

Application Packet  
**Preliminary Designated Subjects Credential**  
**Adult Education Academic or General Subjects**  
Required for applicants with a credential or permit on file with CTC

Thank you for choosing to process your application with the Los Angeles County Office of 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. Please submit original transcripts and work verification letters (copies are not acceptable).** 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)**
  
2. **NOTE: CTC WILL REQUIRE YOU TO PAY \$102.65 ONLINE AFTER YOU RECEIVE AN EMAIL FROM [DONOTREPLY@CTC.CA.GOV](mailto:DONOTREPLY@CTC.CA.GOV). DO NOT SUBMIT CTC FEE TO LACOE.** **Pay online**
  
3. **LACOE Information Form** Complete the fillable form and print. \_\_\_\_\_
  
4. **LACOE Candidate Data Survey** Complete the fillable form and print. \_\_\_\_\_
  
5. **LACOE Intent to Complete Requirements** \_\_\_\_\_
  
6. **CTC Form 41-4 Application for Credential** See instructions page to complete. \_\_\_\_\_  
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.
  
7. **Photocopies** of all prior CA Teaching Credentials \_\_\_\_\_
  
7. **Official Transcripts Verification** \_\_\_\_\_  
**Academic Adult Credential:**  
Official transcripts showing a college degree (BA, BS, MA, MS, Ph.D.).  
**General Subjects Adult Credential:**  
Official college transcripts verifying a degree above high school (AA, AS, BA, BS, MA, MS, or Ph.D.).  
Note: Foreign transcripts must be evaluated by CTC-approved organization only.  
Go to [www.ctc.ca.gov](http://www.ctc.ca.gov) for Information Leaflet CL-1635.
  
8. **For academic subjects credential applicants only** Verification of passage of the California Basic Skills Test (CBEST). For other options go to [https://www.ctc.ca.gov/credentials/leaflets/basic-skills-requirement-\(cl-667\)](https://www.ctc.ca.gov/credentials/leaflets/basic-skills-requirement-(cl-667)) \_\_\_\_\_
  
9. **For general subjects credential applicants only** Verification of work experience (see enclosed CL-697B for work and transcript qualifications). \_\_\_\_\_

**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



## PRELIMINARY DESIGNATED SUBJECTS ADULT EDUCATION (AE) CREDENTIAL REQUIREMENTS

Individuals must satisfy all of the following requirements for the Preliminary Designated Subjects Adult Education (AE) Credential:

- For General Subjects:
  - Three years of work experience directly related to each subject to be named on the credential (see CTC leaflet pages 4-5\*). One year equals a minimum of 1000 clock hours per calendar year. May be full-time or part-time, paid or unpaid.
  - At least one year of the work experience must be within the last five years or two years within the last ten years immediately preceding the credential application. For purposes of meeting this requirement, any of the following or a combination of the following may be cumulated to total 1000 clock hours: work experience, college-level related coursework, non-college related coursework, occupational internship, or vocational teaching experience.
  - Completion of forty-eight (48) semester units of postsecondary vocational training related to the industry sector(s) named on the credential may be substituted for a maximum of two of the three years of required work experience. The course work must be verified by official transcript and may be made on a pro rata basis up to the two-year maximum.
  - Additionally, one of the following may be used as one year of work experience toward meeting the three years of required experience: 1) Possession of an advanced industry certificate related to the industry sector to be named on the preliminary credential OR 2) One year of full-time general education teaching experience providing instructional services in preschool or grades K-12 earned in a public or private school.
  
- For Academic Subjects:
  - A bachelor's degree or higher completed at a regionally-accredited college or university and completion of 20 semester units or 10 upper division units in the subject to be taught. See CTC leaflet page 5 for list of individual subjects and coursework combinations for ESL and Elementary/Secondary Basic Skills.
  - Passage of CBEST.
  
- High school diploma or diploma based on passage of the GED Test or foreign equivalent of a high school diploma. Graduation from an accredited college or university is accepted.
  
- Completed application forms for LACOE and CTC.
  
- Processing fee for LACOE. Money orders or cashier's checks only. No personal checks or cash.
  
- Signed Intent to Enroll in Early Orientation and Complete Requirements for Clear Credential.

\*Note: Candidates must prove their experience to their employing school district in order to teach specific subjects within the Career Technical Education industry sector authorization.

## GENERAL SUBJECTS THAT MAY BE LISTED ON A CREDENTIAL

The program sponsor may only recommend for Designated Subjects Adult Education Teaching Credentials in subjects that fall within the categories below.

### Personal Development

<b>General Subjects</b> <i>(Subject To Be Named On The Credential)</i>	<b>Subsumed Non-Academic Subjects</b>	
<i>Art</i>	Adaptive Art and Crafts (Adults with Disabilities) Arts and Crafts Creative Arts (Older Adults)	Decorative Arts Interior Design Performing Arts (Older Adults)
<i>Health and Safety</i>	Adaptive Physical Education (Adults with Disabilities) Cardiopulmonary Resuscitation First Aid Environmental Safety Health Education	Health (Older Adults) Health (Adults with Disabilities) Physical Fitness (Older Adults) Nutrition Physical Fitness/Conditioning Safety (Older Adults) Safety Education
<i>Family Education</i>	Adaptive Computer Technology (Adults with Disabilities) Childbirth Education Communication Skills Clothing Construction Dietetics/Food Management Food Preparation Family Management Home Management Human Development	Interior Design Nutrition Parent Education Public Affairs Self-Maintenance (Older Adults) Self-Maintenance (Adults with Disabilities)
<i>Financial Literacy</i>	Consumer Education	Retirement Planning

### Career Technical Education

<b>General Subjects</b> <i>(Subject To Be Named On The Credential)</i>	<b>Subsumed Non-Academic Subjects</b>	
<i>Agriculture and Natural Resources</i>	Agriculture	
<i>Arts, Media, and Entertainment</i>	Commercial Photography	
<i>Building and Construction Trades</i>	Building and Construction Trades	
<i>Business and Finance</i>	Bookkeeping and Accounting Business Management Financial Services	Information Processing/Keyboarding Office Occupations Small Business Ownership/Management
<i>Education, Child Development, and Family Services</i>	American Sign Language Career Development	Language Interpreter
<i>Energy, Environment, and Utilities</i>		
<i>Engineering and Architecture</i>		
<i>Fashion and Interior Design</i>		
<i>Health Science and Medical Technology</i>	Health Occupations	Nursing
<i>Hospitality, Tourism, and Recreation</i>		

<i>Information and Communication Technologies</i>	Computer Applications Computer Programming Computer Systems Operations Computer Technology	
<i>Manufacturing and Product Development</i>	Electronics Technology Industrial Technology	Marine Technology
<i>Marketing, Sales, and Service</i>	Marketing	Small Business Ownership/Management
<i>Public Service</i>	Cosmetology Court Reporting	Law Enforcement Occupations
<i>Transportation</i>	Aeronautics	

Requested subjects that do not appear above will be placed within an existing subject area, where appropriate. Additional subjects may be added in time to accommodate new or emerging subjects.

### ACADEMIC SUBJECTS THAT MAY BE LISTED ON A CREDENTIAL

The program sponsor may only recommend for Designated Subjects Adult Education Teaching Credentials in the academic subject areas below.

<b>Academic Subjects</b> <i>(Subject To Be Named On The Credential)</i>	<b>Course Work Required</b>
<i>English as a Second Language</i>	A bachelor's degree or higher completed at a regionally-accredited college or university to include a degree major, certificate, or completion of 20 semester units or 10 upper division semester units in one or any combination of the following: Teaching English as a Second Language (TESL) Teaching English to Speakers of Other Languages (TESOL) Second Language Acquisition Language other than English Linguistics Bilingual/Bicultural studies
<i>Elementary and Secondary Basic Skills (includes basic education in grades 1-8):</i> <i>Arithmetic</i> <i>Reading</i> <i>Individualized high school learning lab/</i> <i>G.E.D./contract class settings</i> <i>Citizenship</i>	A bachelor's or higher degree completed at a regionally-accredited college or university and completion of 20 semester units with at least 3 units in four of the following six areas: English Mathematics Science Social Sciences Fine Arts Language other than English
<i>Individual Subjects</i> <i>A Language Other than English (specify)</i> <i>English</i> <i>Fine Arts</i> <i>Life Science, including General Science</i> <i>Mathematics</i> <i>Physical Science, incl. General Science</i> <i>Social Sciences</i>	A bachelor's or higher degree completed at a regionally-accredited college or university and completion of 20 semester units or 10 upper division semester units in the subject to be taught.



For credential questions,  
please call (562) 922-6798

# Designated Subjects Adult Education Credential Information Form

## A. Information

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Full Name:

\_\_\_\_\_

First Middle Last

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail 1 (personal): \_\_\_\_\_

E-mail 2 (work): \_\_\_\_\_

[Note: Please inform LACOE and CTC of any changes to your e-mail address.]

### Type of Credential you are applying for:

Preliminary Adult Education Credential

Academic:

Academic Subjects: \_\_\_\_\_  
*See enclosed CTC CL-697B Leaflet Page 5 for subjects*

General:

Subject Areas: \_\_\_\_\_  
*See enclosed CTC CL-697B Leaflet Pages 4-5 for subjects*

## B. Teaching Assignment

Have you been offered a teaching assignment with a school district or other educational agency? If so, please list all information below. If not, you must contact the LACOE Credentials Unit to provide these details as soon as you are hired.

\_\_\_\_\_

School District or Educational Agency

\_\_\_\_\_

County of Employment

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, Zip Code

\_\_\_\_\_

Name of Supervisor Telephone Fax

\_\_\_\_\_

Email



## DESIGNATED SUBJECTS ADULT EDUCATION CREDENTIAL CANDIDATE DATA

Last Name	First Name	Middle Initial	Date
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**These optional questions are required by Assembly Bill 677. If you wish not to answer, you may check decline to state.\***

Gender Identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary	<input type="checkbox"/> Decline to State
Sexual Orientation	<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Gay or Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Not Sure
	<input type="checkbox"/> Other	<input type="checkbox"/> Decline to State		
Race/Ethnicity	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Filipino, Hmong)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latinx (of any race)
	<input type="checkbox"/> Native Hawaiian or Pacific Islander (Guamanian, Samoan, Tahitian)	<input type="checkbox"/> White	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Decline to State

\*Gender, Sexual Orientation, and Race/Ethnicity: This information is kept confidential and collected as a requirement of the California Commission on Teacher Credentialing. Answers are solicited on a voluntary basis.

LACOE does not discriminate against individuals based on age, actual or perceived race, actual or perceived gender, ethnicity, national origin, religion, disability, or sexual orientation. LACOE complies with the American with Disabilities Act to ensure equal access to all qualified individuals with a disability. If you are disabled and require assistance in accessing the program, please contact the Designated Subjects Credential Program at 562-922-6798.



**Los Angeles County Office of Education  
Designated Subjects Adult Education Credential Program  
Intent to Complete Early Orientation Modules  
Plus Adult Learning and Instructional Technology Modules  
and All Requirements to Clear My Preliminary Adult Education Credential**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I agree that I will inform LACOE if I change my email address. I agree that I will have daily access to a computer and email. I agree that I have computer literacy skills including the ability to utilize the internet as well as download, print, and create PDF documents. **[If not, it is recommended that you do not submit the credential application at this time.]**

I hereby promise to enroll in and complete the eight (8) free, online Early Orientation/Professional Development modules within thirty (30) days of receiving the email instructions from LACOE. I understand it is my responsibility to check my junk/spam folder and to contact LACOE if I do not receive the email. I understand that I must send the Early Orientation Certificate of Completion as well as the Adult Learning and the Instructional Technology Certificates of Completion to LACOE.

I certify that I understand the requirements that I must complete in order to clear the Preliminary Adult Education Designated Subjects credential for which I am applying within the three-year preliminary period as outlined below. I understand that the coursework must be started during the first available quarter after receiving my Preliminary Adult Education Credential recommendation.

I agree to conduct myself with academic integrity in the credentials coursework. I agree that all assignments submitted will be original work unless otherwise cited including media.

- *Credential Program Coursework Requirements*, including
  - Foundations of Classroom Management course (3 semester units)
  - Foundations of Curriculum course (3 semester units)
  - Foundations for Teaching Adult Learners course (3 semester units)
  - Teaching Portfolio course (2 semester units)
- *Health Education Requirements*, including
  - Approved Health Education for Teachers course
  - CPR for Adults, Infants, and Children (valid during the three-year preliminary period)
- *U.S. Constitution Requirement* - a two (2) semester or three (3) quarter unit college course which includes the U.S. Constitution **or** the approved online UCSD course **or** passage of an exam administered by LACOE **or** passage of the approved online exam through Notre Dame de Namur
- *Teaching Requirement* – two years of successful teaching of a minimum of one (1) course in each of four (4) terms in a subject authorized on the preliminary Adult Education credential. Teaching experience is counted only after the credential issuance date. Substitute teaching does not count.

*Supervision and Mentoring Requirements* - Candidates must be provided continuous advisement and support throughout the AE Credential Program by their employer supervisor and a teacher mentor. At least two (2) semesters of observations must be documented on LACOE required forms in order to be recommended for the Clear AE Credential.

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Signature of Preliminary AE Credential Applicant

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Date

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 New Credential/Permit)

**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;"> <span>First</span> <span>Middle</span> <span>Last</span> </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;"> <span>Asian Groups: _____</span> <span>Pacific Islander Group: _____</span> <span>Other Groups: _____</span> </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*	<b>Teaching Permit for Statutory Leave*</b>	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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a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired, or
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

## 7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a documentholder, I will fulfill all the duties required of a mandated reporter.

I agree

## 8. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

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

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

Applications for One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

**Before submitting, please review the application for completeness:**

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

**Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.**

**9. OATH AND AFFIDAVIT \***

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I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT \_\_\_\_\_

\* You must complete all portions of this section.

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Comments/Additional Subject Requests:

**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.

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

Did the incident(s) occur on school grounds:

No

Yes

If yes, what school and school district:

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

Mail all documents to:

Commission On Teacher Credentialing  
Division of Professional Practices  
1900 Capitol Avenue  
Sacramento, CA 95811-4213

Please use the following "[DPP Document Submission Form](#)," which will assist DPP staff in processing your application in a timely fashion.

**50-day deadline does not apply:** Education Code section 44350 requires the Commission to process an application within 50 business days of receipt. The timeline pertains to all applications whether submitted online or by paper through the U.S mail. The only exceptions to the 50-day processing timeline are applications submitted by individuals who must undergo a professional fitness review.

## Sample: Work Experience Verification Letter from Employer

Request current/former employers to write a letter verifying that you have worked in your occupation (**not teaching**) for at least three (3) years (1000 hours per calendar year). One of these three (3) years must be within five (5) years or two (2) years within ten (10) years of your credential application date. Letter must state your **name, position, title, job duties, dates of employment, and full- or part-time status**, including the **number of hours worked per year**.

[Write a "draft" letter for your employer so all information will be included, have the employer put your "draft" on company letterhead.] Letters must be on **company letterhead**, signed by your current/former supervisor or personnel office, and verifiable by telephone.

<p>(On Employer letterhead) Essential Automotive Supplies 425 Main Street Los Angeles, CA 90000</p>	<p>(On Employer letterhead) ABC Computer Corporation 123 Main Street Los Angeles, CA 90000</p>
Date (Month/Day/Year)	Date (Month/Day/Year)
Commission on Teacher Credentialing Sacramento, CA	Commission on Teacher Credentialing Sacramento, CA
To Whom It May Concern:	To Whom It May Concern:
This letter is to verify the employment of <b>John Doe</b> , who worked for <b>Essential Automotive Company</b> as an <b>Automotive Mechanic</b> from February 6, 2005 until April 15, 2008. He was a mechanic working full-time, at least 1,000 hours per year.	This letter is to verify the employment of <b>Joanna Doe</b> , who worked for <b>ABC Corporation</b> as a <b>Computer Technician</b> from February 6, 2005 until April 15, 2008. She was a computer technician working full-time, at least 1,000 hours per year.
As an <b>Automotive Mechanic</b> , his duties were:	As a <b>Computer Technician</b> , her duties were:
<ul style="list-style-type: none"><li>• general auto motive repair</li><li>• diagnose defective engines</li><li>• replace defective parts</li><li>• tune up engines</li><li>• replace brakes</li></ul>	<ul style="list-style-type: none"><li>• install applications</li><li>• set up databases</li><li>• set-up and use spreadsheets</li><li>• desktop publishing</li><li>• word processing</li><li>• programming languages</li></ul>
Please contact me at (310) 555-6850 if you have any questions.	Please contact me at (310) 555-6850 if you have any questions.
Sincerely,	Sincerely,
Robert Richmond (Name of Supervisor) Owner (Position/Title)	Roberta Richmond (Name of Supervisor) Manager (Position/Title)

## Sample: Work or Occupational Experience, **Self Verification**

For self-employed or former employer not available (or job duties not listed), you must submit the following items:

- a. A **notarized self verification** letter from you in the format below. End with the following statement: **“I certify under penalty of perjury that the contents of this letter are true and correct to the best of my knowledge.”**
- b. Five documents as back-up to your **notarized self verification** letter, which may include:
  - Copy of tax form statement, business cards, advertising flyers, etc.
  - Current/former business license(s) or permit(s) within dates on letter.
  - Letters from former customers. The letter must state the jobs done and the length of the jobs.
  - Letters from suppliers, or other business associates (such as your accountant, lawyer), who can verify your occupation.

<p style="text-align: right;">Name 456 Main Street Los Angeles, CA 90000</p> <p>Date (Month/day/year)</p> <p>Commission on Teacher Credentialing Sacramento, CA</p> <p>To Whom It May Concern:</p> <p>This letter is to verify my employment, (<b>YOUR NAME HERE</b>), as a full-time <b>Office Worker</b> with (<b>NAME OF COMPANY</b>). (<b>NAME OF COMPANY</b>) was closed and is no longer in business. I worked from 2005 to 2008, full-time at least 1,000 hours per year.</p> <p>As an <b>Office Worker</b> my duties were:</p> <ul style="list-style-type: none"> <li>• Filling, customer service, answering phones</li> <li>• Data entry</li> <li>• Completing reports, memos and letters using Microsoft word</li> <li>• Processing account payables and receivables</li> <li>• Provided other duties as necessary</li> </ul> <p>Please call me at xxx/xxx-xxxx should you have any further questions</p> <p>I certify under penalty of perjury that the contents of this letter are true and correct to the best of my knowledge.</p> <p>Sincerely, (YOUR NAME HERE)</p>	<p style="text-align: right;">Name 425 Main Street Los Angeles, CA 90000</p> <p>Date (Month/day/year)</p> <p>Commission on Teacher Credentialing Sacramento, CA</p> <p>To Whom It May Concern:</p> <p>This letter is to verify my employment, (<b>YOUR NAME HERE</b>), as a full-time <b>Professional Dancer</b>. I have worked and volunteer with various organizations such as (<b>NAME OF COMPANIES</b>). I worked from 2005 to 2008, full time at least 1,000 hours per year.</p> <p>As a <b>Professional Dancer</b> my duties were:</p> <ul style="list-style-type: none"> <li>• Professional dancer in Ballet, Jazz, Tap and Modern Dance</li> <li>• Choreographer developing performing arts programs</li> <li>• Assisting dancers in developing their skills</li> <li>• Preparation for performing arts plays and recitals</li> <li>• Design and create “sets” for performing arts production</li> </ul> <p>Please call me at xxx/xxx-xxxx should you have any further questions.</p> <p>I certify under penalty of perjury that the contents of this letter are true and correct to the best of my knowledge</p> <p>Sincerely, (YOUR NAME HERE)</p>
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**LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE)**

**DESIGNATED SUBJECTS**

**ADULT EDUCATION (AE) CREDENTIAL PROGRAM**

**The following pages describe the program requirements for the AE credential. Once LACOE has evaluated your application packet and recommended you for the preliminary AE credential, you must begin completing your program requirements.**

**Please print and save these pages for reference.**



**Los Angeles County  
Office of Education**

## **DESIGNATED SUBJECTS ADULT EDUCATION CREDENTIAL PROGRAM OVERVIEW**

As an approved Program Sponsor, LACOE-CTE Designated Subjects Credential Services recommends candidates to the Commission on Teacher Credentialing (CTC) for the Preliminary Adult Education (AE) Credential. Within three years, AE candidates must successfully fulfill the following requirements to obtain for the Clear AE Credential:

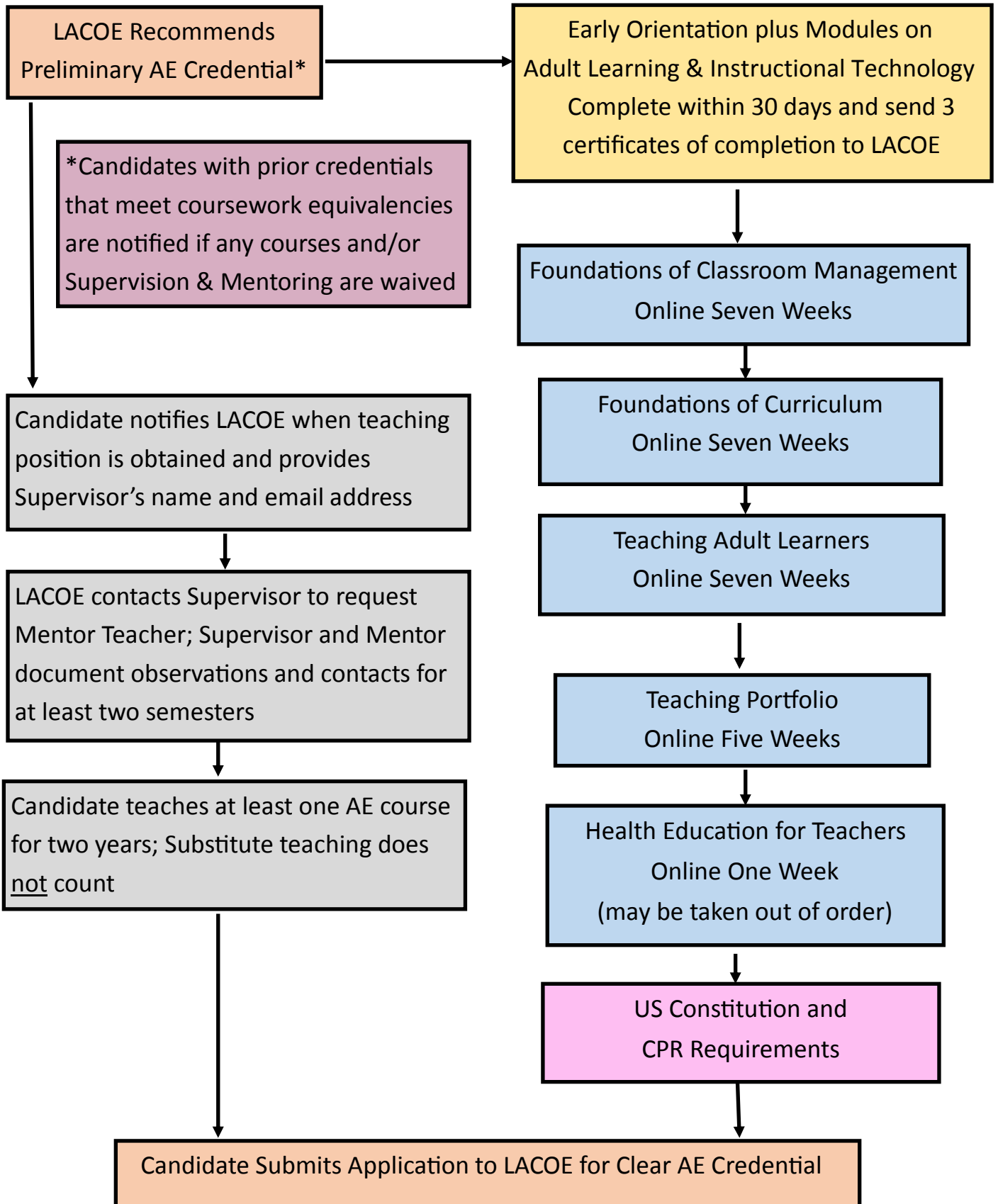
- ✓ Complete the free, self-paced, online six (6) Early Orientation modules as well as the two (2) Professional Development modules on Adult Learning and Instructional Technology within thirty (30) days of receiving the email instructions. Note: It is strongly recommended that any AE candidate lacking appropriate computer hardware and software or basic computer skills (including the ability to utilize the internet and email as well as download, print, and create PDF documents) should purchase the necessary equipment and complete a computer literacy course prior to applying for the CTE credential.
- ✓ Complete the four required courses (Foundations of Classroom Management, Foundations of Curriculum, Foundations of Teaching Adult Learners, and Teaching Portfolio).
- ✓ Complete the Health Education for Teachers, CPR (Infant, Child and Adult), and U.S. Constitution requirements.
- ✓ Candidates must be provided continuous advisement and support throughout the AE Credential Program by their employing school district supervisor and a teacher mentor. Candidates must demonstrate competency in all Category II Program Standards by completion of the program in order to be recommended for the Clear AE Credential.
- ✓ Verify two years of successful teaching of a minimum of one (1) course in each of four (4) terms in a subject authorized on the preliminary Adult Education credential. Teaching experience is counted only after the credential issuance date. Substitute teaching does not count.
- ✓ Complete the Clear Adult Education Credential application with all required fees and documents.

Please contact the LACOE-CTE Designated Subjects Credential Services at 562-922-6798 or go to our website at [www.lacoe.edu/CTE](http://www.lacoe.edu/CTE) for more information.





## Los Angeles County Office of Education Designated Subjects Adult Education (AE) Credential Program



## DESIGNATED SUBJECTS ADULT EDUCATION (AE) CREDENTIAL COURSEWORK

The LACOE Designated Subjects Adult Education (AE) Credential Program includes the following:

Early Orientation Modules, Adult Learning and Instructional Technology Modules (complete within thirty days)  
Candidates begin the program by completing the free, self-paced, online *Early Orientation* training modules plus the Adult Learning and the Instructional Technology modules. Applicants must submit the certificates of completion within thirty (30) days of receiving the email instructions from the DS Credentials Coordinator.

Required Coursework (after completion of the EO/PD modules)

- ✓ Foundations of Classroom Management, 3 semester units (\$620)
- ✓ Foundations of Curriculum, 3 semester units (\$620)
- ✓ Foundations for Teaching Adult Learners, 3 semester units (\$620)
- ✓ Teaching Portfolio, 2 semester units (\$360)
- ✓ Health Education for Teachers, 1 semester unit (\$280)

Total Program Units and Fees: 12 semester units (Total \$2500)\*

LACOE provides the credentials coursework in partnership with the University of San Diego (USD). Courses are offered online. Course sequence and descriptions are as follows:

**FIRST COURSE: Foundations of Classroom Management** Candidates will continue to build on effective instructional strategies learned in the EO/PD modules for getting started in the classroom. The course will focus on developing classroom management strategies to achieve positive learning outcomes and address safety issues to ensure an effective learning environment. Other topics include an overview of Adult Education, lesson planning, and education resources. Candidates will review the program requirements for the clear credential and learn strategies for obtaining teaching positions.

**SECOND COURSE: Foundations of Curriculum** Candidates will explore key websites for curriculum planning and development of course outlines, syllabi, and lesson plans using the Common Core Standards and the CASAS Standards. Development and use of student assessments tied to standards-based instruction will be studied. Candidates will focus on the effective use of technology to support and enhance classroom instruction.

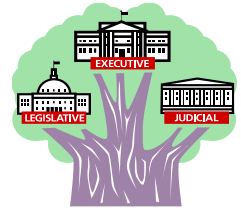
**THIRD COURSE: Foundations for Teaching Adult Learners** This course provides candidates with an understanding of how to become an effective teacher of adults. Building upon the Adult Learning Theory module completed in the Early Orientation, candidates will study the andragogy and principles of teaching adults along with key concepts that inform teaching practices. Strategies for teaching to a diverse group of adult learners will be provided including differentiated instruction techniques.

**FOURTH COURSE: Teaching Portfolio** This culminating course will enable candidates to provide evidence through an e-portfolio of their knowledge and skills as an effective Adult Education teacher.

**FIFTH COURSE: Health Education for Teachers** This course provides information on legal mandates for teachers and strategies for promoting healthy choices for students. The course may be taken concurrently with any other courses.

\*Subject to change. Please go to [www.lacoe.edu](http://www.lacoe.edu) and then Credential Program for course schedules and fees.

# U.S. Constitution Requirement



**Passage of the U.S. Constitution is required for the Clear Designated Subjects Adult Education and Career Technical Education (CTE) credentials. The requirement may be met by one of the following:**

1. Completion of a two (2) semester or three (3) quarter unit college-level course which includes the United States Constitution in the course description. You may scan and email transcripts to LACOE for approval. Once approved, you will need to submit the original transcript with your clear credential application.
2. Completion of an online course through UCSD at <https://extension.ucsd.edu/courses-and-programs/u-s-constitution-preparation-course-and-examination>  
When completed, submit the transcript with your clear credential application.
3. Passage of an online examination through Notre Dame de Namur at <https://usconstitutionexam.com/>  
Submit the certificate with your clear credential application.
4. Passage of an online examination through UCLA Extension at <https://www.uclaextension.edu/us-constitution-exam>