

2020-2021 Program Year

For timely processing of your application, please read and follow all directions carefully.

Incomplete applications are returned to the applicant unprocessed.

Refer to 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 August 1, 2020 through June 30, 2021.
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 for first time applicants are currently available for: *all permit levels*.
 - 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.
4. Permit applications submitted directly to the CTC are not eligible for reimbursement.
5. Print all forms single sided. **Do not submit forms printed back to back.**
6. Complete the submittal checklist (next page) to ensure your application is complete.
7. Permit Stipend Funding is processed on a first-come, first-serve basis.
8. Applicant must work or live in California to be eligible for the stipend program.
9. Incomplete or incorrect applications are not processed.
 - Unprocessed applications are returned within 6 weeks. *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.*

For assistance or questions, please email CDTC-Permit@yosemite.edu.

Send complete application packet to:

Child Development Training Consortium
PO BOX 3603
Modesto, CA 95352

(Please do not send payment with application)

Permit Stipend Request Form

1. Complete all required fields; applicant information must match the information on Form 41-4.
2. #8 is not United States; please put county, not country.

Application for Credential Authorizing Public School Service (Form 41-4; revised 7/2019)

1. Be sure to complete ALL fields.
2. All five (5) pages of the 41-4 form are required. *Page 2 is required, even if not marked.*
 - a. Section 1: Personal Information: **complete all required fields**. Missing social security number and birthdate are one of the top reasons for returned applications.
 - b. Section 2. Application Type: **Mark “New Credential/Permit”**
 - c. Section 3. Document Type: **Mark the Child Development Permit Level you are applying for.**
 - i. Mark only one box unless half of your ECE/CD units are School-Age courses; then you may add the School Age emphasis if desired.
 - d. Section 4. Authorization Subject: **leave this section blank.**
 - e. 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.
 - f. Section 6. Professional Fitness Questions: answer ALL professional fitness questions (a-f).
 - i. **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.
 - g. Section 7. Child Abuse and Neglect Mandated Reporting: read the Mandated Reporting statement and check the “I agree” box.
 - h. Section 8. Employing Agency Information: **leave this section blank.**
 - i. Section 9. Oath and Affidavit: DATE, CITY, COUNTY (not country), STATE, and SIGNATURE required.

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.

Request for Live Scan Service (Form 41-LS)

1. Complete fingerprinting at a live scan provider before submitting your application.
 - a. Section 6 (on bottom) must be completed by the live scan agency, showing ATI number and fees paid.
2. **Fingerprinting done for an employer or the Dept. of Social Services (for home care licenses) cannot be used in place of CTC fingerprinting.**
3. Fingerprinting is not required if fingerprints are already on file with the CTC; this will show on the CTC website at ctc.ca.gov at the Search for an Educator -> Secured Search screen.

CDTC Live Scan Reimbursement Request Form

1. Attach the original live scan receipt or copy of the 41-LS form.

Official, original college transcripts - No etranscripts, transcripts printed at home or unofficial transcripts.

Unofficial/e-transcripts are one of the top reasons applications are returned.

1. **Etranscripts are not accepted by CDTC unless submitted by the County Office of Education.**
2. You may open transcripts to check for accuracy. (Transcripts do not have to be sealed, just official.)

Confidential Profile for Direct Service Participants

Verification of Experience Form if using Option 1.

Master Teacher Specialization form for Master Teacher applicants using Option 1.

Make a copy of your entire application for your records before mailing.

- » 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.

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:
9) *Email:		
10) Contact Phone Number: ()	11) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
12) Is the program where you are employed participating in Quality Counts CA (QCC/QRIS): <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know/Not working		
13) Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Alaskan/ Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (specify): <input type="checkbox"/> White/Caucasian		
14) Currently Attending College: <input type="checkbox"/> No <input type="checkbox"/> 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>) First Permit being issued Renewing Current Permit Upgrading Renewed Online; Reimbursement <i>If none of these stipend types apply, you do not qualify for the Permit Stipend Program.</i>	16) *Requesting Permit Level: (select <u>only one</u>) Assistant Master Teacher Associate Site Supervisor Teacher Program Director <i>Optional Selections - not required</i> Option 1 Option 2 School Age Emphasis (see ctc.ca.gov 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, delaying obtainment of the permit for which I am applying. 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 Education and Support Division, and/or their research partners for evaluating this project.

*Applicant's Signature: _____ *Date: _____

Mail this completed form with <u>all</u> permit application documents to: Child Development Training Consortium P.O. Box 3603 Modesto, CA 95352	Do not write in this space (For CDTC Staff Use Only)	
Type of Permit: <input type="checkbox"/> First Time <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Online Renewal		
Live Scan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CC		
Date Rec'd: _____ Date Above: _____		
PD Profile: <input type="checkbox"/> File Date: _____ Date Above: _____		

For assistance email CDTC-Permit@yosemite.edu

*=Required Fields

1. * Legal Name (First/Middle/Last):		/	/				
2. *Birthdate (mm/dd/yyyy):		3. *Last Five Digits of Social Security Number: _____					
4. *Applicant Email:							
5. *Issue Check to:							
<p>Permit Applicant (<i>check will be issued using name above</i>)</p> <table border="1"> <tr> <td>Employer</td> <td>Name of Employer/Other Agency:</td> </tr> <tr> <td>Other Agency</td> <td>Employer/Agency Phone:</td> </tr> </table>				Employer	Name of Employer/Other Agency:	Other Agency	Employer/Agency Phone:
Employer	Name of Employer/Other Agency:						
Other Agency	Employer/Agency Phone:						
6. *Mail Check to:		Address:					
		City:	State: Zip code:				
7. I hereby certify that this Live Scan Reimbursement Request Form is true and correct, and that an acceptable receipt is attached, documenting the actual costs.							
*Applicant's Signature:		*Date:					

Attach the ORIGINAL RECEIPT* showing the paid Live Scan Processing fees.

*A copy of the 41-LS form may be used as a receipt if the Live Scan operator signs in ink or stamps the photocopy and amount paid is shown in Section 6 of the form.

- A. **Only first-time permit applicants** are eligible to apply for the Live Scan fee reimbursement.
- B. **Only FBI and DOJ fees (currently \$49) are reimbursed.** Additional agency fees are not eligible for reimbursement.
- C. Only the permit applicant, their employer, or other agency can receive reimbursement payments.
- D. The reimbursement request form must be submitted as part of a complete permit application packet.
- E. Reimbursement payments are processed on a first come, first served basis. Funding is limited; submission of this request form does not guarantee a reimbursement payment.
- F. Please allow 4-6 weeks for processing; a check will be issued from the Yosemite Community College District.

Submit this completed Live Reimbursement Request Form with your permit application packet.

For assistance, email *CDTC-Permit@yosemite.edu*

For CDTC Staff Use Only	
Staff Initials:	Approved Payment:

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI:	A0281	Type of Application:	License/Certification/Permit	Section 1
Code assigned by DOJ				
Job Title or Type of License, Certification or Permit: TEACHER CRED 44340 EC				
Agency Address Set Contributing Agency:				
CASM TEACHER CREDENTIALING			03294	Section 2
Agency authorized to receive criminal history information			Mail Code (five-digit code assigned by DOJ)	
1900 Capitol Avenue				
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)		
Sacramento	CA	95811-4213	Contact Telephone No.	
City	State	Zip Code		
*Name of Applicant: (Please print)				
Last		First	MI	
*Alias:				
Last	First	*Driver's License No:		
*Date of Birth:		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL -	
			Agency Billing Number	
*Height:		*Weight:	Misc. Number:	
*Home Address:				
*Eye Color:		*Hair Color:	Street No.	Street or PO Box
*Place of Birth:				
City, State and Zip Code				
*Social Security Number (full):				
* Required Fields				
*OCA Number: _____ (SSN OR ITIN#)				
If resubmission, list Original ATI Number: _____				
Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI				
Section 4				
SUPPLEMENTAL AGENCY/EMPLOYER (County Office of Education/School District)				
Employer Name				
Street No.	Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)		
City	State	Zip Code	() Agency Telephone No. (optional)	
Section 5				
Live Scan Transaction Completed By:				
Name of Operator		LSID	Date	
Transmitting Agency		ATI No.	Amount Collected/Billed	
Section 6				

Vendor/Organization Code _____

Title of Training _____

Date _____ (mm/dd/yyyy)

Complete this form if you work directly with children in a child care center, school-age child care, family child care home, elementary school classroom (e.g., TK) or as an individual child care provider.

Confidential Profile for Direct Service Participants

California Department of Education, Early Education and Support Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) 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.

The following three questions 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.

1. What is your date of birth? ____/____/____ (mm/dd/yyyy)
2. In what city were you born? _____
3. What are the last five digits of your social security number? XXX - XX _____

Education Information

4. What is your highest level of education? Please check only one answer.

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

5. Do you have a college degree from a foreign country?

Yes No I do not have a degree

6. If you have a degree, please select the area that best represents the major for any degree you have attained.

Please check all that apply.

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

7. If you hold a current California child development permit, indicate your current level:

<input type="checkbox"/> I do not have a permit	<input type="checkbox"/> Associate teacher	<input type="checkbox"/> Master teacher	<input type="checkbox"/> Program director
<input type="checkbox"/> Assistant teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Site supervisor	
<input type="checkbox"/> Children's Center Instruction		<input type="checkbox"/> Children's Center Supervision	

8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

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

IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

Employment Information

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 program, 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
- Other (please specify) _____

10. If you work in a center or school-based ECE program, which best describes your primary position?

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

If working as a substitute please specify position type in which you more frequently work as a substitute.

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 (please specify) _____

12. What is your city of employment? _____

13. What is your county of employment? _____

14. What is your zip code of employment? _____

15. Please write in (if less than one year, write in 1):

Number of years you have been employed in the ECE field _____

Number of years you have been employed with your current employer _____

Number of years you have been employed in your current position with your employer _____

16. How many paid hours per week and months per year do you work at your current job, on average?

Number of paid hours per week _____

Number of months per year _____

17. How many children are currently enrolled in your classroom or program? 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. _____

18. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.

Less than one year _____

3 years old _____

1 year old _____

4 years old through prekindergarten _____

2 years old _____

School-age in before/after school program _____

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

Respond only once – by hour or by month or by 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 _____ or Per month _____ or Per year _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

22. What is your gender?

Female Male

23. How do you identify your race/ethnicity? Please check only one answer.

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> White/Caucasian	

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

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mandarin and/or Cantonese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	

25. Please check all the languages you speak fluently.

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mandarin and/or Cantonese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	

26. 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 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 secure manner.

Yes No

If you checked "yes" please enter your number below.

Your registry ID number: _____.

Thank you very much for completing the registration form!

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

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

1. PERSONAL INFORMATION (type or print)

*Social Security or Individual Tax Identification Number:		*Date of Birth: (mm/dd/yyyy)	
*My Full Legal Name: _____ \ _____ \ _____			
First		Middle	Last
All Former/Maiden Name(s):		County/District of Employment (CA only):	
*Address:			
*City:		*State:	*Zip:
Home Phone:	Work Phone:	Mobile Phone:	
*Email Address:			

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

* = Required Information

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 Teaching Permit for Statutory Leave* 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: CTC Use Only
---	--	---



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**

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 violations

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)

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 reproved, 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:





Child Development Permit Application Verification of Experience

When applying for a Child Development Permit with Option 1, experience must be verified by submitting this Verification of Experience form or an original letter from the employer on official letterhead.

- » Have employer or supervisor complete this form to verify the required experience.
- » *Submit additional Verification of Experience forms if needed to reach the required total number of days.*
- » Verification of experience must accompany all other required permit application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » **E-signature is accepted during COVID restrictions. Form may be signed, scanned and printed.**

*This is to verify/certify that: _____
(Name of Permit Applicant)

Has served in an instructional capacity in a child care and development program the following dates:

*Start Date: _____
(Month/Year) *End Date: _____
(Month/Year or Present)

*In the position of: _____
(Job Title)

*With children ages: _____

*Seeking Permit Level:	Has the required days of experience:	Within the last:	*Verified by (initials):
<input type="checkbox"/> Associate Teacher	50 days, at least 3 hours per day	2 Years	_____
<input type="checkbox"/> Teacher	175 days, at least 3 hours per day	4 Years	_____
<input type="checkbox"/> Master Teacher	350 days, at least 3 hours per day	4 Years	_____
<input type="checkbox"/> Site Supervisor	350 days, at least 3 hours per day, including 100 days supervising adults	4 Years	_____
<input type="checkbox"/> Program Director	One year of site supervisor experience		_____

Check below, only if individual has completed less than the required number of days for permit level listed above, write the total number of days and initial:

Total number of days worked or volunteered, at least 3 hours per day: _____
(Number of days) _____ (Verified by Initials)

Agency where individual obtained experience:

*School/Agency Name:		
*Address:		
*City:	*Zip:	*Phone:

My signature verifies the named individual has completed the experience checked and initialed above.

*Signature:	*Date:
*Name (please print):	
*Title:	*Phone:



Master Teacher Specialization Designation Form

If you are applying for the Child Development Master Teacher Permit under Option 1, complete the necessary information below.

* Permit Applicant Name:

* State the name of your Master Teacher Specialization (refer to examples below):

List the course number and title of each class you are using to meet the specialization requirement of six (6) semester units.

*Course Number	*Course Title	*Number of Units
*Total Number of Master Teacher Specialization Units:		* <input type="text"/>

Examples of Specializations

- Infant/Toddler
- Health and Safety
- Teacher/Family Relationships
- Children with Special Needs
- School-Age Child Care
- Bilingual/Bicultural
- Preschool Programming
- Music

^Administration and core areas are not acceptable specializations

For assistance email CDTC-Permit@yosemite.edu or call (209) 572-6080