

NORTH COAST SCHOOL OF EDUCATION



CTE Adding Industry Sector Credential Application Checklist NORTH COAST

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 Design County Office of Education, Attn: Sherry Fee may apply. See Fee-for-Service flyer or returned or held for further processing.	Navarro, 5340 Skylane Blvd., Santa R	osa, CA 95403. (Program Services		
Do not mail the application directly to Co	CTC. This will result in additional fees an	d processing time.		
PLEASE INCLUDE THIS COMPLETED CI	HECKLIST WITH YOUR APPLICATION	PACKET		
credential. One year equals a min paid or unpaid. Provide accountin	f work experience directly related to each nimum of 1000 clock hours and the expens g of part time hours using the Designate ons of CL-888 for additional information	rience may be full-time or part-time, ed Subjects Credential Worksheet if		
□ 2. Copy of Clear CTE Credential: F	Printout from the CTC website.			
6,7,9. Please read carefully the	norizing Public School Service (CTC for Instruction and Information Sheet (For errors, corrections, whiteout are accepted	orm 41-4) for further directions on		
	er's Check payable to the California Conecommend you to CTC for the credentia			
□ 5. Program Services fee of \$300.0	0 check payable to Sonoma COE.			
If you have questions about the application <pre>snavarro@scoe.org</pre> .	n process, please contact Sherry Navar	ro at 707-524-2830 or by email at		
For NCSOE use only:				
Date completed packet received:	Credential Issuance D	ate:		
All required documents attached & verified by:	Sherry Navarro, Administrative Specialis	Date:		
Recommendation approved:	Joseph Co. Evacutiva Director	Date:		
		Doto Droops - di		
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



NORTH COAST SCHOOL OF EDUCATION

DESIGNATED SUBJECTS PROGRAM CTE WORK EXPERIENCE VERIFICATION GUIDELINES



To verify the minimum three (3) years of required industry work experience in the subject(s) to be named on the credential, you will need a letter(s) from your present or previous employer(s). The letter(s) should be original, on company letterhead and contain the following information:

- Addressee: Commission on Teacher Credentialing (CTC)
- Current date
- Employer's name, address, and telephone number
- The name of the credential applicant
- The working relationship of the person signing the verification to the applicant
- Beginning and ending dates (month, day, and year) of employment with the employer
- Job title and complete description of duties
- A statement as to whether the employment was full-time or part-time. If employment was less than full-time, an accounting of the number of hours the applicant was employed is **required** (1000 hours is equivalent to one (1) year).

			LD BE COPIED ON COMPANY LETTERHEAD ~~~ me, address, and phone numbers to top of sheet]
Date:			
	ommission on Teach a the North Coast T		
Dear Cerl	fication Officer:		
This letter	s to verify employn	nent for	(name)
Dates Em	oloyed:	(begin date)	(end date)
Employed	: Full-time	Part-time (R	REQUIRED: Specify total number of hours worked:
Job Dutie	Check if jo	ob description is at	Hached
		(Attach addition	nal sheets if necessary)
This emplo	yment 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 le	tter is to verify employment for
	made a sincere effort to contact my previous employer. Some examples of how I've o make contact include:
	l am unable to obtain employer verification, I provide the following information as actual egarding my employment at the named organization.
	oyer Name:
	955:
	e number:
rnone	Thomber.
Dates	Employed:(begin date) (end date)
Emplo	yed: Full-time Part-time (REQUIRED: Specify total number of hours worked:
Job D	uties: Check if job description is attached
_	
	(Attach additional sheets if necessary)
	IFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE MATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
	re Date
Signatu	The state of the s

Work Experience requirements: At least one (1) year of the required work experience must be within the past five (5) years, or two (2) years within the last ten (10) years, immediately preceding the issuance of the preliminary credential.

- Teaching may be used as qualifying experience, in addition to actual Industry work experience, for the CTE Credential. Teaching experience may also be used to meet the recency requirement which states that you must show you have worked one year, or 1000 hours during the last three years in the area of the subject(s) to be named on the credential.
- 2. Completion of forty-eight (48) semester units of postsecondary vocational training related to the industry sector(s) named on the credential may be substituted for a maximum of two of the three years of required work experience. The coursework must be verified by official transcript and may be used on a prorated basis up to the two (2) year maximum.
- 3. You may use a combination of teaching and units, as long as there is one year of actual Industry work experience.

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

Duie.		
	n Teacher Credentialing Coast Teacher Induction Program	
Dear Certification Off	icer:	
This letter is to verify se	elf employment for	(name)
I am providing the foll to the requested cred		regarding my self employment related
Business Name:		
Address:		
City, Starte Zip:		
Phone number:		
Dates Employed:		
	(begin date)	(end date)
Job Duties: Che	eck if job description is attached	Specify number of total hours worked)
Job Duties: Che	eck if job description is attached	nployment history more applicable.
Job Duties: Che	eck if job description is attached graph format detailing your self-en	nployment history more applicable.
Job Duties: Che	eck if job description is attached graph format detailing your self-en	nployment history more applicable.
Job Duties: Che	eck if job description is attached graph format detailing your self-en	nployment history more applicable.
Job Duties: Che	eck if job description is attached graph format detailing your self-en	nployment history more applicable.
Job Duties: Che	ack if job description is attached graph format detailing your self-en per year and job duty detail which	nployment history more applicable. n each time period noted.)
Job Duties: Che	eck if job description is attached graph format detailing your self-en	nployment history more applicable. n each time period noted.)
Job Duties: Che (You may find a para Include hours worked	bck if job description is attached graph format detailing your self-en per year and job duty detail which per year and job duty detail which (Attach additional sheets if n	nployment history more applicable. n each time period noted.) eccessary] ENTIONED EMPLOYMENT / EXPERIENCE
Job Duties: Che (You may find a para Include hours worked	ack if job description is attached graph format detailing your self-en- per year and job duty detail which which detail which (Attach additional sheets if n	nployment history more applicable. n each time period noted.) eccessary] ENTIONED EMPLOYMENT / EXPERIENCE



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:				
	commission on Teac ia the North Coast 1	ner Credentialing eacher Induction Pro	gram	
Dear Cer	tification Officer:			
This letter	is to verify employn	nent for	(name)	
Dates Em	nployed:	(begin date)	(end date)	
Employed	d: Full-time	☐ Part-time (REQL	JIRED: Specify total number of hours worked:	
Job Dutie	es: Check if jo	b description is attacl	ned	
		(Attach additional sh	eets if necessary)	
This empl	oyment information	is verified by:		
			Print Name	
	Title		Signature	

Date: _	
	Commission on Teacher Credentialing Via the North Coast Teacher Induction Program
Dear Ce	ertification Officer:
This lette	er is to verify employment for (name)
	nade a sincere effort to contact my previous employer. Some examples of how I've make contact include:
	am unable to obtain employer verification, I provide the following information as actual garding my employment at the named organization.
	er Name:
	:: ate Zip:
Phone r	number:
Dates Er	mployed:
	(begin date) (end date)
Employe	ed: Full-time Part-time (REQUIRED: Specify total number of hours worked:)
Job Dut	ies: Check if job description is attached
	(Attach additional sheets if necessary)
	Y UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE IATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
Signature	Date

Date		
To:	Commission on Teacher Credentialing Via the North Coast Teacher Induction Program	
Dea	ertification Officer:	
This l	er is to verify self employment for(name)	·
	oviding the following information as actual facts regarding my self employment rela equested credential.	ated
Busin	s Name:	
Addı		
City,	ate Zip:	
Phor	number:	
D - 1 -	Toward a consider	
Date	Employed: (begin date) (end date)	
Emp	red: Full-time Part-time (REQUIRED: Specify number of total hours worked)
	ties: Check if job description is attached ay find a paragraph format detailing your self-employment history more applicable hours worked per year and job duty detail which each time period noted.)	÷.
	(Attach additional sheets if necessary)	
	TY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	NCE
Signa	Date	