



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.

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, Ed.D., NCSOE Superintendent

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).

---- 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)

Employer verification of employment/work experience

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

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.

1. 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

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 _____)

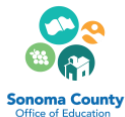
Job Duties: Check if job description is attached
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

(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



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

---

---

---

---

---

---

---

---

---

---

(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

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