



NORTH COAST SCHOOL OF EDUCATION

5340 Skylane Blvd, Santa Rosa CA, 95403

Phone: 707-524-2818 Fax: 707-524-2815 Website: www.ncsoe.org



CTE Adding Industry Sector Credential Application Checklist

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

Credential Candidate: _____ County: _____

District/Agency: _____ School/Work Site: _____ Hire Date: _____

Credential Analyst: _____ Contact Number: _____

To add an Industry Sector to a CTE Designated Subjects credential, **submit the following items directly to Sonoma County Office of Education, Attn: Sherry Navarro, 5340 Skylane Blvd., Santa Rosa, CA 95403.** (Program Services Fee may apply. See Fee-for-Service flyer or contact the regional office for information.) Incomplete applications may be returned or held for further processing.

Do not mail the application directly to CCTC. This will result in additional fees and processing time.

PLEASE INCLUDE THIS COMPLETED CHECKLIST WITH YOUR APPLICATION PACKET

- 1. Work Experience:** Three years of work experience directly related to each industry sector to be named on the credential. One year equals a minimum of 1000 clock hours and the experience may be full-time or part-time, paid or unpaid. Provide accounting of part time hours using the Designated Subjects Credential Worksheet if needed. See Terms and Definitions of CL-888 for additional information regarding the work experience requirement.
- 2. Copy of Clear CTE Credential:** Printout from the CTC website.
- 3. 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 ([Form 41-4](#)) for further directions on completion of your application. No errors, corrections, whiteout are accepted by the CTC.
- 4. \$100.00 Money Order or Cashier's Check** payable to the California Commission on Teacher Credentialing or CTC. If NCSOE is not able to recommend you to CTC for the credential, this fee will be returned to you.
- 5. Program Services fee of \$300.00** check payable to Sonoma COE.

If you have questions about the application process, please contact Sherry Navarro, 707-524-2830 or by email at snavarro@scoe.org.

For NCSOE use only:

Date completed packet received: _____ Credential Issuance Date: _____

All required documents attached & verified by: _____ Date: _____

Sherry Navarro, Administrative Specialist

Recommendation approved: _____ Date: _____

Jason Lea, Executive Director

Recommendation submitted to CTC by: _____ Date Processed: _____

Self-Employment Verification:

The following are required to verify self-employment:

1. An employment letter written by you on company letterhead that includes the seven items listed above for Work Experience Verification. **The letter must be signed and contain the following statement:** *“I certify under penalty of perjury that the aforementioned information is true and correct to the best of my knowledge.”*
2. Copies of documents verifying the business, such as a business license, professional licenses or certifications, Tax ID number, articles of incorporation, etc.
3. Letters (preferably 2) from other people having first-hand knowledge of your work, such as your business’ accountant, major supplier of goods, or major user of goods or services. These letters should be written on the letterhead of the writer, unless from an individual customer, and should contain the following information:
 - Addressee: Commission on Teacher Credentialing (CTC)
 - Current date
 - The writer’s name, address, and telephone number
 - The name of the credential applicant and the name of their business
 - Description of the writer’s professional association with the applicant
 - Beginning and ending dates (month, day, and year) of business relationship with the applicant
 - Description of the writer’s knowledge of work performed or services provided by the applicant

Date: _____

To: Commission on Teacher Credentialing
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify self employment for _____
(name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: _____

Address: _____

City, State Zip: _____

Phone number: _____

Dates Employed: _____ (begin date) _____ (end date)

Employed: Full-time Part-time (REQUIRED: Specify number of total hours worked _____)

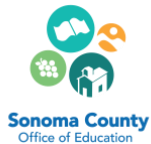
Job Duties: Check if job description is attached
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Self-employment verification



DESIGNATED SUBJECTS CTE CHOOSING WORK EXPERIENCE VERIFICATION

When selecting an Employment Verification Template, choose the one that works best for your industry experience situation. Multiple forms of verification may be used.

Templates include:

- 1) **Employer Verification:** to be used if you are able to contact the necessary personnel related to the employment where you earned industry experience in the subject area requested on your credential. **Must be on Company Letterhead.**
- 2) **Employer Verification is not available:** to be used if you attempted to contact the necessary personnel related to the employment where you earned industry experience in the subject area requested on your credential, but your attempts were unsuccessful. *It is important that you sign the affidavit under penalty of perjury at the bottom of the letter; your application will be returned without this signature and statement.*
- 3) **Self-Employed Verification:** to be used if you earned your industry experience in the subject area requested on your credential through self-employment. Please provide a minimum of 2 supporting documents as noted on page 3 of the CTC leaflet, CL-888, Designated Subjects Career Technical Education Teaching Credential. *It is important that you sign the affidavit under penalty of perjury at the bottom of the letter; your application will be returned without this signature and statement.*
- 4) **Combination of templates:** to be used as needed if your industry experience situation is a combination of any of the above.
- 5) **Use the Experience Requirement Worksheet** to document the three years of experience related to the industry on the credential. If applying for more than one industry certification, experience must be documented in all areas.

~~~ WHEN AVAILABLE, THIS FORM SHOULD BE COPIED ON COMPANY LETTERHEAD ~~~
(If not available, please add company name, address, and phone numbers to top of sheet)

Date: _____

To: Commission on Teacher Credentialing
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify employment for _____
(name)

Dates Employed: _____ (begin date) _____ (end date)

Employed: Full-time Part-time (REQUIRED: Specify total number of hours worked: _____)

Job Duties: Check if job description is attached

(Attach additional sheets if necessary)

This employment information is verified by: _____
Print Name

Title

Signature

Date: _____

To: Commission on Teacher Credentialing
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify self employment for _____
(name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: _____

Address: _____

City, State Zip: _____

Phone number: _____

Dates Employed: _____ (begin date) _____ (end date)

Employed: Full-time Part-time (REQUIRED: Specify number of total hours worked _____)

Job Duties: Check if job description is attached
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date



NORTH COAST SCHOOL OF EDUCATION DESIGNATED SUBJECTS CREDENTIAL PROGRAM



Work Experience Worksheet

Career Technical Education (CTE) - Adult Education (AE)

Use this worksheet to document the required **Work Experience Requirement** for each industry sector to be named on the credential. **Enter only the items you are requesting to be used towards the minimum required work experience.** Items listed here will correspond with verification provided. **CTE/Adult Ed:** “Three years of work experience directly related to each industry sector to be named on the credential.”

Important: A combination of the items listed below may be used to meet the three years work experience, **but at least one year (1,000 hours) must be actual industry work experience.**

First Name: _____

Last Name: _____

Credential: CTE Adult Ed

WORK EXPERIENCE: (list by year)

Employer	Start Date	End Date	Hours	Notes

EDUCATION: “A combination of forty-eight (48) semester units of postsecondary vocation training related to the industry sector named on the credential may be used to substitute for a maximum of two of the three years of required work experience.”

Name of College – University - Trade School	Degree/Certificate Received	Units	Notes

VOLUNTEER EXPERIENCE: (list by year)

Organization or Activity	Start Date	End Date	Hours	Notes

Other Credential(s) Held: “One year of full-time general education teaching experience providing instructional services in preschool or grades K-12 earned in a public or private school of equivalent status.”

Credential Type	State Credential Earned	Year(s) Teaching	Notes

TOTAL HOURS

Category	Total Hours	Total Units	Recency	Notes
Work Experience				
Education Units				
Volunteer Experience				
Teaching Experience				
GRAND TOTAL				