

Division of School Financial Services Certification Section, Room 132 9300 Imperial Highway, Downey, CA 90242-2890

Read information on Back of this form before completing application.

Serving Students ■ Supporting Communities ■ Leading Educators

APPLICATION FOR TEMPORARY COUNTY CERTIFICATE (EC44332)

Submit completed form, in duplication	ate, to above address. N	lonpublic schools sub	mit completed form in duplic	cate. For County Office Use Only		
NAME AND ADDRESS OF EMPLOYING	SCHOOL DISTRICT OR N	ONPUBLIC SCHOOL	DISTRICT 5-DIGIT CODE	REGISTRATION DATE		
				REGISTRATION NO.		
Cootion I Applicant Informa	tion (To be complete	d by applicant)	_			
Section I - Applicant Informa TYPE OR PRINT NAME OF APPLICANT (LAS		d by applicant.)	ALL FORMER NAMES			
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
SOCIAL SECURITY NUMBER	BIRTHDATE	MOST RECENT	CALIFORNIA TEACHING EXPERIENCE	E (COUNTY) (YEAR)		
Information About Your Applic						
□ nenewai □ iv			ial Extension by appea			
ADPLICATION IS FOR (PLEASE CHECK)		ng area (15 80499) RM (CL, P5, EM, C8)	Change of employer res	striction Adding Other Auth		
	ert. (C8)	,				
TITLE OF CREDENTIAL PERMIT OR CERTIF		E SUBJECT, SINGLE SUBJE	CT, EDUCATION SPLST, ETC.)	For County Office Use Only		
			,	TYPE/TITLE CODE		
LIST SUBJECT(S)				_		
DOCUMENT EFFECTIVE DATE IS (MONTH/E	DAY/YEAR)					
				Restricted		
The application was filed:	(Check one.)					
On-Line to CTC		☐ Pa	per Application			
I 	Date	: by	y IHE (name)	Date:		
by District (name)	Date	: by	y District (name)	Date:		
by Applicant			y Applicant	Date:		
Dy Other (name)			y Other (name)	Date:		
CTC APPROVED BASIC SKILLS VERIFICA	TION					
BSR Exam Pass Date:		Other BSR c	option met date:/			
In	formation for Applica	ant - Please read pri	or to completing applicat	ion.		
Applicant Affidavit This sed		=				
The fitness of applicant to	-					
		-	-	ation. The TCC has not cleared as		
the application is being revi	ewed by the Division o	of Professional Practic	es/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	s not meet minimum re	equirements for the ϵ	credential sought.			
Applicant Affidavit (Read rev			t- etetemente of all	for the medical management and an arrangement of the medical management of the medical managemen		
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 along with the						
required fee. I am aware that	such application may	be denied on any o	of the grounds provided by	Education Code Section 44345		
or 44346, but to the best of	my knowledge no rea	ason exists why I sh	nould not be issued this o	credential, certificate, or permit.		
O'		OC City		California		
Signed this day of		20, City o)†	, California		
X						
	Signature of App	licant				

Section II - Employment Information (To be completed by the	authorized official of t	he employ	ring school district.)			
 Was credential application reviewed by employer? Did applicant answer "yes" to Personal and Professional Fitness If application was not reviewed by employer, the applicant has his/her answers to Character and Fitness questions on the crede 	questions? s stated in writing that ntial application are:	he employ No No No No No	ring school district.) Yes Yes (attach explanation) Yes (attach explanation) Yes (attach certified copy) Yes DATE SIGNED			
Name of Applicant: Section III - AB681 Affidavit as it pertains to issuance of TCOC, ASCC, CREDENTIAL OR PERMIT IS REQUIRED FOR TCC ISSUANCE Employer has confirmed that a valid non-expired CTC issued COC ASCC Credential or Permit was granted by the CTC with	COC NOT R The County Board of E	EQUIRED Education n	FOR TCC ISSUANCE nay issue a TCC to an employee			
COC, ASCC, Credential or Permit was granted by the CTC with an effective date of: 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. New employee to our district/agency with an initial CA credential/permit application filed with but not yet issued by the CTC New employee to our district/agency, formerly a current employee of another district/agency, who has allowed his/her credential/permit to expire. Current and continuous employee of our district/agency with an initial CA credential/permit application filed by but not yet issued by the CTC. Current and continuous employee of our district/agency who has allowed his/her credential/permit to expire. Returning employee to our district/agency, who has allowed his/her credential/permit to expire. Returning employee to our district/agency, who has allowed his/her credential/permit to expire. 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.	The County Board of Education may issue a TCC to an employee currently and continuously employed by a school district/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. 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 A. New Employee Continuing employee Returning employee Returning employee Returning employee Complete on the CTC website. C. Has applied for a renewal of that credential/permit Has applied for an additional credential/permit D. Is currently and continuously employed by this district/agency while serving under a valid credential/permit. Has been continuously employed in one or more districts/agencies in this county while serving under a valid credential/permit.					
☐ I certify that a CTC application has been mailed, or has been submitted online and fees have been paid by the applicant to the CTC.						
I certify that the foregoing is true and accurate and this affidavit is signed under penalty of perjury.						
PRINT OR TYPE NAME AND TITLE OF AUTHORIZED EMPLOYING OFFICIAL	CONTACT EMAIL ADDRESS					
SIGNATURE OF AUTHORIZED EMPLOYING OFFICIAL	CONTACT PHONE NUMBER		DATE SIGNED			