



## Renewal by Mail Applicant

### Permit Application Checklist 2021-2022 Program Year

Use checklist below when submitting application packet:

- ☐ **Permit Stipend Request Form**
  - Complete all required fields; applicant information must match the information on Form 41-4.
  - Be sure to sign (section 17).
- ☐ **Application for Credential Authorizing Public School Service (Form 41-4)**
  - **Section 1:** Personal Information: complete all required fields, especially SSN and DOB above the name line. *Missing social security number and/or birthdate is one of the most frequent errors.*
  - **Section 2.** Application Type: Mark "New Credential/Permit"
  - **Section 3.** Document Type: Mark the Child Development Permit Level you are applying for. **Mark only one box.** (Unless you are eligible to add School Age (SA) emphasis, then mark SA also.)
  - **Section 4.** Authorization Subject: **leave this section blank.**
  - **Section 5.** Child Development Permit RENEWAL Self-Verification: **leave this section blank;** you are not renewing. However, be sure to include page 2 with your application.
  - **Section 6.** Professional Fitness Questions: answer ALL professional fitness questions (a-f).
    - If you answer "Yes" to any of the questions, you must complete the Professional Fitness Explanation Form (Form OA-EF) and submit the required supporting documentation. This form can be found on the CTC website at [ctc.ca.gov](http://ctc.ca.gov).
  - **Section 7.** Child Abuse and Neglect Mandated Reporting: read the Mandated Reporting statement and check the "I agree" box.
  - **Section 8.** Employing Agency Information: **leave this section blank.**
  - **Section 9.** Oath and Affidavit: DATE, CITY, COUNTY (not country), STATE, and SIGNATURE required.
  - All five (5) pages of the 41-4 form are required. Page 2 is required, even if not marked.

**THE CTC DOES NOT ACCEPT THE 41-4 IF IT HAS HAND-WRITTEN CORRECTION NOTATIONS, CROSS-OUTS, WHITE-OUTS OR OTHER ERRORS.**

**DO NOT submit a 41-4 application form with errors; replace it with an ERROR FREE 41-4 form.**

- ☐ **Copy of current permit**
- ☐ **Confidential Profile for Direct Services Participants** (Vendor/Org Code: CDTC; Title of Training: Permit)

*For Associate Teacher Permit Renewals Only:*

- ☐ **Official, original paper college transcripts and/or completed CDTC eTranscript Form.**
  - Etranscripts are not accepted unless emailed directly to CDTC or authorized agency. (See permit stipend FAQs page for detailed transcript policies.)
  - You may open transcripts to check for accuracy. (Transcripts do not have to be sealed, just official.)

*For applicants with a Name Change:*

- ☐ **Name Change Form 41-NC and required documents** (see form for list)
  - Form available at [www.ctc.ca.gov](http://www.ctc.ca.gov)

**MAKE A COPY OF THE ENTIRE APPLICATION PACKET FOR YOUR RECORDS.**

Mail complete application packet to:

**CHILD DEVELOPMENT TRAINING CONSORTIUM, PO Box 3603, MODESTO, CA 95352**  
(Do not send payment)

For assistance or questions, please email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)



## 2021 - 2022 CDTC Child Development Permit Stipend Request Form

CDTC use only:

Permit application fee  
paid by CDTC:

- » The Permit Stipend Request form must accompany all required application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » Review the CDTC Submittal Checklist for all required application documents at [www.childdevelopment.org](http://www.childdevelopment.org).

1) *Full Legal Name (First/Middle/Last):		/ /	
2) *Birthdate (mm/dd/yyyy):	3) *Last Five Digits of Social Security Number: _ _ _ _ _		
4) *Mailing Address:		5) *State:	
6) *City:	7) *Zip:	8) *County: (Note: <u>Not</u> USA)	
9) *Email:			
10) Contact Phone Number: ( )		11) Gender: Female Male	
12) Does your employer participate in Quality Counts CA (QCC/QRIS):		No Yes Don't Know/Not working	
13) Race/Ethnicity:		Asian African-American/Black Alaskan/Native American Hispanic/Latino Multi-racial Pacific Islander Other (specify): White/Caucasian	
14) Currently Attending College: No Yes, Name of College:			

You are applying for the CDTC to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).

15) *Permit Type: (select <u>only one</u> )		16) *Requesting Permit Level: (select <u>only one</u> )	
First Permit being issued		Assistant Master Teacher	
Renewing Current Permit		Associate Site Supervisor	
Upgrading		Teacher Program Director	
Renewed Online; Reimbursement			
If none of these stipend types apply, you do not qualify for the Permit Stipend Program.		Optional Selections - not required	
		Option 1 Option 2 School Age Emphasis (see <a href="http://ctc.ca.gov">ctc.ca.gov</a> for more information)	
17) I verify that all required permit application documents are complete and attached. I understand if the permit application packet is found to be incomplete or needs corrections, CDTC will return it to me unprocessed. CDTC will allow me to resubmit the permit application for the permit stipend one time only. I certify that my information may be provided to the stipend provider, the California Department of Education - Early Learning and Care Division, and/or their research partners for evaluating this project.			
*Applicant Signature:		*Date:	

Mail this completed form with all permit application documents to:

**Child Development Training Consortium**  
**P.O. Box 3603 Modesto, CA 95352**

For assistance email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)

**Do not write in this space** (For CDTC Staff Use Only)

Type of Permit:

- ☐ First Time  
☐ Renewal  
☐ Upgrade  
☐ Online Renewal

Live Scan:

☐ Yes ☐ No ☐ CC

PD Profile: ☐

Date Rec'd:

Date Above:

File Date:

Date Above:

\*=Required Fields

# APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see Application Instructions)

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

Appeal: \_\_\_\_\_

Route to: \_\_\_\_\_

## Commission Use Only: Fee Information

APP	FP	Other
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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;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			
All Former/Maiden Name(s): _____		County/District of Employment (CA only): _____	
*Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	
*Email Address: _____			

\* = Required Information

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

☐ New Credential/Permit    
 ☐ Extension by Appeal    
 ☐ Upgrade (Clear Credential or Child Development Permit)    
 ☐ Renewal  
☐ Add Subject/Authorization to Existing Document    
☐ Change of Restriction    
☐ Other: \_\_\_\_\_

## 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:	SERVICES CREDENTIALS:	EMERGENCY PERMITS*:	SUBSTITUTE PERMITS:	CHILD DEVELOPMENT PERMITS:
Single Subject Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	Limited Assignment* Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist*	30-Day Substitute Career Substitute* Prospective Substitute <b>Teaching Permit for Statutory Leave*</b> 30-Day CTE Substitute	Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Children's Center Permit School-Age Emphasis

## 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/> <p style="text-align: center;">CTC Use Only</p>
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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.

My Professional Growth Advisor is \_\_\_\_\_

Advisor's Name

Advisor's Phone Number

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)

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

## 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 \_\_\_\_\_

\* You must complete all portions of this section.

Comments/Additional Subject Requests:



## Confidential Profile for Direct Service Participants

### California Department of Education, Early Learning and Care Division, Quality Improvement Training

This stipend is funded through the California Department of Education (CDE), Early Learning and Care (ELCD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

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*The following two fields are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.*

Date of Birth:

Place of Birth:

Last five digits of SSN:

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### **Education Information**

**1. What is your highest level of education? Please check only ONE answer – your highest level.**

- |  |   |
|--|---|
| <input type="checkbox"/> No High School diploma/No GED | <input type="checkbox"/> BA/BS (4-year college level) |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> Master's Degree              |
| <input type="checkbox"/> AA/AS (2-year college level)  | <input type="checkbox"/> Doctorate                    |

**2. Do you have a college degree from a foreign country?**

- ☐ Yes      ☐ No      ☐ I do not have a degree

**3. If you have a degree, please select the area that best represents the major for any degree you have attained. Check all that apply.**

Degree	ECE/Child/Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Do you have a current California child development permit? If yes, what level?**

- |   |  |
|---|--|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Master Teacher                |
| <input type="checkbox"/> Assistant Teacher      | <input type="checkbox"/> Site Supervisor               |
| <input type="checkbox"/> Associate Teacher      | <input type="checkbox"/> Program Director              |
| <input type="checkbox"/> Teacher                | <input type="checkbox"/> Children's Center Instruction |

**5. Do you have a current California teacher credential? If yes, what level?**

- |   |  |
|---|--|
| <input type="checkbox"/> I do not have a credential       | <input type="checkbox"/> Reading/Language Arts     |
| <input type="checkbox"/> Administrative Services          | <input type="checkbox"/> School Nurse Services     |
| <input type="checkbox"/> Bilingual Specialist             | <input type="checkbox"/> Single Subject            |
| <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Specialist Instruction    |
| <input type="checkbox"/> Early Childhood Special Educ.    | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Multiple Subject                 | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Pupil Personnel Services         |  |



## Employment Information

*If you are not currently employed, please skip to question #16.*

6. What is your city of employment? \_\_\_\_\_

7. What is your county of employment? \_\_\_\_\_

8. What is your zip code of employment? \_\_\_\_\_

9. Which best describes the setting or program you primarily work in? **Please check only one answer.**

- ☐ Licensed child care center/early childhood program (including Head Start, after-school programs, etc.)
- ☐ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- ☐ Informal provider (family, friend, neighbor)
- ☐ Licensed family child care home

10. If you work in a center or school-based program, which best describes your primary position? *(If working as a substitute, please specify position type in which you most frequently work.)*

- ☐ Assistant/teacher aide/associate
- ☐ Teacher/lead teacher/associate
- ☐ Teacher-director
- ☐ Site Supervisor
- ☐ Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- ☐ Professional support (e.g. curriculum specialist, mental health consultant)
- ☐ Other (please specify) \_\_\_\_\_
- ☐ Assistant Director
- ☐ Director-single site
- ☐ Director-multi site
- ☐ Executive Director

11. If you work in a family child care home, which best describes your primary position?

- ☐ Owner/operator of the family child care
- ☐ Assistant in the family child care
- ☐ Other

12. Please write in the number of years you have been employed in the ECE field: (if less than one year, write 1)

\_\_\_\_\_ years working in the ECE field      \_\_\_\_\_ Number of paid hours per week  
\_\_\_\_\_ working with current employer      \_\_\_\_\_ Number of months worked per year  
\_\_\_\_\_ in current position with current employer

13. What is your current gross salary, for this early care and education job (before taxes and other deductions)?

**Please respond to only one (hour, month or year).** *Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.*

\_\_\_\_\_ Per Hour      \_\_\_\_\_ Per Month      \_\_\_\_\_ Per Year

14. How many children are enrolled in your classroom or program? (List number of children for each age below.)

*(If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program.)*

\_\_\_\_\_ Less than 1 year      \_\_\_\_\_ 3 year old  
\_\_\_\_\_ 1 year old      \_\_\_\_\_ 4 year old through prekindergarten  
\_\_\_\_\_ 2 year old      \_\_\_\_\_ School-age in before/after school program

15. Do you currently care for children who are dual language learners?

- ☐ Yes
- ☐ No
- ☐ Don't Know

16. Do you currently care for children who have Individualized Family Service Plan (IFSP), or Individualized Education Plan (IEP)?

☐ Yes ☐ No ☐ Don't know

17. Is the program where you are employed participating in Quality Counts California (QCC or local QRIS program)?

☐ Yes ☐ No ☐ Don't know

**Demographic Information**

18. What is your gender?

☐ Female ☐ Non-binary  
☐ Male ☐ Other

19. Are you Hispanic? ☐ Yes ☐ No

20. How do you identify your race/ethnicity? Please check **ONLY ONE** answer.

☐ Bi-racial or Multi-racial ☐ Native American or Alaskan  
☐ Asian ☐ Pacific Islander  
☐ Black or African-American ☐ White or Caucasian  
☐ Latino or Hispanic ☐ Other (please specify) \_\_\_\_\_

21. What is the primary language you speak at home?

☐ English ☐ Tagalog  
☐ Spanish ☐ Vietnamese  
☐ Mandarin and/or Cantonese ☐ Hmong  
☐ Russian ☐ Other (please specify) \_\_\_\_\_

22. Please check all the languages you speak fluently.

☐ English ☐ Tagalog  
☐ Spanish ☐ Vietnamese  
☐ Mandarin and/or Cantonese ☐ Hmong  
☐ Russian ☐ Other (please specify) \_\_\_\_\_

The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>

**If you have a registry ID number, do you give us permission to include the information you provided on this form (including date of birth, and last five digits of your social security number) to the registry? *Submission of your information to the registry will be done in a confidential and security manner.***

☐ Yes -- Registry Number: \_\_\_\_\_  
☐ No



## CDTC Stipend Permit Policies 2021-2022 Program Year

Refer to the permit page on [www.childdevelopment.org](http://www.childdevelopment.org) for detailed program policies.

1. **The Permit Stipend Program is limited to one time per person each year.**
  - The current year runs from July 1, 2021 through June 30, 2022.
2. The CDTC pays the application fee for eligible applicants. ***Please do not send payment.***
  - First time permit applicants may also request reimbursement for Live Scan fingerprint fees.
3. **Stipend payments are currently available for:**
  - **First Time Applicants:** All levels.
  - **Renewal Applicants:** Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor and Program Director. (Children's Center permits are not eligible.)
  - **Upgrade Applicants:** All levels.
4. Participation in the Permit Stipend Program is optional. However, if applying directly to the Commission on Teacher Credentialing, ALL fees are the responsibility of the permit applicant.
5. Permit applications submitted directly to the CTC are not eligible for reimbursement.
6. Print all forms single sided. **Do not submit forms printed back to back.**
7. Complete the submittal checklist (next page) to ensure your application is complete.
8. Permit Stipend Funding is processed on a first-come, first-serve basis.
9. Applicant must work or live in California to be eligible for the stipend program.
10. Incomplete or incorrect applications may not be processed.
  - Unprocessed applications may be returned to the applicant. *Failure to complete your application will delay obtainment of a Child Development Permit.*
  - CDTC will only allow applicants to resubmit an incomplete or incorrect application one time each program year. If additional corrections are required on a resubmitted application, CDTC will return the application with instructions on how to apply directly to CTC and *applicant will be responsible for paying ALL permit fees.*

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Mail ALL application documents to:  
**Child Development Training Consortium**  
**PO Box 3603**  
**Modesto, CA 95352**

(Do not send payment with application)

For assistance or questions, email **[CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)**