



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 three-year or five-year 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 recommendation to the CTC.

Participant Name: _____ County: _____

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:
 - Year 1 Initial Program
 - Year 2 Advanced Program
 - Other Program Equivalency: _____
3. Foundations & Orientation
4. Adult Learning Principles & Theories
5. United States Constitution Requirement met through (official transcripts required)
 - University Course or Exam
 - Previously held Clear Ryan or 2042 Credential (official university transcript required)
6. Health Requirement Including valid CPR (Adult/Child/Infant) met through one or more of the following:
 - NCSOE online course
 - University or college course completed within 5 years (official transcript required)
 - Nursing or medical license (copy of current medical license required)
7. 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 completed within 5 years (official transcripts required)
8. Verification of two years of successful teaching on the AE Credential – completed Verification of Experience (signed by employer/HR). 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.
9. Application for Credential Authorizing Public School Service ([CTC form 41-4](#)): Complete sections 1-4, 6, 7 & 9. Please read carefully the Instruction and Information Sheet for further directions on completion of your application. The CTC will not allow any corrections or modifications. If you are unsure on how to complete your application, contact a credential analyst.
10. \$100 Money Order or Cashier's Check payable to the California Commission on Teacher Credentialing (CTC). If NCSOE is not able to recommend you to the CTC for the credential, this fee will be returned to you.

CREDENTIAL APPLICATION REQUIREMENTS

Date of Credential Issuance: _____ Evidence Attached & Verified: _____ Date: _____
Signature: Sherry Navarro, Administrative 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
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