



APPLICATION FOR TEMPORARY COUNTY CERTIFICATE (EC44332)

Submit via fax to 562-469-4300, or email to Certification_Unit@laoe.edu if the applicant has a COS record and SEID#. Include the SEID# in place of the SSN.

For County Office Use Only

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT, CHARTER OR OTHER AGENCY	DISTRICT 5-DIGIT CODE
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REGISTRATION DATE
REGISTRATION NO.

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

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)		ALL FORMER NAMES	
SOCIAL SECURITY NUMBER	BIRTHDATE	MOST RECENT CALIFORNIA TEACHING EXPERIENCE (COUNTY)	(YEAR)

Information About Your Application For Credential Or Permit Sent To CTC

CHECK ONE <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Extension by appeal <input type="checkbox"/> Adding Suppl Auth <input type="checkbox"/> Adding SMA <input type="checkbox"/> Adding a full teaching area (T5 80499) <input type="checkbox"/> Change of employer restriction <input type="checkbox"/> Adding Other Auth	
APPLICATION IS FOR (PLEASE CHECK) <input type="checkbox"/> Cred. <input type="checkbox"/> Permit <input type="checkbox"/> Cert. (C8) <input type="checkbox"/> Waiver	TERM (CL, P5, EM, C8...)
TITLE OF CREDENTIAL PERMIT OR CERTIFICATE APPLIED FOR (MULTIPLE SUBJECT, SINGLE SUBJECT, EDUCATION SPLST, ETC.)	
LIST SUBJECT(S)	For County Office Use Only TYPE/TITLE CODE <input type="checkbox"/> Restricted
DOCUMENT EFFECTIVE DATE IS (MONTH/DAY/YEAR)	

The application was filed: (Check one.)

<input type="checkbox"/> On-Line to CTC <input type="checkbox"/> by IHE (name) _____ Date: _____ <input type="checkbox"/> by District (name) _____ Date: _____ <input type="checkbox"/> by Applicant _____ Date: _____ <input type="checkbox"/> by Other (name) _____ Date: _____	<input type="checkbox"/> Paper Application <input type="checkbox"/> by IHE (name) _____ Date: _____ <input type="checkbox"/> by District (name) _____ Date: _____ <input type="checkbox"/> by Applicant _____ Date: _____ <input type="checkbox"/> by Other (name) _____ Date: _____
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CTC APPROVED BASIC SKILLS VERIFICATION

<input type="checkbox"/> BSR Exam Pass Date: ____/____/____	<input type="checkbox"/> Other BSR option met date: ____/____/____
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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.

Applicant Affidavit

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 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 authorized official of the employing school district.)

1. Was credential application reviewed by employer? ☐ No ☐ Yes
Did applicant answer "yes" to Personal and Professional Fitness questions? ☐ No ☐ Yes (attach explanation)
2. **If application was not reviewed by employer**, the applicant has stated in writing that his/her answers to Character and Fitness questions on the credential application are: ☐ No ☐ Yes (attach explanation)
3. Does applicant meet the Basic Skills Requirement? ☐ N/A ☐ On file ☐ No ☐ Yes (attach certified copy)
4. I have reviewed all credential requirements, including transcripts, exam scores, and experience as applicable, and confirm that this individual qualifies for the document that serves as the basis for this TCC request. (If this review has not been completed, please do not submit the TCC request until all credential requirements have been verified.) ☐ Yes

THE BEGINNING DATE OF EMPLOYMENT AUTHORIZED BY THIS TCC IS: (MONTH/DAY/YEAR)

ORIGINAL SIGNATURE OF AUTHORIZED EMPLOYING SCHOOL OFFICIAL OR DESIGNEE

DATE SIGNED

Name of Applicant: _____

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

I hereby affirm that the individual named in this TCC request holds a valid, unexpired document issued by the California Commission on Teacher Credentialing (CTC), which meets the legal requirement for issuance of a Temporary County Certificate under applicable Education Code provisions and AB 681.

The individual holds the following CTC-issued document (check one):

- ☐ Certificate of Clearance (COC)
☐ Credential
☐ Permit
☐ Activity Supervisor Clearance Certificate (ASCC)
☐ Employer Variable Term Waiver

Expiration Date: _____

Note: The document listed above must be valid and unexpired on the date this TCC request is received by the Los Angeles County Office of Education (LACOE) for processing. If the document is expired or not yet issued at the time of receipt, the request will not be processed.

I certify that all information provided on the TCC is true and accurate. I further affirm that the CTC application on which this TCC is based has either been mailed to the Commission on Teacher Credentialing with the appropriate fee or submitted online with the processing fee paid. I declare under penalty of perjury that this affidavit is true and correct.

SCHOOL DISTRICT/AGENCY NAME

PRINT OR TYPE NAME AND TITLE OF AUTHORIZED EMPLOYING OFFICIAL

CONTACT EMAIL ADDRESS

SIGNATURE OF AUTHORIZED EMPLOYING OFFICIAL

CONTACT PHONE NUMBER

DATE SIGNED