
DATE SERVICE WILL BEGIN (SERVICE MAY NOT BE RENDERED PRIOR TO THE DATE OF PHYSICIAN'S CERTIFICATE (SECTION II-A))	VERIFIED RETIREMENT DATE

SIGNATURE OF AUTHORIZED DISTRICT OFFICIAL	DATE SIGNED
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FOR COUNTY OFFICE USE ONLY		APPROVED	
EMPLOYMENT AUTHORIZATION VALID BEGINNING		CERT	

Instructions for Completion of Los Angeles County Schools Employment Authorization for Retirant

Note to Retirant

1. Complete Section I and the bottom portion of Section II where indicated.
2. Your physician must complete the top portion of Section II.
3. Your initial employment following retirement cannot commence prior to the date your physician has signed the "Certification of Freedom from Contagious or Infectious Disease" in Section II of this form, or the effective date of your retirement, whichever is later. Complete this form in duplicate and return both copies to the school district. **DO NOT SEND TO THE COUNTY SCHOOLS OFFICE.**
4. E.C. 44839.5 states that your medical examination required for initial employment as a retirant shall be at the retirant's expense and shall be conducted not more than six months before completion and submission of the certificate in Section II of this form.
5. A school district or county superintendent of schools which initially employed a retirant, or subsequently employs a retirant, may require a periodic medical examination to determine that the retirant is free from communicable disease. The periodic medical examination shall be at the expense of the school district or county superintendent.

Note to Employing School District

1. Employers must complete Section III of this form before submission.
2. Submit this form only when hiring a certificated retiree for their initial post-retirement employment (i.e., the first time they are employed as a retirant under Education Code § 44839.5). The required medical exam must be conducted within six months of completing the form and is at the retirant's expense.
3. If the retirant's valid, unexpired credential is not currently registered with your district, please submit a Verification of Request or Credential Registration Request (CRR) form to Certification Services.
4. Do not submit this form if the retiree was already initially rehired by another district after retirement. Education Code § 44839.5 only requires this form for the first instance of post-retirement certificated employment. However, under subdivision (b), districts may require a periodic medical exam at any time during subsequent employment to determine that the retirant is free from any communicable disease.
5. **Fax the completed form to Certification Services in School Financial Services at LACOE: (562) 469-4300.**



Division of School Financial Services
Certification Services
9300 Imperial Highway, Room 132
Downey, CA 90242-2890

Change of Name Request

To change your name in the Los Angeles County Office of Education credentials database of registered credentials, **submit this form, completed and signed, to your school district office or fax to Certification Services at 562-469-4300**

Print or Type Full Legal Name:

NEW (LAST NAME, FIRST NAME, MIDDLE NAME/INITIAL)		SOCIAL SECURITY NUMBER
NAME AS IT CURRENTLY APPEARS IN LACOE RECORDS (LAST NAME, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)
REASON FOR REQUESTED CHANGE - MARRIAGE, DIVORCE, ETC.		
COMPLETE MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER
DISTRICT CODE NUMBER	NAME OF EMPLOYING SCHOOL DISTRICT	

Declaration of Name Change Affidavit

Read, sign, and date the following.

*I hereby request that all records in **the Los Angeles County Office of Education credentials system** bearing my former name be changed to show my new name.*

I certify that the following information is true and correct under penalty of perjury.

Note: This form does not initiate a name change with the Commission on Teacher Credentialing (CTC), or with the requestor's employer. Requestor will need to complete Commission on Teacher Credentialing REQUEST TO CHANGE NAME OR PERSONAL PROFILE form #41-NC and submit it to the CTC. Visit CTC.CA.GOV and enter NAME CHANGE in the search field.

Dated: _____
MONTH/DAY/YEAR

Location: _____, _____
NAME OF CITY STATE

Signature, Former Name: _____
FULL NAME

Signature, New Name: _____
FULL NAME

FOR COUNTY OFFICE USE ONLY				
CERTIFICATION DATE (MM/DD/YYYY)	INITIALS	CHANGE OF BENEFICIARY	RETIREMENT DATE (MM/DD/YYYY)	INITIALS
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



**Los Angeles County
Office of Education**

**Division of School Financial Services
Certification Section - Room 132
9300 Imperial Highway, Downey, CA 90242-2890**

**REQUEST FOR COUNTY REGISTRATION
Clinical Rehabilitative Services License
Speech and Hearing Therapy Only
(EC 44831)**

**For School Financial Services
Use Only.**

REGISTRATION DATE
REGISTRATION NO.

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT

Applicant Information (To be completed by applicant)

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)

MAIDEN OR FORMER NAME

SOCIAL SECURITY NUMBER

BIRTHDATE

CHECK ONE

PREVIOUS DISTRICT/COUNTY EXPERIENCE

☐ Initial

☐ Renewal

Applicant Affidavit

I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that I have submitted all required documents per EC 44831 to the district for board approval, authorizing public school service.

Signed this _____ day of _____, City of _____, California

X

SIGNATURE OF APPLICANT

Employment Information Per EC 44831 (To be completed by employer)

PRINT TITLE OF JOB ASSIGNMENT

PERIOD OF EMPLOYMENT (CLEARANCE IS VALID FOR UP TO ONE YEAR)

FROM

TO

HAS LICENSE ISSUED BY CALIFORNIA SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY
BOARD: ☐ Yes ☐ No

LICENSE NUMBER

LICENSE EXPIRATION DATE

MASTERS DEGREE IN COMMUNICATION DISORDERS
VERIFIED ☐ Yes ☐ No

DEGREE DATE (MONTH-DAY-YEAR)

DATE DOJ CLEARANCE WAS RECEIVED

EMPLOYER HAS CONFIRMED THAT A VALID NON-EXPIRED COC, ASCC, CREDENTIAL OR PERMIT WAS GRANTED BY THE
CTC WITH AN EFFECTIVE DATE OF:

1. I have determined that the above named individual has met all qualification requirements of EC 44831 and has been employed by the district board of education to provide speech and language services.

2. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.

SCHOOL DISTRICT NAME

PRINT OR TYPE FIRST AND LAST NAME OF AUTHORIZED EMPLOYING OFFICIAL

TITLE OF AUTHORIZED EMPLOYING OFFICIAL

SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING OFFICIAL

DATE SIGNED

Education Code Section 44831.

Governing boards of school districts shall employ persons in public school service requiring certification qualifications as provided in this code, except that the governing board of a county office of education may contract with or employ an individual who holds a license issued by the Speech-Language pathology and Audiology Board and has earned a masters degree in communication disorders to provide speech and language services if that individual meets the requirements of Sections 44332.6 and 44830 before employment or execution of the contract.

Submit via fax to 562-469-4300

**or email to Certification_Unit@laoe.edu if the applicant has a COS record
and SEID#. Include the SEID# in place of the SSN.**



**Los Angeles County
Office of Education**

**Division of School Financial Services
Certification Section - Room 150
9300 Imperial Highway, Downey, CA 90242-2890**

**REQUEST FOR COUNTY REGISTRATION
Chief Administrative Officer Credential Waiver
(EC 35029)**

**For School Financial Services
Use Only.**

REGISTRATION DATE
REGISTRATION NO.
TYPE/TITLE CODE - RESTRICTED TO DISTRICT

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT

Applicant Information

(To be completed by applicant)

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)		
MAIDEN OR FORMER NAME	SOCIAL SECURITY NUMBER	BIRTHDATE
CHECK ONE <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	PREVIOUS DISTRICT/COUNTY EXPERIENCE	
<p style="text-align: center;">Applicant Affidavit</p> <p>I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for performance of service requiring certification; and that I have submitted all required documents per EC 35029 to the district for board approval, authorizing public school service.</p> <p>Signed this _____ Day of _____, City of _____, California</p> <p><u> X </u> _____ SIGNATURE OF APPLICANT</p>		

Employment Information Per EC 35029

(To be completed by employer)

PRINT TITLE OF JOB ASSIGNMENT		PERIOD OF EMPLOYMENT (DATES MUST MATCH THE SUPERINTENDENT'S CONTRACT PERIOD)	
		FROM	TO
DATE DOJ CLEARANCE WAS RECEIVED	EMPLOYER HAS CONFIRMED THAT A VALID NON-EXPIRED COC, ASCC, CREDENTIAL OR PERMIT WAS GRANTED BY THE CTC WITH AN EFFECTIVE DATE OF:		
<p>1. I have determined that the above named individual has met all qualification requirements of EC 35029 and has been employed by the district board of education as Chief Administrative Officer of the school district.</p> <p>2. I have attached board approved minutes waiving any credential requirements for the above named individual.</p> <p>3. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.</p>			
SCHOOL DISTRICT NAME			
PRINT OR TYPE FIRST AND LAST NAME OF AUTHORIZED EMPLOYING OFFICIAL		TITLE OF AUTHORIZED EMPLOYING OFFICIAL	
SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING OFFICIAL		DATE SIGNED	

Education Code Section 35029. allows the governing board to waive the credential of the Chief Administrative Office of that school district.

A local governing board may waive any credential requirement for the Chief Administrative Officer of the school district under its jurisdiction. Any individual serving as the Chief Administrative Officer of a school district who does not hold a credential may be required by the local governing board to pursue a program of in-service training conducted pursuant to guidelines approved by the commission.

Submit via fax to 562-469-4300, or email to Certification_Unit@laoe.edu if the applicant has a COS record and SEID#. Include the SEID# in place of the SSN.



**Los Angeles County
Office of Education**

**Division of School Financial Services
Certification Section - Room 150
9300 Imperial Highway, Downey, CA 90242-2890**

**REQUEST FOR COUNTY REGISTRATION
Certificated Behavioral Interventionist
(T5 3051.23)**

**For School Financial Services
Use Only.**

REGISTRATION DATE
REGISTRATION NO.
TYPE/TITLE CODE - RESTRICTED TO DISTRICT

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT

Applicant Information (To be completed by applicant)

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)

MAIDEN OR FORMER NAME

SOCIAL SECURITY NUMBER

BIRTHDATE

CHECK ONE

PREVIOUS DISTRICT/COUNTY EXPERIENCE

☐ Initial

☐ Renewal

Applicant Affidavit

I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for performance of service requiring certification; and that I have submitted all required documents per T5 3051.23 to the district, authorizing public school service.

Signed this _____ Day of _____, City of _____, California

X

SIGNATURE OF APPLICANT

Employment Information Per T5 3051.23 (To be completed by employer)

PRINT TITLE OF JOB ASSIGNMENT

PERIOD OF EMPLOYMENT (CLEARANCE IS VALID FOR UP TO ONE YEAR)

FROM

TO

DATE DOJ CLEARANCE WAS RECEIVED

EMPLOYER HAS CONFIRMED THAT A VALID NON-EXPIRED COC, ASCC, CREDENTIAL OR PERMIT WAS GRANTED BY THE CTC WITH AN EFFECTIVE DATE OF:

1. The employer has determined that this job is Certificated (not Classified) by consulting with the California State Teacher's Retirement System.
2. I have determined that the above named individual has met all qualification requirements of T5 3051.23 and has been employed by the district board of education to provide Behavioral Interventions.
3. In lieu of a Pupil Personnel Services credential in school counseling or school psychology, or a credential authorizing instruction in special education, the individual holds (check at least 1):
 - ☐ license as a Marriage and Family Therapist certified by the Board of Behavioral Sciences, within the Department of Consumer Affairs.
 - ☐ license as a Clinical Social Worker by the Board of Behavioral Sciences, within the Department of Consumer Affairs.
 - ☐ license as an Educational Psychologist issued by a licensing agency with the Department of Consumer Affairs.
 - ☐ license in psychology regulated by the Board of Psychology, within the Department of Consumer Affairs.
 - ☐ master's degree issued by a regionally accredited post-secondary institution in education, psychology, counseling, behavior analysis, behavior science, human development, social work, rehabilitation, or in a related field.
4. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.

SCHOOL DISTRICT NAME

PRINT OR TYPE FIRST AND LAST NAME OF AUTHORIZED EMPLOYING OFFICIAL

TITLE OF AUTHORIZED EMPLOYING OFFICIAL

SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING OFFICIAL

DATE SIGNED

Please reference T5 code on reverse side of this form

Submit via fax to 562-469-4300, or email to Certification_Unit@laoe.edu if the applicant has a COS record and SEID#. Include the SEID# in place of the SSN.

§ 3051.23 Behavioral Intervention

- (a) Pursuant to Education Code section 56520, behavioral interventions shall be designed or planned only by personnel who have a:
 - (1) Pupil Personnel Services Credential that authorizes school counseling or school psychology; or
 - (2) credential authorizing the holder to deliver special education instruction; or
 - (3) license as a Marriage and Family Therapist certified by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
 - (4) license as a Clinical Social Worker by the Board of Behavioral Sciences, within the Department of Consumer Affairs; or
 - (5) license as an Educational Psychologist issued by a licensing agency within the Department of Consumer Affairs; or
 - (6) license in psychology regulated by the Board of Psychology, within the Department of Consumer Affairs; or
 - (7) master's degree issued by a regionally accredited post-secondary institution in education, psychology, counseling, behavior science, human development, social work, rehabilitation, or in a related field.
- (b) To provide behavioral intervention, including implementation of behavior intervention plans, but not including development or modification of behavior intervention plans, an LEA shall deliver those services using personnel who:
 - (1) possess the qualifications under subdivision (a); or
 - (2) (A) are under the supervision of personnel qualified under subdivision (a); and
 - (B) possess a high school diploma or its equivalent; and
 - (C) receive the specific level of supervision required in the pupil's IEP.