



NORTH COAST SCHOOL OF EDUCATION

5340 Skylane Blvd, Santa Rosa CA, 95403
Phone: 707-524-2818 Fax: 707-524-2815 www.ncsoe.org



CTE PRELIMINARY CREDENTIAL APPLICATION CHECKLIST for Existing Credential Holders (MS, SS, SPED)

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

To be recommended for a preliminary credential by the North Coast School of Education (NCSOE), you must provide a verification of employment. Please list your employing district/agency and school/work site.

Credential Candidate: _____ **County:** _____

District/Agency: _____ **School/Work Site:** _____

Credential Analyst: _____ **Contact Number:** _____

To apply for a Preliminary CTE Designated Subjects credential, **submit the items listed below to your county office of education credential analyst.** Incomplete applications may be returned or held for further processing. Your county office analyst will review your application, contact you for additional information as needed and will forward the complete packet to NCSOE for submission to the California Commission on Teacher Credentialing (CCTC). **Do not mail the application directly to CCTC.** This may result in additional fees and processing time. If you have questions about the application process, please contact Sherry Navarro, 707-524-2830 or by email snavarro@scoe.org.

PLEASE INCLUDE THIS COMPLETED CHECKLIST WITH YOUR APPLICATION PACKET

- 1. Verification of Employment Form:** Be sure the form is fully completed and signature secured.
- 2. 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.
- 3. High school Diploma:** Official transcripts required (opened originals accepted).
 - High School Diploma, AA, BA or higher
 - Current California Clear Credential
- 4. Candidate Admission Form - Program Advisement & Credential Authorization Selection Form:** Please refer to pages 5-12 of the [CTC CL-888](#) leaflet for detailed industry sector breakdowns. Your choice will reflect exactly what will be indicated on your preliminary document when recommended through the CTC. By signing this advisement form, you acknowledge you have been advised of NCSOE program requirements for this preliminary credential and subsequent clear credential. (See NCSOE Clear Cred. Application Checklist in addition to CL-888.)
- 5. Fingerprints:** Required unless you already hold a valid document (provide copy) from the Commission on Teacher Credentialing (CTC). If you hold an expired CTC document, contact Credentials for next steps. Submit a copy of the completed [Request for Live Scan Service Form \(41-LS\)](#) upon completion by the Live Scan operator. (Fees for fingerprinting vary and are collected directly from the processing agency.)
- 6. Program Service Fee: \$300**
 - Check attached payable to SCOE
 - PO attached by employing agency per MOU on file

Upon approval for the recommendation of the preliminary CTE credential, Sonoma COE will submit a recommendation online and an email from the CTC will be sent to the applicant with next steps for payment. Payment must be completed prior to issuance of credential and within 90 days of recommendation otherwise additional fees may apply.

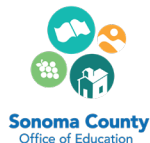
For NCSOE use only:

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: _____



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VERIFICATION OF TEACHING EMPLOYMENT
for Designated Subjects Credential Candidates
 (Adult Ed and CTE)

The recommendations for Preliminary Designated Subjects Credentials are submitted by the **CTC approved program for our region, The North Coast School of Education (NCSOE)**. In order to recommend a candidate for a Designated Subjects credential, NCSOE requires proof of employment on the requested credential. See options below.

Please verify the employment offer or anticipated employment assignment for the holder of this form.

Name of Candidate: _____

Potential Credential:

- Career Technical Education (CTE) Adult Education (AE)

Industry/subject area: _____

This Candidate:

- has been offered a contracted teaching position as the teacher of record in the above-named subject area as of _____ (enter date of hire or anticipated date course assignment will begin).
- will be considered for an offer of a contracted teaching position as the teacher of record once a preliminary credential has been issued. The estimated date of employment: _____. (This does not constitute an offer of employment, only a consideration in order to be eligible for a preliminary credential.)

This Verification of Teaching Employment form is to be included with the candidate's application. **The application packet is submitted to NCSOE at the Sonoma County Office of Education for final review and credential recommendation to the CTC.** The final authority to grant or deny a credential rests with the CTC.

Candidates must enroll and participate in the NCSOE Designated Subjects Program to meet their credential program requirements. The North Coast School of Education staff will provide a Credential Advisement upon acceptance and enrollment in the program. **Program fees will apply and will be charged directly to the district as per the signed Memorandum of Understanding. Refer to the Fee-for-Service flyer posted on the website: www.ncsoe.org.**

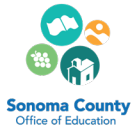
For additional information regarding this form, contact Sherry Navarro at (707) 524-2830 or snavarro@scoe.org.

District/Agency: _____

Employer Authorized Signatory: _____
 Please print

Title: _____ Phone Number: _____

Authorized Signature: _____ Date: _____



NORTH COAST SCHOOL OF EDUCATION

DESIGNATED SUBJECTS PROGRAM CTE CANDIDATE ADMISSION FORM



Candidate Name: _____ Date: _____

Mailing Address: _____

Phone (home or cell): _____ Email: _____

Program Enrollment (check one):

- Two-Year New Credential Holder Program
- One-Year Existing Credential Holder Program

For admission to the Designated Subjects program and to receive a recommendation of a Preliminary Credential, completion of and verification of all requirements must be met and the appropriate signatures secured as indicated on the Designated Subjects Checklist and indicated below:

- Signed Verification of Offer of Employment
- Verification of three years of work experience
- Copy of High School diploma or original university transcripts reflecting degree or coursework
- Fingerprint Clearance
- Signed Candidate Admission Form/CTE Program Advisement & Credential Authorization Selection (this form)
- Complete online enrollment through the online NCSOE website at www.ncsoe.org
- Complete application process and payment to the CTC for the preliminary & clear credential when recommended by the NCSOE
- I understand that annual program fees will apply and I may be responsible for the fees should my employer require this.

CTE Program Advisement & Credential Authorization Selection

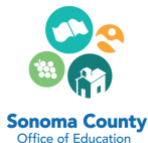
Career Technical Education (CTE): Allows CTE instruction in the following career fields for grades twelve and below and in classes organized primarily for adults. Place a check in the box next to the industry sector for which you are applying. For further breakdown regarding the industry sectors listed, please refer to CTC CL-888 leaflet.

- | | |
|--|---|
| <input type="checkbox"/> Agriculture and Natural Resources | <input type="checkbox"/> Health Science and Medical Technology |
| <input type="checkbox"/> Arts, Media, and Entertainment | <input type="checkbox"/> Hospitality, Tourism, and Recreation |
| <input type="checkbox"/> Building & Construction Trades | <input type="checkbox"/> Information & Communication Technology |
| <input type="checkbox"/> Business & Finance | <input type="checkbox"/> Manufacturing and Product Development |
| <input type="checkbox"/> Education, Child Development, & Family Services | <input type="checkbox"/> Marketing, Sales, and Service |
| <input type="checkbox"/> Energy, Environment and Utilities | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Engineering and Architecture | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Fashion and Interior Design | |

Participation in a CTC approved program is required to clear these credentials. Before signing below, please read carefully the CTC CL-888 leaflet that details both the Preliminary and Clear Career Technical Education Credential requirements. Upon finalization of your application by the North Coast Designated Subjects Program, you understand that you will receive further advisement regarding your personalized program.

I, _____, certify that I have completed all necessary steps and requirements to enter the NCSOE Designated Subjects Program. I understand that I will have monthly classes either via Zoom at a set date & time &/or an online course requirement. This includes completing the Foundations & Orientation Course (or pre-approved equivalent) **within 30 days of my hire date**. I also understand that in order to receive a recommendation for a clear credential I must fulfill all program and credential requirements. I understand that as a new credential holder, the program is a two-year program and that if I currently hold a valid credential (clear general education or clear education specialist credential) my program is a one-year program.

Candidate Signature: _____ Date: _____



NORTH COAST DESIGNATED SUBJECTS PROGRAM

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DESIGNATED SUBJECTS CAREER TECHNICAL EDUCATION CREDENTIAL (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: _____
First 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 pro rate 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 _____)

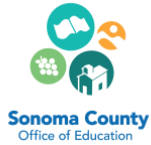
Job Duties: Check if job description is attached
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

(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



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) **Use the Experience Requirement Worksheet** 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.

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

~~~ 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 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