

Application Packet
Adult Education
Clear Designated Subjects Credential
Required for applicants "clearing" a Preliminary AE credential

Thank you for choosing to process your application with the Los Angeles County Office of Education – Career Technical Education Designated Subjects Credential Services. You may mail the completed packet to our office at the address below. Please do not mail an incomplete packet. If you have any questions, please call 562-922-6798. **Expedited priority service is available for an additional \$60 fee (non-refundable, money order or cashier's check, payable to LACOE).**

Assemble packet in the following sequence:

1. **Fees NO PERSONAL CHECKS** _____
\$100 money order or cashier's check payable to **LACOE (non-refundable fee)**

2. **NOTE: CTC WILL REQUIRE YOU TO PAY \$102.65 ONLINE AFTER YOU RECEIVE AN EMAIL FROM DONOTREPLY@CTC.CA.GOV. DO NOT SUBMIT CTC FEE TO LACOE.** Pay online _____

3. **LACOE Information Form** Complete the fillable form and print. _____

4. **CTC Form 41-4 Application for Credential** See instructions page to complete the fillable form. Complete sections 1, 2, 6, 7 and 9 ONLY. Do NOT complete sections 3, 4, 5 and 8. Note: CTC will not accept photocopied, scanned, or typed signatures. Print and sign with ink only. _____

5. **Photocopy** of "Preliminary" Adult Education Credential. _____

6. **Supervisor Program Evaluations/Contact Log(s) and Mentor Observations/Feedback Log(s)** A minimum of two semesters of Supervisor Program Evaluations plus Supervisor Contact Log(s) as well as Mentor Observations and Mentor Feedback Log(s). _____

7. **Letter/s Verifying Teaching Experience** _____
Minimum one course in each of four terms within the three-year period of the preliminary teaching credential. Must be on district letterhead, specifying dates and subject(s) taught. See sample letter.

8. **Copy of Official Transcript for Credential Coursework** _____
Adult Education credential coursework in Classroom Management, Curriculum, Teaching Adult Learners, and Teaching Portfolio (11 semester units)

9. **U.S. Constitution Requirement** _____
Official college transcript or passing exam from an approved program sponsor.

10. **Health Education for Teachers course** _____
Copy of official transcript for an approved unit "Health Education for Teachers" course including, health issues, nutrition, infectious diseases, school safety, abuse of alcohol, narcotics, drugs and the use of tobacco.

11. **CPR Card for Adults, Infants, and Children** _____
Provide a copy of **front and back** of CPR card or certificate that is valid during the dates on your credential.

12. **Clear Credential Completer Survey** _____
Complete the fillable form and print.

Make a duplicate copy of the application for your files before submitting it to LACOE.

DO NOT MAIL ANY ITEMS TO CTC! MAIL THE ENTIRE APPLICATION PACKET TO:

Mailing Address ONLY:

Linda Skipper
LACOE-CTE Credential Services
9300 Imperial Highway
Downey, CA 90242

INSTRUCTIONS FOR COMPLETING CTC FORM 41-4 APPLICATION
FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

Do NOT complete sections 3, 4, 5 and 8.

Complete the following sections **ONLY**:

Section 1. Personal Information

(Note: If you hold a prior credential in California, use the same name that is on your credential.)

Section 2. Application Type (Select Upgrade - Clear Credential)

Section 6: Professional Fitness Questions

(Note: If you answer Yes to any questions, complete the corresponding Professional Fitness Explanation Form sections.)

Section 7: Child Abuse and Neglect Mandated Reporting

Section 9: Oath and Affidavit

(Note: Do not write in the Comments/Additional Subject Requests section. Type the date, city, county, and state. Then print the completed form and sign in ink OR sign electronically with Adobe or DocuSign and print. CTC will not accept scanned, photocopied, or typed signatures.)

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

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

Appeal: _____

Route to: _____

Commission Use Only: Fee Information		
APP	FP	Other

IHE/County/District Use Only

Issuance
Date: _____

Email: _____

1. PERSONAL INFORMATION (type or print)

CTC Use Only

*Social Security or Individual Tax Identification Number: _____		*Date of Birth: (mm/dd/yyyy) _____	
*My Full Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div>			
All Former/Maiden Name(s): _____			
*Home Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	
*Email Address: _____			
County of Employment (CA only): _____			
School District of Employment (CA only): _____			
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Asian Groups: _____ Pacific Islander Group: _____ Other Groups: _____ </div>	

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

* = Required Information

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.

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

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

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

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.

Comments/Additional Subject Requests:

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





Professional Fitness Explanation Form

The Professional Fitness section of each application contains six questions. If you answered yes to any question, you must submit an Explanation Form **for each incident**, even if the incident was previously disclosed. If you are reporting convictions, each conviction must be disclosed on a separate explanation form.

Special note regarding criminal convictions or pending criminal charges:

You are required to disclose all misdemeanor or felony criminal convictions including those 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. In accordance with Health & Safety Code sections 11361.5 and 11361.7, you may omit 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.

If you are disclosing a conviction, employer action, investigation, or adverse action that you **previously disclosed** to the Commission, you must provide an explanation but you do **not** need to submit additional documentation. Your explanation must include dates, location, type of action taken, what you were charged with and convicted of, and agency and/or employer name.

Warning: Failure to disclose any required information is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential. Failure to submit the required explanation or documentation may result in your application being rejected.

Using this form:

This form contains five sections. Determine which sections apply to each incident and complete the required information.

<i>If you answered yes to...</i>	<i>Complete the following section of this form...</i> <i>(click the section letter below to be transported to that section)</i>
Question a	Section A
Question b	Section B
Question c	Section C
Question d	Section D
Question e, f	Section E

Section A: Required information for yes answer to Professional Fitness Question a.

NOTE: You must provide copies of the following documents regarding the action below: district investigation reports, police reports, Statement of Charges, Accusations, request for hearing, final decision, letter of resignation or retirement, settlement agreements, and/or any other related documents. Failure to provide documentation will result in your application being denied.

For question a, indicate the action taken:	
<input type="checkbox"/> Dismissed	Effective date: _____
<input type="checkbox"/> Retired	Effective date: _____
<input type="checkbox"/> Resigned	Effective date: _____
<input type="checkbox"/> Non-reelected	Effective date: _____
<input type="checkbox"/> Suspended without pay	Effective dates: _____

Name of employer at time of action:	
Address:	
Telephone number:	Contact person (if known):

Describe in detail the incident(s) that resulted in the above action (attach additional sheets if necessary):

Section B: Required information for yes answer to Professional Fitness Question b.

NOTE: You must provide a copy of the investigative report and a certified copy of the court docket regarding the incident(s) below. Failure to provide documentation will result in the rejection of your application.

Was the conviction dismissed or expunged pursuant to California Penal Code section 1203.4 or if an out-of-state conviction, that jurisdiction's comparable statute? If yes, provide a certified copy of the dismissal.

Was a felony reduced to a misdemeanor under California Penal Code section 17(b), or if an out-of-state conviction, that jurisdiction's comparable statute? If yes, provide a certified copy of the reduction.

Date of conviction:
Date of offense:
List the code section(s) violated, including whether each count was a misdemeanor or a felony:

Location of offense:
Name of law enforcement agency:
Jurisdiction (name of court):

Convicted by:
<input type="checkbox"/> Jury trial <input type="checkbox"/> Guilty plea
<input type="checkbox"/> Court trial <input type="checkbox"/> No contest or nolo contendere plea
Sentence and conditions of probations, if any:

Describe the incident(s) leading to your arrest and conviction in detail (attach additional sheets if necessary):

Section C: Required information for yes answer to Professional Fitness Question c.

NOTE: You must provide a copy of the investigative report and a certified copy of the court docket (if any) regarding the incident(s) below. Failure to provide documentation will result in the rejection of your application.

Provide an explanation of inquiry or investigation:

What is the current status of the inquiry or investigation
<input type="checkbox"/> Ongoing (when was the investigation started): _____
<input type="checkbox"/> Completed (when): _____

Location:
Name of agency, department, or law enforcement agency conducting the inquiry or investigation:
Jurisdiction (name of court):

Were children involved: No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, indicate how:

Did the incident(s) occur on school grounds: No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what school and school district:

Describe the incident(s) resulting in the inquiry or investigation in detail (attach additional sheets if necessary):

Section E: Required information for yes answer to Professional Fitness Question e or f.

NOTE: You must provide a copy of any documents provided to you by the agency that took the action described below. Failure to provide documentation will result in the rejection of your application.

List the applicable license(s) or credential(s):			
License number(s):			
Action(s) taken:			
Private Admonition	Date:	_____	
Public Repeval	Date	_____	
Suspension	Dates:	How Long?	_____
Fine	Date:	Amount?	_____
Revocation	Date:	_____	
Denial of application	Date:	_____	
- Were you subsequently granted? NO <input type="checkbox"/> YES <input type="checkbox"/> When? _____			
Probation (provide the term)			

Other Explain:			

Agency's name:	
Address:	
Telephone number:	Contact person (if known):

Location of misconduct:	
Were children involved:	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, indicate how:	

Sample Letter

Teaching Experience Verification

(On School or District Letterhead!)

Date **(Month/Day/Year)**

Commission on Teacher Credentialing
Sacramento, CA

To Whom It May Concern:

This letter is to verify the employment of **(John Doe)**, who worked for the **(XYZ)** School District as an **(Name of class like the subject on your credential, i.e., Computer Applications)** instructor from **(September 1, 2008 to June 30, 2011)**. **(He/She) (is/was)** an instructor [*don't use the term substitute*] teaching a class in each of the following terms: **(Fall, Spring, Summer)**.

(John Doe's) contract is being renewed for the upcoming school year. Please contact me at **(310) 555-6850** if you have any questions.

Sincerely,

Linda Crandall **(Name of Supervisor)**
Principal **(Position/Title)**

***Fill in the areas in parenthesis ()**

Los Angeles County Office of Education AE Credentials Completer Survey

This survey is designed to collect information about the LACOE Designated Subjects AE Credential Program from teaching candidates that are clearing their AE credential. The results of this data will be provided to CTC in aggregated form as part of our accreditation. We appreciate your time in helping us to improve our program.

PLEASE ANSWER QUESTIONS BELOW ABOUT YOUR CURRENT TEACHING STATUS.

Do you currently have a teaching job?

- Yes
- No

If yes, is your teaching job full time or part time?

- Full time
- Part time

If yes, at what level do you teach?

- Adult School
- Community College
- ROCP
- Private Post-Secondary School
- Correctional Institution
- Apprenticeship/Journeyman Program
- Other

If no, are you seeking employment as a teacher?

- Yes
- No

PLEASE RATE EACH STATEMENT ABOUT THE LACOE AE CREDENTIALS SERVICES FROM LOW (1) TO HIGH (5) OR NOT APPLICABLE.

The credentials staff was responsive to questions about the preliminary or clear credential process.

1 2 3 4 5 Not Applicable

The credentials staff was responsive to questions about the program and course requirements.

1 2 3 4 5 Not Applicable

The credentials website was available to access application packets, course schedules, and other information.

1 2 3 4 5 Not Applicable

Please rate the overall quality of the services provided by credentials staff.

1 2 3 4 5 Not Applicable

PLEASE RATE EACH STATEMENT ABOUT THE LACOE AE CREDENTIALS PROGRAM FROM LOW (1) TO HIGH (5) OR NOT APPLICABLE.

The program helped me to acquire the knowledge and skills needed to become an effective AE teacher.

1 2 3 4 5 Not Applicable

The program helped me to learn to use technology in my teaching.

1 2 3 4 5 Not Applicable

The program helped me learn to utilize multiple assessments to inform and improve my teaching.

1 2 3 4 5 Not Applicable

The program helped me align my teaching practices with the CA Common Core/K-12 Content Standards and other CA Model Curriculum Standards.

1 2 3 4 5 Not Applicable

Please rate the overall quality of the credentials coursework instruction.

1 2 3 4 5 Not Applicable

Would you recommend this credential program to others?

- Yes
- No