



CTE CLEAR CREDENTIAL APPLICATION CHECKLIST
For EXISTING CREDENTIAL HOLDERS

Based on SB 1104 – Issued on or after January 1, 2009

To apply for a Clear Designated Subjects Career Technical Education Credential based on a 3yr preliminary, **all credential application packets must be submitted to the North Coast School of Education, Attn: Sherry Navarro, 5340 Skylane Blvd., Santa Rosa, CA 95403.** DO NOT submit directly to the CTC as additional fees will apply as well as additional processing time. Once approved, SCOE/NCSOE will submit the online recommendation to the CTC and the candidate will receive an email from the CTC with next steps for the online application & payment process.

Candidate Name: _____ **County:** _____
Email: _____ **Phone Number:** _____

PROGRAM REQUIREMENTS: EVIDENCE OF COMPLETION

1. Possess a valid California Preliminary CTE Teaching credential (3 or 5 year)
2. Possess a valid California Ryan or 2042 Credential (General Education or Education Specialist)
3. Successful completion of a Commission-approved program of personalized preparation:
 - NCSOE Existing Credential Holder Course
 - Foundations & Orientation Class (or pre-approved equivalent course)
4. Specially Designed Academic Instruction Delivered in English (SDAIE) through one of the following options;
 - Clear Ryan or 2042 Credential containing EL Authorization
 - SDAIE Course (official transcript required)
 - Teaching English Learners NCSOE online course (will satisfy for SDAIE authorization)
 - Clear CLAD/CTEL
 - Certificate of Staff Development
5. United States Constitution Requirement
 - Clear Ryan or 2042 Credential (met through Ryan or 2042 Credential Program)
 - A university or college course (official transcript required)
 - University exam (official transcript or verification letter required)
6. Health Education
 - Clear Ryan or 2042 Credential
 - NCSOE online course
 - Nursing or medical license (copy of current medical license required)
7. Valid CPR (Adult/Child/Infant) – must be valid at time of clear credential recommendation
 - CPR Certification (verified CPR card)
 - Nursing or medical license (copy of current medical license required)
8. Complete study in computer-based technology, including the uses of technology in educational settings:
 - Clear Ryan or 2042 Credential
 - NCSOE online course
9. Verification of one year of successful teaching on the CTE Credential (signed by employer/HR)

CREDENTIAL APPLICATION REQUIREMENTS

Date of Credential Issuance: _____ Evidence Attached & Verified: _____ Date: _____
 Signature: Sherry Navarro, Admin. Specialist

Credential Recommendation approved: _____ Date: _____
 Signature: Jason Lea, Executive Director

Date of Completion: _____ All Required Documents Attached & Verified: _____
 Credentials Department Signature

VERIFICATION OF EXPERIENCE

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served more than one term of employment for a single employer, indicate in the additional section below. If you have served in more than one type of position (e.g both teacher and counselor) for a single employer, have a separate form completed for each position that you held.

This is to certify that: _____
(Name of Applicant)

has served from: _____ to _____
(Month/Year) *(Month/Year)*

and _____ to _____
(Month/Year) *(Month/Year)*

in the position of (check one):

- | | |
|---|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Education Specialist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Resource Specialist | <input type="checkbox"/> Other (specify): _____ |

in the following grade or level: _____

in the area or subject of: _____

- Full-time
- Part-time (specify): _____ hours/day _____ days/week
- Day-to-Day Substitute

School/Agency: _____

Address: _____

Telephone Number: _____

Verified by: _____
(Signature)

Name: _____

Title: _____ Date: _____

Return to:
North Coast School of Education
5340 Skylane Blvd., Santa Rosa, CA 95403