



# NORTH COAST SCHOOL OF EDUCATION



## 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 at 707-524-2830 or by email at [snavarro@scoe.org](mailto: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

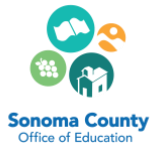
Recommendation approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Jason Lea, Executive Director

Recommendation submitted to CTC by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

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](http://www.ncsoe.org)







# NORTH COAST SCHOOL OF EDUCATION

## 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) **Experience Requirement Worksheet:** to be used 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

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(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 employment for \_\_\_\_\_  
(name)

I have made a sincere effort to contact my previous employer. Some examples of how I've tried to make contact include: \_\_\_\_\_  
\_\_\_\_\_

Since I am unable to obtain employer verification, I provide the following information as actual facts regarding my employment at the named organization.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

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)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Employment/work experience verification

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.)

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(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