Jim and Judy Watson COE Student Services Credential Processing (CE 102) 5500 University Parkway San Bernardino, CA 92407-2393 Website: credentials.csusb.edu Telephone#: (909) 537-5609



INSTRUCTIONS FOR THE PROGRAM SPONSOR - VARIABLE TERM WAIVER

The submission of the Application for Program Sponsor - Variable Term Waiver Recommendation (includes all required documentation) initiates a program evaluation and the formal credential recommendation for the Program Sponsor - Variable Term Waiver (PS-VTW) by a Credential Analyst to the Commission on Teacher Credentialing (C.T.C.) via mail. Due to the sensitive information required on the application, applicants are encouraged to submit their complete applications via mail to Credential Processing. Please note that all candidates must be officially and unconditionally admitted to the University and to the appropriate credential program (includes separate admission to the Bilingual Added Authori ation) in order to be formally recommended for the PS-VTW by CSUSB. NOTE: The recommended issuance date will be the date the completed application was officially accepted by Credential Processing.

Notification of Credential Recommendation (includes the credential program evaluation results) will be sent to the e-mail address provided on the Application for PS-VTW Recommendation within approximately 10 business days from the submission date of the complete application. Once the credential recommendation has been submitted to C.T.C., it will take approximately **3 - 4 months** from the date of recommendation for C.T.C. to process the credential document. NOTE: C.T.C. has established an on-line Educator Page at (<u>https://www.ctc.ca.gov</u>) to check the status of pending credential applications.

REQUIRED DOCUMENTATION

All applicants are responsible for submitting the required documentation at the time of submission of the Application for PS-VTW Recommendation, if not previously submitted to the im and udy Watson, College of Education Student Services. 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.

APPLICATION FOR PS-VTW RECOMMENDATION: All applicants are required to complete sections 1, 2 and 3. Incomplete applications will be returned to the applicant for completion and resubmission.

C.T.C. PS-VTW APPLICATION: All applicants are required to complete sections 2, 5, 6 and 7. Do not complete sections 1, 3, 4 and 8. A Personal and Professional Fitness Explanation Form must accompany each YES answer in Section 5. The application must be free from errors and/or corrections (cross out or white out). Incomplete applications will be returned to the applicant for completion and resubmission. NOTE: Current document holders that have legally changed their name, must notify C.T.C. by submitting a completed Form 41-NC to C.T.C. along with any required documentation (as indicated on the form) via postal mail.

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

C.T.C. APPLICATION FEE: All Applicants are required to submit a \$100 Money Order or Cashier's Check made payable to C.T.C.

PROGRAM PLAN: All applicants are required to have a current Program Plan completed and signed by the program coordinator. NOTE: Bilingual Added Authorization candidates are required to have a Program Plan reflecting the Bilingual Added Authorization course of study completed and signed by the Bilingual Program Coordinator.

COLLEGE/UNIVERSITY TRANSCRIPTS: All applicants that have completed any of the program coursework at another institution are required to submit the updated official transcript(s) and verification of the approved equivalency (via a Request for Course Substitution or program plan signed by the Program Coordinator), if not previously submitted.

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.

CPR CERTIFICATION: All applicants that have completed a hands-on CPR training course, are required to submit verification of the current and valid CPR certification card that includes Infant, Child, Adult CPR training. The certification card needs to include the month, day and year of completion.

TEACHER PERFORMANCE ASSESSMENT: All applicants that have taken and passed CalTPA Cycle 1 and 2 (if applicable), are required to submit verification of successful passage via the official copy of the electronic Cal TPA Cycle Performance Summary Score Report (unique bar code required).

RICA: All applicants that have taken and passed the RICA examination (if applicable), are required to submit verification of successful completion via an official copy of the Electronic Score Report with a unique bar code.

CERTIFICATE OF CLEARANCE: All applicants are required to have a valid Certificate of Clearance or California credential/permit recorded with C.T.C. Applicants who have not held a valid Certificate of Clearance or California credential/permit for more than 18 months must submit a copy of a recently completed Request for Live Scan Service (Form 41-LS) with the credential application.



APPLICATION FOR PROGRAM SPONSOR-VARIABLE TERM WAIVER 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 Application for the Credential Recommendation. *NOTE: To complete this form, download and/or print this pdf document.*

PERSONAL INFO	ORMATION			
Student Identification	on Number:			
Applicant's Name:	First	Middle	La	st
All Former/Maiden	Name(s):			
Address:	r and Street	City	State	Zip Code
		Work P		
Email Address (My	Coyote or Personal):			
CREDENTIAL IN	FORMATION			
CREDENTIAL TYPE	E (select one):			
CREDENTIAL TERM	M: PROGRAM SPONS	OR - VARIABLE TERM WAIV	ER	
SUBJECT AREA (select one, if applicable):				
ADDED AUTHORIZATION (select one, if applicable):				
ADDED AUTHORIZ	List all program assessments and/or examination you have not completed (CalTPA or RICA):			

List all CSUSB program coursework you have not completed:

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 this application, I am being recommended for the Program Sponsor-Variable Term Waiver (valid for one year) and once I have completed all the requirements, I will need to submit an *Application for Credential Recommendation* to Credential Processing for recommendation of the Preliminary credential. I hereby under penalty of perjury that all the required documentation and foregoing information submitted for this applicable is true and correct.

Applicant's signature:

Date: _____

App4PS-VTWRec 06-20



CTC Use Only

CTC Use Only PROGRAM SPONSOR VARIABLE TERM WAIVER REQUEST W Ζ

Requests must be prepared by a Commission-approved Preparation Program or Local Education Agency (LEA) that has been approved for such waivers by action of the Commission on Teacher Credentialing. All materials must be typewritten or computer generated and sufficiently clear to photocopy. This form must be used for COVID-19 Variable Term Waivers only.

1.	1. PREPARATION PROGRAM/LEA REQUESTING WAIVER:					
	Requested Issuance Date:					
2.	APPLICANT INFORMATION:					
	Social Security or Individual Tax Ide	ntification Number:				
	Full Legal Name					
	First	Middle	Last			
	Former Name(s)		Birth Date			
	Applicant's Mailing Address					
	Phone#	Email				
3.	3. Emergency Waiver Title: Type (Teaching or Services Area-MS, SS, Admin, SLP, etc.):					
	Single Subject Area:					
	Special Education Specialty Area:					
for Bilingual, specify language:						

4. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL

List the requirements that the applicant must complete to be eligible for the credential along with the credential goal and target date by which he or she plans to complete those requirements

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE

5. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant)

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.

PROFESSIONAL FITNESS QUESTIONS (you must answer each question)

- 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?

PROFESSIONAL FITNESS QUESTIONS (you must answer each question)			
 b. Have you ever been convicted of any felony or misdemeanor in California or any other place? You must disclose: 			
 convictions dismissed pursu 	of no contest or nolo contend ant to Penal Code Section 120 (DUI) or reckless driving convic as passed	3.4	
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 current	y pending against you?		
Yes		Νο	
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 reproved, 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 profession denied, suspended, and/or other that was stayed) in California or a 	wise subjected to any other dis	or educational) license revoked, sciplinary action (including an action	
Yes		No	

6. CHILD ABUSE AND NEGLECT MANDATED REPORTING (to be answered by the applicant)

As a document holder 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 document holder, I will fulfill all the duties required of a mandated reporter.

I agree

7. APPLICANT'S CERTIFICATION

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all of the foregoing statements in this application are true and correct.

Signature of Applicant		
(Sign full legal name as listed in #3)		

Date

8. PROGRAM SPONSOR CERTIFICATION

Signature

I certify that the above named individual is enrolled in a Commission-approved preparation program (to be signed by authorized person from approved program sponsor).

Name and Title	
Contact Phone Number	Email Address

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 Program Sponsor - Variable Term Waiver 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