



**CTE CLEAR CREDENTIAL APPLICATION CHECKLIST**  
**EXISTING CREDENTIAL HOLDER PROGRAM**

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

To apply for a Clear Designated Subjects Career Technical Education Credential based on a 3yr preliminary, submit the following items to the North Coast School of Education (NCSOE) Regional Office attention: Sherry Navarro.

**Candidate Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Information: Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**PROGRAM REQUIREMENTS: EVIDENCE OF COMPLETION**

1. Possess a valid California Preliminary CTE Teaching credential (3 or 5 year)
2. Possess a valid 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 & Orientation Class (or pre-approved equivalent course)
4. Specially Designed Academic Instruction Delivered in English (SDAIE) through one of the following options;
  - Clear Ryan or 2042 Credential containing EL Authorization
  - SDAIE Course (official transcript required)
  - Teaching English Learners NCSOE online course
  - Clear CLAD/CTEL
  - Certificate of Staff Development
5. United States Constitution Requirement met through:
  - A university or college course (official transcript required)
  - University exam (official transcript or verification letter required)
6. Health Education
  - Met through university credential program
  - NCSOE online course
  - Nursing or medical license (copy of current medical license required)
7. 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)
8. Complete study in computer-based technology, including the uses of technology in educational settings:
  - Met through university credential program
  - NCSOE online course
9. Verification of one year of successful teaching on the CTE Credential (signed by employer)

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

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

**CREDENTIAL APPLICATION REQUIREMENTS**

1. Completed and Signed Application- Fully complete 41-4 Please review carefully as the CTC will not accept any corrections including whiteout or cross-out.
2. \$100.00 Money Order or Cashier's Check payable to the Commission on Teacher Credentialing or CTC.

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

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.

## VERIFICATION OF EXPERIENCE

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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**