



NORTH COAST SCHOOL OF EDUCATION

5340 Skylane Blvd, Santa Rosa CA, 95403
Phone: 707-524-2818 Fax: 707-524-2815 www.ncsoe.org



ADULT EDUCATION CLEAR CREDENTIAL CHECKLIST

Based on AB 1374 – Issued on or after January 1, 2011

To apply for a Clear Designated Subjects Adult Education Credential based on a 3yr preliminary, submit the following items to the North Coast School of Education (NCSOE) Regional Office attention: Sherry Navarro.

Participant Name: _____ County: _____

Contact Information: Email: _____ Phone Number: _____

PROGRAM REQUIREMENTS: EVIDENCE OF COMPLETION

1. Possess a valid California Preliminary Designated Subjects Adult Education Teaching Credential
2. Successful completion of a Commission-approved program of personalized preparation:
 - a. Year 1 _____ Year 2 _____
 - b. Other Program Equivalency: _____
3. Foundations & Orientation
4. Adult Learning Principles & Theories
5. Two years of successful teaching on the basis of Preliminary Designated Subjects Adult Education Teaching Credential in the subject(s) listed on the credential. Completed Verification of Experience form.
This is defined as teaching of a minimum of one course in each of four terms within the three-year period of validity of the preliminary adult education teaching credential.
6. **United States Constitution Requirement met through (official transcripts required)**
 - University Course or Exam
 - Previously held Clear Ryan or 2042 Credential (official university transcript required)
7. **Valid CPR (Adult/Child/Infant) Plus Health Education** Met through one of the following:
 - Previously held Clear Ryan or 2042 Credential
 - NCSOE Online Health Class (transcript not required)
 - Nursing or medical training (copy of current medical license required)
 - University or college course (description of course and official transcript required- please attach)
8. **Computer-based technology, including the uses of technology in educational settings**
 - Previously held Clear Ryan or 2042 Credential
 - NCSOE online Technology Uses in Education (transcript not required)
 - University or college course (official transcripts required)

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

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

CREDENTIAL APPLICATION REQUIREMENTS

1. **Completed and Signed Application- Fully complete 41-4 (revised version of 6/2019)**
2. **\$100.00 Money Order or Cashier's Check** payable to the Commission on Teacher Credentialing or CTC.

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

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.

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
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