

Name: \_\_\_\_\_  
Last First

Directions:

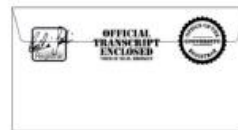
- 1) **Read the Program Overview and Instructions for Applying** including the application checklist before submitting your materials. **Incomplete applications will not be processed.**
- 2) **Pay the \$200 program fee.**  
Go to [www.acoe.org/cte](http://www.acoe.org/cte) and follow the online payment instructions. Applications will be reviewed once the fee is paid.
- 3) **Place all of the following items into one large envelope.**  
Incomplete applications will not be processed.
  - a) **Application Forms**
    - i. Designated Subjects Career Technical Education (CTE) Teacher Credentialing Program Application
    - ii. Commitment to Satisfy All Requirements
    - iii. Release of Information
    - iv. Application for Credential Authorizing Public School Service
  - b) **Proof of high school graduation.**  
An original copy of one college transcript in an **unopened, sealed** envelope OR a high school diploma OR a diploma based on passage of a GED test OR a [foreign transcript](#).
  - c) **Work verification letter(s)**  
They must be on **letterhead, signed**, with all required information.  
Adhere to the checklist and templates in the Application Instructions.

- 4) **Mail the envelope to:**  
CAREER TECHNICAL EDUCATION  
ACOE  
313 W. WINTON AVE. RM 274  
HAYWARD, CA 94544

Application Forms



Proof of High School Graduation



Work Verification Letter(s)



## Designated Subjects Career Technical Education (CTE) Teacher Credentialing Program Application

**Applicant's Full Legal Name:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/ Zip code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Last 4 SS#** \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_ Non-Binary \_\_\_\_\_ Decline to say \_\_\_\_\_

**Race/Ethnicity:**

American Indian Native Alaskan \_\_\_\_\_ Pacific Islander \_\_\_\_\_  
Asian \_\_\_\_\_ White or Caucasian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Decline to say \_\_\_\_\_  
Hispanic or Latino \_\_\_\_\_

**Sexual Orientation:**

Straight  
Gay  
Bi-sexual  
Other  
Not sure  
Decline to say

**What is your current profession?** \_\_\_\_\_

**If you are currently working at a school district, please indicate the district:** \_\_\_\_\_

District Supervisor \_\_\_\_\_ Supervisor Email \_\_\_\_\_

**Do you hold a valid teaching credential?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please select your credential type (check all that apply):

\_\_\_\_\_ Single Subject  
\_\_\_\_\_ Multiple Subject  
\_\_\_\_\_ Education Specialist  
\_\_\_\_\_ Other: \_\_\_\_\_

Are you transferring from another CTE program? \_\_\_\_\_

If yes, what is the name of institution you are  
transferring from:

**What industry sector(s) are you applying for?**

Agriculture and Natural Resources _____	Health Science and Medical Technology _____
Arts, Media, and Entertainment _____	Hospitality, Tourism, and Recreation _____
Building and Construction Trades _____	Information and Communication Tech. _____
Business and Finance _____	Manufacturing and Product Development. _____
Education, Child Development _____	Marketing, Sales, and Service _____
Energy, Environment, and Utilities _____	Public Service _____
Engineering and Architecture _____	Transportation _____
Fashion and Interior Design _____	

## Commitment to Satisfy All Requirements

- ☐ I agree to complete all of the ACOE program requirements as described in “ACOE Program Overview and Instructions for Applying”.
- ☐ I agree to begin my coursework no later than the first semester it is offered after receiving my Preliminary Designated Subjects Career Technical Education Teaching Credential *and that I will be dismissed from the program and forfeit the tuition deposit if I fail to do so.*
- ☐ I understand the requirements for the Clear Designated Subjects Career Technical Education Teaching Credential as described in Commission on Teacher Credentialing document [CL-888](#).
- ☐ I will have regular access to a computer with the capability to communicate with ACOE staff, fellow candidates, and engage successfully in the online courses.
- ☐ I will communicate with ACOE staff immediately if there is a change in my contact information including email, address, and phone number.

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Printed Name

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Signature

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Date

## Release of Information Form

I consent to the Alameda County Office of Education ("ACOE") using photographs and other media about me for newsletters, marketing, and communicating information about ACOE.

- ☐ I understand and agree that I will not be compensated for these activities.
- ☐ I understand and agree that ACOE and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright in the recorded images.
- ☐ I give permission to have my name or picture published as stated above for general public viewing.
- ☐ Please do NOT include my name, schoolwork, or picture when publishing materials available for general public viewing.

I consent to the Alameda County Office of Education to release my name, industry sector, and contact email for employment inquiries by school districts, and to collaborate with other CTE educators.

- ☐ I give permission to release my contact information for employment opportunities and to collaborate with other CTE educators.
- ☐ I do NOT want ACOE to share my contact information to potential employers or CTE Teachers.

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Printed Name

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Signature

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Date

# 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: _____			
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: _____			

\* = 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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## 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 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:

