



NORTH COAST SCHOOL OF EDUCATION
DESIGNATED SUBJECTS PROGRAM
ADULT EDUCATION CLEAR CREDENTIAL APPLICATION CHECKLIST
For EXISTING CREDENTIAL HOLDERS



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, **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 and provide a Verification of Application to the employing agency.

Candidate Name: _____ **County:** _____

Email: _____ **Phone Number:** _____

PROGRAM REQUIREMENTS: EVIDENCE OF COMPLETION

1. Possess a valid California Preliminary AE Teaching credential (3 or 5 year)
2. Possess a valid Clear 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: Adult Learning Community – Canvas online course
 - CTE Teach: Module 10 online course
 - Adult Learning Principles & Theories – Canvas online course
4. 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)
5. Health Education
 - Clear Ryan or 2042 Credential
6. 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)
7. Complete study in computer-based technology, including the uses of technology in educational settings:
 - Clear Ryan or 2042 Credential
8. Verification of one year of successful teaching on the AE Credential (signed by employer/HR)
9. Completed and signed application: 41-4 Please review carefully as corrections, additions, errors, (even if initialed) are not accepted by the CTC and will be returned with potential additional fees.
10. \$100 Money Order or Cashier’s Check payable to the Commission on Teacher Credentialing (CTC)
11. Mail the complete application packet to:
 Attn: Sherry Navarro
 Sonoma County Office of Education • North Coast School of Education
 5340 Skylane Blvd., Santa Rosa, CA 95403

CREDENTIAL APPLICATION REQUIREMENTS

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

Credential Recommendation approved: _____ Date: _____
Signature: Jason Lea, Ed.D., NCSOE Superintendent

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

Sonoma County Office of Education • North Coast School of Education
 5340 Skylane Blvd, Santa Rosa CA, 95403
 Phone: 707-524-2818 • Fax: 707-524-2815 • www.ncsoe.org

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