



CTE CLEAR CREDENTIAL APPLICATION CHECKLIST
NEW 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. **Successful completion of a Commission-approved program of personalized preparation:**
 - Foundations & Orientation Class (or pre-approved equivalent course)
 - Specially Designed Academic Instruction Delivered in English (SDAIE) through one of the following options;
 - SDAIE Course (transcript required)
 - Teaching English Learners NCSOE online course
 - Clear CLAD/CTEL
 - Certificate of Staff Development
 - Year 1 Initial Program
 - Year 2 Advanced Program
 - Fire Science Program (1A & 1B) Transcript required
 - Transfer from other Commission-approved Program (official transcripts required): _____
3. **United States Constitution Requirement met through:**
 - A university or college course (official transcript required)
 - Exam through university (official transcript required)
4. **Health Requirement Including valid CPR (Adult/Child/Infant) met through one or more of the following:**
 - NCSOE online course
 - University or college course completed within 5 years (official transcript required)
 - Nursing or medical license (copy of current medical license required)
5. **Complete study in computer-based technology, including the uses of technology in educational settings:**
 - NCSOE online course
 - University or college course completed within 5 years (official transcripts required)
6. **Verification of two years of successful teaching on the CTE Credential** – completed Verification of Experience signed by employer(s)

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

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