



Child Development Training Consortium is funded by the [California Department of Social Services, Child Care and Development Division](#).

Child Development Training Consortium

Permit Stipend Program
2023-2024



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i About Child Development Training Consortium

The Child Development Training Consortium (CDTC) is a statewide program funded by the California Department of Social Services, Child Care and Development Division. The program is administered by the Yosemite Community College District since 1987, and serves all of California.



CDTC provides services and resources to students and professionals working with or for children, including a permit stipend for those seeking a child development permit.

**Located at
Yosemite
Community
College District**

**Provides
assistance to
permit applicants
in addition to
other services**

**CDTC partners
with CTC**



CDTC Role in Processing

- Provides an application on our website
- Provides technical assistance
- Audit permit applications for completeness
- Pays processing fee to CTC
- Reimburse Live Scan processing fee for eligible first-time applicants



CHILD DEVELOPMENT TRAINING CONSORTIUM PERMIT FUNDING

Permit Funding Requirements



Pays the child development permit
application fee and a portion of live
scan costs for eligible applicants



Available to all permit applicants,
based on eligibility and funding
criteria found on the CDTC website



Limited funding, first come,
first served



Live or work in California



Employed or not employed



Can work with school age



- All Permit Levels are valid for five years
- Can be renewed up to one year in advance
 - Renewal date will be at five year mark, time is not lost for renewing early
- Teacher level and above can be renewed online at the CTC website. Reimbursement for fees can be requested through CDTC.

Permit Levels
Assistant
Associate Teacher
Teacher
Master Teacher
Site Supervisor
Program Director



What permit level am I eligible for?

- Review matrix for all Permit Levels
- Education Requirement
- Education AND experience for all Option 1 with exception of No experience required for Assistant Permit level
- Each Permit level has unique unit requirements
- ECE/CD courses for Associate Teacher and above require the core courses:
 - Child Growth and Development
 - Child and/or Family Relations
 - Programs/Curriculum
- General Education course work for Teacher and above must be degree applicable:
 - English/Language Arts
 - Math or Science
 - Social Sciences
 - Humanities and/or Fine Arts
- Must pass courses with a grade of C or better



Unit Requirements for the Child Development Permit

- All unit requirements are semester units (quarter unit equals 2/3 of semester unit)
- Units must be obtained from regionally accredited institution
- ECE/Child Development units cannot count toward the General Education requirement
- Units completed outside of USA must be evaluated by CTC approved agencies.
Commission-approved foreign transcript evaluation agencies can be found on the CTC website



Permit Matrix

What Level am I eligible for?

- Shows requirements for each level of permit
- Authorization for each level
- Renewal Requirement for each level

Child Development Permit Matrix - with Alternative Qualification Options Indicated

Permit Title	Education and Experience Requirements (Option 1 only: Both column requirements must be met)		Alternative Qualification Requirements (Options 2, 3, or 4)	Authorization	Five Year Renewal Requirement
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	Option 1: None	Option 2: Accredited HERO program (including ROP)	Authorizes the holder to assist in the care, development and instruction of children in a child care and development program under the supervision of an Associate Teacher Permit holder or above.	105 hours of professional growth activities*****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	Option 1: 50 days of experience at 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential. CDA Credential must be earned in California.	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program; and supervise an Aide or Assistant Permit holder.	<u>Permit may only be renewed one time with additional 15 units.</u> Must meet Teacher Permit requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	Option 1: 175 days of experience at 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program; and supervise Aide or Permit holders above.	105 hours of professional growth activities*****
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	Option 1: 350 days of experience at 3+ hours per day within 4 years	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program; and supervise all above including Aide. Also authorizes the holder to serve as a coordinator of curriculum and staff development.	105 hours of professional growth activities*****
Site Supervisor	Option 1: AA (or 60 units) which includes: • 24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units	Option 1: 350 days of experience at 3+ hours per day within 4 years, including at least 100 days of supervising adults	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; Or Option 3: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; Or Option 4: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to supervise a child care and development program operating at a single site; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth activities*****
Program Director	Option 1: BA or higher (does not have to be in ECE/CD) including: • 24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units	Option 1: Site Supervisor status and one program year of Site Supervisor experience	Option 2: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; Or Option 3: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; Or Option 4: Master's Degree in ECE/CD or Child/Human Development	Authorizes the holder to supervise a child care and development program operating in a single site or multiple-sites; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth activities*****

NOTE: All unit requirements listed are semester units. All course work must be degree applicable and completed with a grade of 'C' or better from a regionally accredited college or university.

- * GE Units: One course in each of the four general education categories: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.
- ** Core Courses: One course in each of the following categories, Child/Human Growth & Development; Child/Family/Community or Child and Family Relations; and Programs/Curriculum. (All core course work must meet a minimum unit requirement of three semester units or four quarter units)
- *** Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.
- **** A valid Multiple Subject or a Single Subject in Home Economics.
- ***** Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Professional Growth Advisor Registry can be found at www.childdevelopment.org.

For more detailed information by the CA Commission on Teacher Credentialing, refer to Leaflet CL-797 at www.ctc.ca.gov.



Experience

- Minimum of 3 hours a day to count as a day of experience
- Volunteer experience counts toward the experience requirement
- Licensed Family Child Care
- Student teaching in Kindergarten is an acceptable supervised field experience in a ECE setting



Transcripts

- Official E-transcripts Can be sent to our authorized email at CDTC-etranscripts@yosemite.edu
- Must use the E-transcript form in the application packet
- Official hard copy transcripts **MUST** be on security paper or have the embossed seal
- You may open transcripts and check that they are complete
- Can be sent to another authorized agency, such as County Office of Education
- Cannot be printed at home and submitted; Considered Unofficial
- Cannot be emailed to your personal email then sent to us; Considered Unofficial
- Must include ALL education, even for upgrades
- Foreign Transcripts must have a detailed evaluation. Visit the [CTC website](#) or email for more information credentials@ctc.ca.gov



CDTC eTranscript Form

2023-2024 Program Year

CDTC will accept electronic or official paper transcripts required to complete the permit application. Use this form ONLY if you have ordered etranscripts so CDTC staff can retrieve them.

Please carefully read the policies below before ordering electronic transcripts.

Etranscripts must be sent to:

cdtc-etranscripts@yosemite.edu

*****Transcripts sent to applicant email addresses will not be accepted*****

Applicant Name:
All Former/Maiden Names:
Applicant Email:
Total # of transcripts ordered: _____ (List <u>all</u> orders below)

1. Transcript Agency: _____

Order Number: _____

College: _____

SAMPLE

2. Transcript Agency: _____

Order Number: _____

College: _____

**Use a second form if transcripts are coming from more than two colleges*

CDTC Electronic Transcript Policies

- A. **Transcripts emailed to the applicant will not be accepted.** Do not forward emails, the transcripts must come directly from the authorized transcript agency.
- B. **CDTC is not responsible for any costs associated with errors in ordering electronic transcripts,** including sending transcripts to the wrong agency or transcripts without grades/degrees.
 - Do NOT send etranscripts to the Commission if you apply for the CDTC permit stipend.
 - Do not order transcripts before your courses are complete and grades are posted.
- C. **CDTC cannot help with billing, ordering or corrections to etranscripts.** You must contact your college or the transcript agency for assistance with an order.

Electronic Transcripts should be sent to:

cdtc-etranscripts@yosemite.edu

Note: If the transcript agency requires a name for the sender, use "CDTC Staff".



FAMILY CHILD CARE OWNERS

- **MUST HAVE VERIFICATION OF ATTENDANCE FROM PARENTS - THREE FORMS FROM THREE DIFFERENT FAMILIES (NOT ONE PARENT WITH THREE CHILDREN)**
- **MUST BE “INSTRUCTIONAL SETTING”; CURRICULUM MAY BE REQUIRED**
- **MUST SUBMIT COPY OF HOME CARE LICENSE AND COMPLETE FORM VERIFYING EXPERIENCE**



CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE EXPERIENCE

This form should be completed by individuals that operate a family home child care facility to verify family child care experience. The experience must be obtained while holding a Small or Large Family Child Care Home License issued by the California Department of Social Services.

- ▶ Do not mail this form directly to the Commission. It must be submitted with a child development permit application packet.

Check One:

<u>Permit Level</u>	<u>Required Experience</u>
Assistant	None Required
Associate Teacher.....	50 days of 3+ hours/day within 2 years
Teacher.....	175 days of 3+ hours/day within 4 years
Master Teacher.....	350 days of 3+ hours/day within 4 years
Site Supervisor.....	350 days of 3+ hours/day within 4 years (including at least 100 days of supervising adults)
Program Director.....	Site Supervisor status and one program year of site supervisor experience

Applicant's Full Legal Name _____
First *Middle* *Last*

Last four digits of your Social Security Number _____

I _____ have served as a small /large family child care provider
Name of Applicant *Circle One*

from _____ to _____
Month/Year *Month/Year*

Name of Family Child Care Facility _____

Mailing Address _____
Street

_____ *City* *State* *ZIP*

Attached is a copy of the Small/Large Family Child Care Home License issued by the California Department of Social Services *Note: Site Supervisor and Program Director applicants must hold a **Large Family Child Care Home License** issued by the California Department of Social Services*

Site Supervisor Applicants:

I certify that I have a minimum of 100 days of experience supervising adults.

Program Director Applicants:

I certify that I have held a Large Family Child Care Home License for a minimum of one year.

I certify under penalty of perjury that all the foregoing statements are true and correct.

Signature of Applicant

Date



State Of California
 Commission On Teacher Credentialing
 Certification, Assignment and Waivers Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
 Website: www.ctc.ca.gov

CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE ATTENDANCE

This form should be completed by parents/guardians to verify attendance of their child or children in a family child care program.

- ▶ The parent/guardian should not mail this form directly to the Commission. It must be submitted with a Child Development Permit application packet.

This is to certify that: _____ has provided an early care and education program to my child or children.
Name of Family Child Care Provider

I have/had _____ child/children in the provider's early care and education program.
Number

The child or children attended the provider's early care and education program:

from: _____ to: _____
Begin Date End/Present Date

Name of Parent/Guardian

Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

MUST COMPLETE 3 FORMS.

PLEASE NOTE; MUST BE COMPLETED BY 3 DIFFERENT FAMILIES.



How To Complete A Permit Application:

Our Online Permit application for all levels can be found
and completed on our website at
<https://www.childdevelopment.org/>

1. Create an account on the CDTC website.
2. Start an online permit application, included in our online permit application is the new required type-written 41-4 documents.
3. Once the application is complete, print the necessary documents that were requested to be downloaded on the review/summary page.
4. Note: There will be a checklist/cover sheet to also confirm the documents you will need to mail to CDTC
5. Order Official E-transcripts and have them sent to CDTC-etranscripts@yosemite.edu or Mail official transcripts at the same time with your permit application.
6. Complete the 41-4 Live scan form (must be the CASM Teacher Credentialing)

*This is a 2-step process. Doing the online application, then sending all hard copy documents to CDTC P.O. Box 3603 Modesto, CA 95352



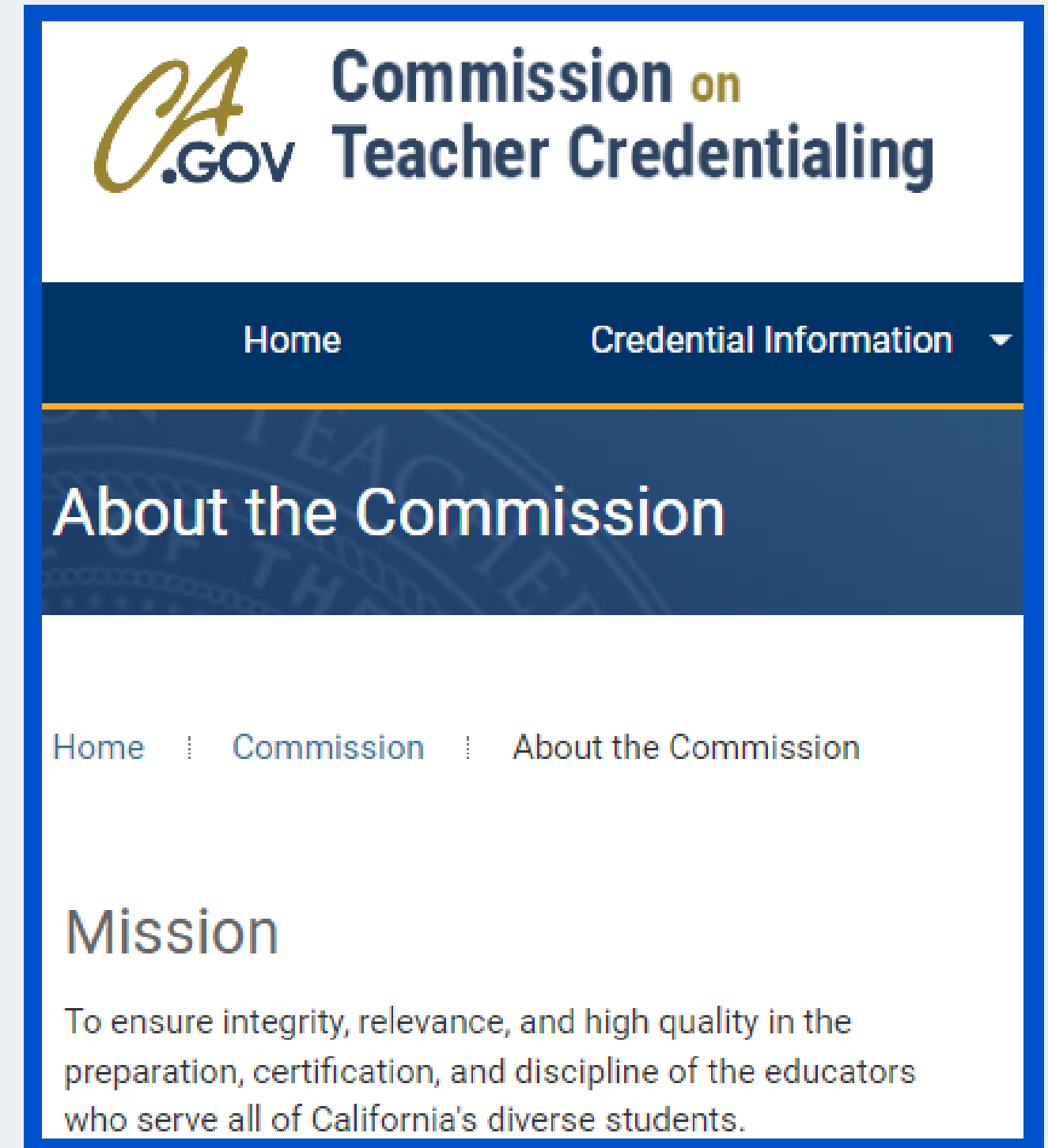
Child Development Training Consortium is funded by the California Department of Social Services, Child Care and Development Division

The Commission on Teacher Credentialing (CTC)

Located in Sacramento

Responsible for issuing child development permits

The final authority to grant or deny a permit lies with the CTC



CA.GOV Commission on Teacher Credentialing

Home Credential Information

About the Commission

Home | Commission | About the Commission

Mission

To ensure integrity, relevance, and high quality in the preparation, certification, and discipline of the educators who serve all of California's diverse students.

[HTTPS://WWW.CTC.CA.GOV/](https://www.ctc.ca.gov/)

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

For Privacy Act Notification see [Application Instructions](#)

Appeal: _____

Route to: _____

Commission Use Only: Fee Information		
APP	FP	Other

IHE/County/District Use Only
Issuance Date: _____
Email: _____

1. PERSONAL INFORMATION (type or print)

CTC Use Only

*Social Security or Individual Tax Identification Number: _____		*Date of Birth: (mm/dd/yyyy) _____	
*My Full Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div>			
All Former/Maiden Name(s): _____			
*Home Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____		Work Phone: _____	
Mobile Phone: _____			
*Email Address: _____			
County of Employment (CA only): _____			
School District of Employment (CA only): _____			
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Asian Groups: Pacific Islander Group: Other Groups: </div>	

2. APPLICATION TYPE REQUESTED: (select only one option)

* = Required Information

SAMPLE

3. CHOOSE DOCUMENT TYPE: (make only one selection in this section)

* = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.

TEACHING CREDENTIALS: Single Subject Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	SERVICES CREDENTIALS: Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	EMERGENCY PERMITS*: Limited Assignment* Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist* ETK Permit*	SUBSTITUTE PERMITS: 30-Day Substitute Career Substitute* Prospective Substitute Teaching Permit for Statutory Leave* 30-Day CTE Substitute	CHILD DEVELOPMENT PERMITS: Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Children's Center Permit School-Age Emphasis
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4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable) Special Education Specialty Areas: CTE Industry Sector: Adult Education Subjects:	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____ Pupil Personnel Services:	Supplementary Authorization/ Subject Matter Authorization: <hr style="border: 0.5px solid red;"/> <p style="text-align: center;">CTC Use Only</p>
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5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____

Advisor's Name

Advisor's Phone Number

ONLY NEEDS TO BE COMPLETED FOR RENEWALS

6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score reductions

SAMPLE

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired, or
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

SAMPLE

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a documentholder I will fulfill all the duties required of a mandated reporter.

I agree

SAMPLE

8. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Before submitting, please review the application for completeness:

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.

9. OATH AND AFFIDAVIT *

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT _____

MUST BE A WET SIGNATURE

* You must complete all portions of this section.

Comments/Additional Subject Requests:

SAMPLE

Mail application and payment
(check or money order) to:
Commission on Teacher Credentialing Certification Division
1900 Capitol Avenue
Sacramento, California 95811-4213





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ CA State ZIP Code _____ Contact Telephone Number _____

Applicant Information: *Required Fields

*Last Name _____ *First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

*Last Name _____ *First Name _____ Suffix _____

Sex Male Female

*Date of Birth _____ *Driver's License _____

*Height _____ *Weight _____ *Eye Color _____ *Hair Color _____

*Place of Birth (State or Country) _____ *Social Security Number _____

SAMPLE

Number _____
Number _____
(Agency Billing Number)
Misc. Number _____
(Other Identification Number)

*Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

→ _____ *Applicant Signature _____ *Date _____

Your Number: _____
*OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



Professional Fitness

- Include page 2 even if it is blank
- Answer all questions
- If you answer yes, you must include Form OA-EF and include supporting documentation

Name Changes

- Complete Form 41-NC
- Include all required supporting documents
- Address changes can be made online in your educator account

Common Errors

- No Social Security Number on 41-4 Forms
- No Date of Birth on 41-4 Forms
- Putting the "Country" Instead of "County" on page 5 of the 41-4
- Writing your work address instead of your home mailing address on page 1 of the 41-4
- Missing Signatures: 41-4 Form, CDTC Stipend Request Form, CDTC Live scan Reimbursement Form
- Not including your Full Legal Name on the 41-4 Live scan Form
- Not having the correct 41-4 LS CASM form. We cannot accept previous live scans by other agencies.
- Unofficial or missing transcripts
- Cross outs or white outs on the 41-4 form



If any Professional fitness questions were answered YES (on pages 2-4 of the 41-4) you must submit a professional fitness explanation form. Be sure to include all supporting documentation.

Professional Fitness Explanation Form

The Professional Fitness section of each application contains six questions. If you answered yes to any question, you must submit an Explanation Form **for each incident**, even if the incident was previously disclosed. If you are reporting convictions, each conviction must be disclosed on a separate explanation form.

Special note regarding criminal convictions or pending criminal charges:

You are required to disclose all misdemeanor or felony criminal convictions including those based on a plea of no contest. You must disclose a conviction no matter how much time has passed, even if the case has been dismissed pursuant to Penal Code section 1203.4. In accordance with Health & Safety Code sections 11361.5 and 11361.7, you may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.

If you are disclosing a conviction, employer action, investigation, or adverse action that you **previously disclosed** to the Commission, you must provide an explanation but you do **not** need to submit additional documentation. Your explanation must include dates, location, type of action taken, what you were charged with and convicted of, and agency and/or employer name.

Warning: Failure to disclose any required information is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential. Failure to submit the required explanation or documentation may result in your application being rejected.

Using this form:

This form contains five sections. Determine which sections apply to each incident and complete the required information.

<i>If you answered yes to...</i>	<i>Complete the following section of this form...</i> <i>(click the section letter below to be transported to that section)</i>
Question a	Section A
Question b	Section B
Question c	Section C
Question d	Section D
Question e, f	Section E



State of California
 Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

CTC Use Only	
Initials: _____	
<input type="checkbox"/>	No change needed
<input type="checkbox"/>	Change needed:
<input type="checkbox"/>	SSN <input type="checkbox"/> DOB <input type="checkbox"/> Name

Request to Change Name or Personal Profile

Use this form to submit changes or corrections to your personal information on file with the Commission. First, complete Section A, Personal Information. If you are updating your SSN or ITIN, complete Section B. If you are updating your Date of Birth, complete Section C. If you are updating the name the Commission has on file for you, complete Section D. This form is only valid if it has your signature and date of signature at the bottom of page 2. Incomplete or illegible forms or supporting documents will be not be processed. All supporting documents become property of the Commission.

A. PERSONAL INFORMATION *(required)*

Current Full Legal Name (Print):		
Social Security (SSN) or Individual Tax ID Number (ITIN):		Date of Birth (mm/dd/yyyy):
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Message Phone:
Email Address:		

**CHANGES TO YOUR MAILING OR EMAIL ADDRESS CANNOT BE COMPLETED USING THIS FORM;
 ADDRESS CHANGES MUST BE COMPLETED ONLINE.**

B. COMPLETE THIS SECTION FOR SSN/ITIN CHANGE/CORRECTION

My full legal name:		
_____	_____	_____
First	Middle	Last
Information previously submitted to the Commission (if known): SSN/ITIN _____ - _____ - _____		
Request SSN/ITIN to be changed to: _____ - _____ - _____		
<p>To verify SSN/ITIN - YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE SSN/ITIN CHANGE/CORRECTION</p> <p>Complete 41-NC sections A and B, sign and date</p> <p>Copy of Social Security Card or ITIN</p> <p>Copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)</p>		

C. COMPLETE THIS SECTION FOR DATE OF BIRTH CORRECTION

My full legal name:		
_____	_____	_____
First	Middle	Last
Information previously submitted to the Commission (if known): Date of Birth _____		
	Month	Date Year
Request Date of Birth to be corrected to: _____		
	Month	Date Year
<p>Verify Date of Birth - YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE DATE OF BIRTH CORRECTION</p> <p>Complete 41-NC sections A and C, sign and date</p> <p>Copy of valid government issued ID (driver's license, passport, military ID card, Permanent Resident card, etc.)</p>		

D. COMPLETE THIS SECTION FOR NAME CHANGE

Former full legal name (name the Commission currently has on file):

First Middle Last

I request my name be changed to:

First Middle Last

NAME changed due to:

Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of endorsed marriage certificate
- Copy of Social Security Card or ITIN stating married name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Superior Court – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Certified copy of completed, endorsed *Decree of Changing Name*
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Dissolution of Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of *Dissolution* (endorsed), which states “the former name restored” and/or endorsed copy of Ex Parte Application for Restoration of Former Name
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

SAMPLE

Citizenship – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of Certificate of Naturalization
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Correction – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- NOTE:** Corrections are for misspellings and typos only
- Complete 41-NC sections A and D, sign and date
- Copy of valid government issued ID **with correct name** (driver’s license, military ID card, Permanent Resident card, etc.)

Signature _____ Date: _____

By signing this document, I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.

For processing, send this completed form and all required supporting documentation to the Commission at:

Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, CA 95811-4213
ATTN: Educator Profile Change Request



Creating an Educator Account:

The Commission on Teacher Credentialing (CTC) issues the permits.
Permits are printed from your Educator Account.

- Create an account on <https://www.ctc.ca.gov/>
- Check the account for a status update once CDTC mails the application to CTC
- Check the account for any correspondence relating to the permit
- Print the permit from the Educator Account when it is issued

What if I get an email from CTC?

Send the information requested WITH the letter they sent you.
The stamp number is required for them to match your application and documents.



Additional Resources on the CDTC website

- [FAQs](#)
- [Policies](#)
- [Permit Matrix](#)
- [Online Application Help](#)
- [Permit Help](#)
- [CTC Forms and Resources](#)

A vertical menu structure for 'FAQs & Help'. At the top is a circular icon with a question mark. Below it is the title 'FAQs & Help'. The menu items are listed in a light gray bar at the bottom: 'FAQs', 'Online Application Help', and 'Permit Help'.

A vertical menu structure for 'Policy'. At the top is a shield icon. Below it is the title 'Policy'. The menu items are listed in a light gray bar at the bottom: 'Eligibility Info', 'LiveScan', and 'Transcripts'.

A vertical menu structure for 'Resources'. At the top is a clipboard icon. Below it is the title 'Resources'. The menu items are listed in a light gray bar at the bottom: 'CDTC Resources', 'CTC Resources', and 'Permit History Report'.

Contact us: EMAIL – CDTC-PERMIT@YOSEMITE.EDU

FAQS

- Do I send a check to CDTC with my permit forms? **No**
- How do I check the status of my permit? Login to your Educator Account on the CTC website <https://www.ctc.ca.gov/>
- Can CDTC tell me what I'm eligible for? **No**, you will need to review the permit matrix to check eligibility for each permit level.
- Where do I find more information regarding a Professional Growth Advisor? You can review the Professional Growth Manual on [The Commission on Teacher Credentialing Website](#).
- How do I print my permit? Once your online application is complete, you will need to print out the downloaded documents and mail them to CDTC.
- How do I start a permit application? You will be able to start a permit application on our website <https://www.childdevelopment.org>.