

INSTRUCTIONS FOR THE APPLICATION FOR CREDENTIAL RECOMMENDATION CLEAR DESIGNATED SUBJECTS ADULT EDUCATION (AB 1374)

The submission of the Application for Designated Subjects Credential Recommendation (including all required documentation) initiates a program evaluation and the formal credential recommendation for a Clear Designated Subjects Adult Education credential by a Credential Analyst to the Commission on Teacher Credentialing (C.T.C.). The application may be submitted in person (see CSUSB Maps & Directions at <http://www.csusb.edu/mapsDirections/>) to Credential Processing or the Palm Desert Campus (see PDC Maps & Directions at <https://pdc.csusb.edu/campus-map-parking>), Student Services Offices (RG 203) to be forwarded to Credential Processing. It is highly recommended that the applicant maintain copies of the application and all required documentation submitted to Credential Processing for their own personal records since all documentation, including transcripts, become the property of the College of Education and will not be returned or photocopied for the applicant.

The recommended credential issuance date will be the date the completed application was officially accepted by Credential Processing. The results of the program evaluation will be sent to the e-mail address provided on the Application for Designated Subjects Credential Recommendation within approximately 2 - 4 business weeks from the submission date of the complete application.

REQUIRED DOCUMENTATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is at the Jim and Judy Watson, College of Education Student Services prior to or at the time of submission of the Application for Credential Recommendation.

APPLICATION FOR CREDENTIAL RECOMMENDATION: All applicants must complete sections 1, 2, and 3 (signature required). Incomplete applications and forms will be returned to the applicant for completion and resubmission.

PROCESSING FEE: All applicants are required to submit confirmation of payment of the *\$25 CSUSB non-refundable processing fee. Please see Fee Receipt for processing fee payment instructions.

C.T.C. APPLICATION (Form 41-4): All applicants are required to submit a completed **Application for Credential Authorizing Public School Service. Please be sure to complete sections 1, 6, 7, and 9 on the form. Please DO NOT complete sections 2, 3, 4, 5, and 8. NOTE: A Personal and Professional Fitness Explanation Form must accompany each "Yes" answer in section 6.

HEALTH EDUCATION: All applicants are required to verify the successful completion of a health education course(s) that includes the study of nutrition, the physiological and sociological effects of abuse of alcohol, narcotics, and drugs, and the use of tobacco.

CPR CERTIFICATION: All applicants are required to submit verification of a current and valid (on-line CPR training is not acceptable) CPR certification card that includes Infant, Child & Adult CPR training. The certification card needs to include the month, day and year of completion.

U.S. CONSTITUTION: All applicants are required to submit official verification of successful completion (C- or better) of a college-level course or examination covering the United States Constitution completed at a regionally accredited college or university.

COLLEGE/UNIVERSITY TRANSCRIPTS: All applicants that have completed any of the program coursework at another institution are required to submit the updated original official transcript(s) and verification of the approved equivalency via a Request for Course Substitution or program plan approved and signed by the Program Coordinator.

VERIFICATION OF TEACHING EXPERIENCE: All applicants are required to submit an original official letter or Designated Subjects: Verification of Teaching Experience form completed by the employing school district/agency personnel office verifying two years of successful full-time teaching experience in the subject named on and during the validity the Preliminary Designated Subjects Credential. **NOTE:** Community College teaching experience does not fulfill this requirement.

PROGRAM PLAN: All applicants are required to have a current Program Plan completed and signed by the Program Coordinator.

*Fee subject to change.

** C.T.C. requires the Form 41-4 be free from errors (such as blotted out, crossed out, or white out). Applications received with errors will be returned and a new Form 41-4 will be required.

APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is on file at the Jim and Judy Watson College of Education Student Services Office prior to or at the time of submitting the Application for Credential Recommendation. *NOTE: To complete this form, download and/or print the pdf document.*

1. PERSONAL INFORMATION

Student Identification Number: _____

Applicant's Name: _____
First Middle Last

All Former Name(s): _____

Address: _____
Number and Street City State Zip Code

Home/Cell Phone: _____ Work Phone: _____

Email Address (MyCoyote or Personal): _____

2. CREDENTIAL INFORMATION

CREDENTIAL TYPE: **ADULT EDUCATION**

CREDENTIAL TERM: **CLEAR**

SUBJECT AREA (List the subject area(s) for which are applying for):

3. TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

I, the aforementioned, authorize Credential Processing to order and/or submit my transcript(s), if applicable to the Commission on Teacher Credentialing (C.T.C.). I understand that with the submission of the application, I am required to follow through with C.T.C.'s online application no later than 90 days after the credential recommendation date. Non-compliance will result in having to reprocess an Application for Designated Subjects Credential Recommendation with the appropriate fees. I hereby under the penalty of perjury that all the required documentation and foregoing information submitted for this application are true and correct.

Applicant's signature: _____ Date: _____

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

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

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

Appeal: _____

Route to: _____

Commission Use Only: Fee Information		
APP	FP	Other

CTC Use Only	IHE/County/District Use Only Issuance Date: _____ Email: _____
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1. PERSONAL INFORMATION (type or print)

*Social Security or Individual Tax Identification Number: _____		*Date of Birth: (mm/dd/yyyy) _____	
*My Full Legal Name: _____			
First	Middle	Last	
All Former/Maiden Name(s): _____		County/District of Employment (CA only): _____	
*Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	
*Email Address: _____			

* = Required Information

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

- New Credential/Permit
 Extension by Appeal
 Upgrade (Clear Credential or Child Development Permit)
 Renewal

 Add Subject/Authorization to Existing Document
 Change of Restriction
 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: Single Subject Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	SERVICES CREDENTIALS: Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	EMERGENCY PERMITS*: Limited Assignment * Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist*	SUBSTITUTE PERMITS: 30-Day Substitute Career Substitute* Prospective Substitute Teaching Permit for Statutory Leave* 30-Day CTE Substitute	CHILD DEVELOPMENT PERMITS: Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Children's Center Permit School-Age Emphasis
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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;"/> CTC Use Only
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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 *

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:



VERIFICATION OF DESIGNATED SUBJECTS TEACHING EXPERIENCE

This form may be used by the applicant's current and/or previous employing school district and/or agency to verify the applicant has completed two years of successful teaching on the basis of the Preliminary Designated Subjects (Career Technical Education or Special Subjects) teaching credential in the industry sector(s) listed on the credential.

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

Definition of Teaching Experience: Successful teaching of a minimum of one course in each of four terms within the validity of the Preliminary Designated Subjects credential. Two of the terms must be with one employing school district.

This is to certify that _____
(NAME OF APPLICANT)

has successfully completed _____ course(s) in each of _____ term(s)
in the position of _____ within the validity of
(POSITION TITLE)

the Preliminary Designated Subjects **ADULT EDUCATION** credential authorizing

teaching in the subject(s) area of _____.

School District/Employing Agency: _____

Mailing Address: _____
Number Street
City State Zip Code

Telephone Number (include area code): _____

Authorized Personnel Designee Signature: _____

Name: _____

Title: _____

Date: _____

FEE RECEIPT INSTRUCTIONS

All applicants are required to pay the \$25 non-refundable processing fee via one of the methods below.
NOTE: Confirmation of the payment must be submitted with the Application for Credential Recommendation.

IN PERSON

Pay in-person at Student Financial Services (UH-35) with payment (cash, check, money order, traveler's check, cashier's check or pin-based ATM accepted). **Due to the current COVID-19 situation, the pay in-person option is not available.**

ON-LINE (MyCoyote Account)

Pay on-line via your MyCoyote account with an electronic check or credit card (American Express, Discover, MasterCard or VISA accepted) following these steps:

- Sign in to your MyCoyote account via the CSUSB Home page at <http://www.csusb.edu/>
- Select Student Center
- Select Make a Payment under the Finances Section
- Read Statement and Select Next
- Select Make Payment (top menu)
- Select College of Education Student Services (right menu)
- Select Credential Service Fee
- Manually enter fee amount (refer to the application/request instructions for the required processing fee)
- Select Add to Basket
- Checkout and make your payment

ON-LINE (Without MyCoyote Account)

Pay on-line via Campus eMarket (available for applicants that do not have a valid MyCoyote account) with an electronic check or credit card (American Express, Discover, MasterCard or VISA accepted) following these steps:

- Go to the Campus eMarket page at <https://commerce.cashnet.com/eCampus>
- Select College of Education Student Services
- Enter the required information
- Check the appropriate box (refer to the application/request instructions for the required processing fee)
- Select Add to Basket
- Checkout and make your payment