



APPLICATION FOR TEMPORARY COUNTY CERTIFICATE CHILD DEVELOPMENT (EC44332)

Submit completed form, in duplicate, to above address.

NAME OF EMPLOYING CHILD DEVELOPMENT CENTER	TELEPHONE NUMBER
COMPLETE ADDRESS OF EMPLOYING CHILD DEVELOPMENT CENTER	

Information for Applicant - Please read prior to completing application.

Applicant Affidavit -- This section is **not** to be completed by the applicant if any of the following apply:

1. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
2. I have a Temporary County Certificate (TCC) pending with the Los Angeles County Office of Education. The TCC has not cleared as the application is being reviewed by the Division of Professional Practices/status of the application is "pending additional evaluation"
3. Applicant has an appeal currently pending from prior denial of this credential by the Commission on Teacher Credentialing, or the Committee of Credentials.
4. Applicant's credentials are currently under disciplinary suspension or revocation.
5. Applicant is aware he does not meet minimum requirements for the credential sought.

Section I - Applicant Information (To be completed by applicant.)

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)		MAIDEN OR FORMER NAME	
SOCIAL SECURITY NUMBER	BIRTHDATE	MOST RECENT CALIFORNIA TEACHING EXPERIENCE AND DATES	
APPLICATION IS FOR (PLEASE CHECK)	Other (specify)	CHECK ONE	
<input type="checkbox"/> Child Development Permit	<input type="checkbox"/> _____	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal <input type="checkbox"/> New Type
TYPE OR PRINT EXACT TITLE OF CREDENTIAL, PERMIT OR CERTIFICATE APPLIED FOR			
Application Packet Included the following:	<input type="checkbox"/> Application Form	<input type="checkbox"/> Fingerprint Cards	<input type="checkbox"/> Official Transcript(s)
	<input type="checkbox"/> Fee	<input type="checkbox"/> Livescan FP Verification	<input type="checkbox"/> Original Verif. Experience Letter(s)
The application was filed: (Check one.)			DATE MAILED TO CTC/OTHER AGENCY
<input type="checkbox"/> Direct: Mailed to Commission on Teacher Credentialing			FILE DATE REQUESTED BY EMPLOYER
<input type="checkbox"/> Through: L.A. County Office of Education			
<input type="checkbox"/> Through: Other Agency (Name) _____			
Applicant Affidavit (Read reverse side.)			
I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that I have submitted my complete Application for Credential Authorizing Public School Service to the Commission on Teacher Credentialing together with the required fee. I am aware that such application may be denied on any of the grounds provided by Education Code Section 44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this credential, certificate, or permit.			
Signed this _____ day of _____, 20____, City of _____, California			
X _____ Signature of Applicant			

Section II - Employment Information (To be completed by the director of the employing agency.)

1. Was permit/credential application reviewed by employer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Did applicant answer "yes" to Personal and Professional Fitness questions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach explanation)
3. If application was not reviewed by employer , do you have a statement in writing of the applicant's answers to the Personal and Professional Fitness questions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach explanation)
4. I have determined that the applicant has all qualifications required by law for this permit/credential, and service requiring certification.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
THE BEGINNING DATE OF EMPLOYMENT BASED ON THIS PERMIT APPLICATION IS: (MONTH/DAY/YEAR)		
SIGNATURE OF DIRECTOR/SITE SUPERVISOR	Verification of Director's Certification	PERMIT/CREDENTIAL TITLE
PRINT NAME OF DIRECTOR/SITE SUPERVISOR		DOCUMENT NUMBER

For County Office Use Only

TCC Valid Dates	ISSUED	T/T CODE	REG. DATE	LACOE APPROVED ON (DATE)
EXPIRES	REG. NUMBER		BY (STAFF SIGNATURE)	

Name of Applicant: _____

Section III - AB681 Affidavit as it pertains to issuance of Temporary County Certificates

COC, ASCC, CREDENTIAL OR PERMIT IS REQUIRED FOR TCC ISSUANCE	COC NOT REQUIRED FOR TCC ISSUANCE
<p>Employer has confirmed that a valid CTC issued COC, ASCC, Credential or Permit was granted by the CTC with an effective date of: _____</p> <p>A valid CTC issued COC, ASCC, Credential or Permit indicates that an individual has completed the CTC's fingerprint character and identification process, whose moral and professional fitness has been shown to meet the standards established by law.</p> <p><input type="checkbox"/> New employee to our child development agency with an initial CA credential/permit application filed with but not yet issued by the CTC</p> <p><input type="checkbox"/> New employee to our child development agency, formerly a current employee of another child development agency, who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> Current and continuous employee of our child development agency with an initial CA credential/permit application filed by but not yet issued by the CTC.</p> <p><input type="checkbox"/> Current and continuous employee of our child development agency who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> Returning employee to our child development agency, who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> None of the above scenarios apply and the employer is unable to mark one box in each of the categories (A, B, C and D) in the section to the right.</p>	<p>The County Board of Education may issue a TCC to an employee currently and continuously employed by a child development agency within the county who is serving under a valid credential/permit and has applied for a renewal of that credential/permit or for an additional credential/permit without obtaining a Certificate of Clearance from the commission for that employee.</p> <p>The employer must be able to select at least one statement below in each of the categories (A, B, C and D). If not, the employer must complete the section to the left of this form</p> <p>A. <input type="checkbox"/> New Employee <input type="checkbox"/> Continuing employee <input type="checkbox"/> Returning employee</p> <p>B. <input type="checkbox"/> Holds a valid (non-expired) credential/permit AND fingerprint status reads "Complete" on the CTC website.</p> <p>C. <input type="checkbox"/> Has applied for a renewal of that credential/permit <input type="checkbox"/> Has applied for an additional credential/permit</p> <p>D. <input type="checkbox"/> Is currently and continuously employed by this child development agency while serving under a valid credential/permit. <input type="checkbox"/> Has been continuously employed in one or more child development agencies in this county while serving under a valid credential/permit.</p>

I certify that the foregoing is true and accurate and this affidavit is signed under penalty of perjury.

NAME OF EMPLOYING CHILD DEVELOPMENT CENTER		
PRINT OR TYPE NAME OF DIRECTOR	CONTACT EMAIL ADDRESS	
SIGNATURE OF DIRECTOR	CONTACT PHONE NUMBER	DATE SIGNED