

STEP 3

Submit your application materials.

Your application must include:

- The ACOE application form.
- Commission on Teacher Credentialing's application Form 41-4.
- Proof of high school diploma.
- Work verification letter(s).

See pages that follow for additional information regarding Form 41-4, proof of high school diploma, and work verification letters. When you are ready to apply, you have options. You can start the application process online using a Google Form or mail your materials.

Option A: Paper Form via US Mail

Here is the link to the [paper application packet](#). It also can be found on our website. It includes the commitment to satisfy all requirements, release of information, and the Commission on Teacher Credentialing's Form 41-4. Complete all of the forms and print them out. Then, in one envelope include the forms your work verification letter(s) and your proof of high school graduation. Mail them to the following address:

Career Technical Education
ACOE
313 W. Winton AV RM 274
Hayward, CA 94544



Option B: Online Google Form

Here is the link to the [Google Form](#). The link can also be found on our website. You will need to have your work verification letter(s) and your completed Form 41-4 saved on your computer when you apply using the Google Form, because you will be uploading them at that time. *The proof of high school diploma must be sent separately.* See the instructions regarding proof of high school diploma below.

Additional Instructions to Complete Step 3

Instructions for Completing Form 41-4

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE
(For Privacy Act Notification use Application Instructions)

Send application and payment (check or money order) to:
Commission on Teacher Credentialing
Certification Division
1901 Capitol Avenue
Sacramento, California 95811-4213

Commission Use Only: Fee Information
App: ☐ 18 ☐ Other

1. PERSONAL INFORMATION (Type or print)

Social Security or Individual Tax Identification Number: _____ Date of Birth: (mm/dd/yyyy) _____

My Full Legal Name: _____

All Former/Current Names: _____

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)

Teaching Credentials: ☐ Single Subject ☐ Multiple Subject ☐ Education Specialist ☐ Career Technical (CTE) ☐ Adult Education ☐ Other: _____

Services Credentials: ☐ Administrative ☐ Speech Language ☐ Technology ☐ Teacher Librarian ☐ School Nurse ☐ Other: _____

Emergency Permits: ☐ Limited Assignment ☐ Short-Term Staff ☐ Fractional Internship ☐ In-Care ☐ No Bilingual ☐ No Teacher Librarian ☐ No Resource Specialist ☐ Other: _____

Substitute Permits: ☐ In-Day Substitute ☐ Out-of-Day Substitute ☐ Assistant ☐ Associate Teacher ☐ Teacher ☐ Master Teacher ☐ Site Supervisor ☐ Program Director ☐ Children's Center ☐ Permit ☐ School Age ☐ Emergent

4. SELECT AUTHORIZATION/SUBJECT AREAS: (to choose additional subject areas, see page 3 "Comments" box)

☐ Multiple Subject (elementary Teaching) ☐ English Learner Authorization ☐ Supplementary Authorization/Subject Matter Authorization

☐ Single Subject (Secondary Teaching) ☐ CLAD Certificate ☐ Subject Matter Authorization

☐ Specify World Language of application ☐ Foreign Language Authorization (Specify Language) _____

☐ Special Education Specialty Areas: ☐ Pupil Personnel Services

☐ CTE Industry Sector: _____

☐ Adult Education Subjects: _____

Form 41-4 (REV. 5/2022)

Section 1:

Complete the fields with a red rectangle in Section 1. If you are sending this form via Google Form, leave the social security number field blank.

Section 2:

Select "New Credential/Permit"

Section 3:

Select "Career Technical (CTE)"

Section 4:

Select "CTE Industry Sector" and choose your industry sector from the dropdown menu. If you are applying for more than one authorization you will add them in a later section.

Section 5:

Leave blank.

Section 6:

Answer "Yes" or "No" to all questions. Heed the instructions. Failure to report criminal conduct of any kind occurring in the past will result in a rejection of an application.

Section 7:

Acknowledge the mandated reporting information and select "I agree."

Section 8:

Leave blank.

Section 9:

Enter date, city, date, and sign the affidavit. If you have an additional industry sector you wish to apply for, write it in the "Comments/Additional Subjects Requests" field.

High School Diploma

We strongly encourage you to use a post-secondary transcript as proof of high school diploma. College transcripts are easy to obtain, are replaceable, and can be used to evaluate industry-related credits if needed. Here are all the forms of proof of high school diploma that are accepted:

- Post-secondary transcript sent from the college either by mail or a secure digital transcript service.
- A high school diploma
- A diploma based on the passage of the GED Test.
- Foreign equivalent of a high school diploma (see [Foreign Transcript Evaluators](#))

The mailing address is: Career Technical Education, ACOE, 313 W. Winton AV RM 274, Hayward, CA 94544. The email address for secure digital transcripts from a college is cte@acoe.org. Please send a courtesy email to the program director informing them that a digital transcript will be arriving.

Work Verification Letters

Review the Commission on Teacher Credentialing's work verification requirements which can be found in our Program Overview. Please contact us at cte@acoe.org if you have any questions about what is required regarding the 3-year work requirement.

The work verification letter(s) must contain certain items. If any items are missing the letter will be unacceptable. The letter(s) must contain:

- Employer's name, address, and telephone number
- The working relationship of the person signing the verification to the applicant
- Beginning and ending dates of employment
- Complete description of duties
- A statement as to whether or not the employment was full-time
(If employment was less than full-time, an accounting of the number of hours the applicant was employed part-time is required.)

If you were an employee or worked as a volunteer then you only need a letter from an employer. If you were self-employed or if your experience was avocational, verification shall include a notarized statement, signed by you under penalty of perjury, detailing the information described above. Additionally, that work experience must be further substantiated, in writing, by other person(s) having first-hand knowledge of your self-employment or avocation, such as your accountant, major supplier of goods, or major user of goods or services.

Ask the people providing their verification letter to use the format on the templates that follow. If the letter follows the template, it will include all of the required items. Make sure the people who write the letters use their letterhead and sign them. The letterhead should have a company logo.

Work Experience Verification Letter from Employer

Template

Make sure the person writing the letter uses a letterhead with company logo and signs the letter.

LETTERHEAD of INDUSTRY SECTOR EMPLOYER

NAME of INDUSTRY SECTOR EMPLOYER
THEIR STREET ADDRESS
THEIR CITY, STATE AND ZIP CODE

Month Day, Year

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that YOUR NAME has worked for INDUSTRY SECTOR EMPLOYER:

- from MONTH/DAY/YEAR to MONTH/DAY/YEAR
- as a YOUR JOB ROLE HERE
- PART-TIME or FULL-TIME
- For NUMBER OF HOURS PER YEAR (only if the work was part-time)

My relationship with to YOUR NAME was as SUPERVISOR, OWNER, OR CO-WORKER.

YOUR NAME'S responsibilities and duties were:

- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED

If you have any questions, please contact me.

Best regards,

SIGNATURE
NAME OF SUPERVISOR, OWNER, OR COWORKER
POSITION IN ORGANIZATION
THEIR EMAIL

Sample



The Dining Inn an R&R Group Property
1234 Main Street
San Francisco, CA 94100

May 4, 2020

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that Jim Franklin has worked for the Dining Inn:

- from 2/1/2017 to 2/1/2019
- as a food and beverage director
- full time
- 2000 hours per year (only if the work was part-time)

My relationship with Jim Franklin was as a supervisor.

John Doe's responsibilities and duties were:

- Scheduling banquets and special events
- Overseeing preparation and presentation of food and drinks
- Managing kitchen and waitstaff

If you have any questions, please contact me.

Best regards,

Jane Smith

Jane Smith
General Manager of The Dining Inn
j.smith@randrgroup.ca.usa

Work Experience Verification Letter for Self-employment

Template

YOUR NAME
YOUR ADDRESS
YOUR TELEPHONE
YOUR EMAIL

Date Month Day, Year

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that, I, YOUR NAME have worked as a YOUR SELF-EMPLOYED INDUSTRY SECTOR OCCUPATION:

- from MONTH/DAY/YEAR to MONTH/DAY/YEAR
- as a YOUR JOB ROLE HERE
- PART-TIME or FULL-TIME
- For NUMBER OF HOURS PER YEAR (only if the work was part-time)

My responsibilities and duties were:

- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED

I attest that the foregoing is true. I have written verification from persons having first-hand knowledge of my self-employment to further substantiate this claim.

If you have any questions, please contact me.

Best regards,

SIGNATURE
YOUR NAME

Notary Signature Below Line

If the applicant was self-employed or if the applicant's experience was avocational, verification shall include a statement, signed by the applicant under penalty of perjury, detailing the information and must be further substantiated, in writing, by other person(s) having first-hand knowledge of the applicant's self-employment or avocation, such as the applicant's accountant, major supplier of goods, or major user of goods or services.

Sample

Maria Rodriguez
5678 Maple Street
Oakland, CA 94100
maria.rodriguez123@someinternetprovider.net

May 4, 2020

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that, I, Maria Rodriguez have worked as a software developer as an independent contractor:

- from 2/1/2017 to 2/1/2019
- on a part-time basis
- For 1000 hours per year

My responsibilities and duties for my clients were:

- Researching, designing, implementing and managing software programs
- Deploying software tools, processes and metrics
- Maintaining and upgrading existing systems

I attest that the foregoing is true. Additionally, I have written verification from persons having first-hand knowledge of my self-employment to further substantiate my claim.

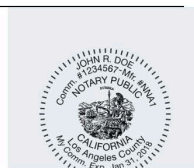
If you have any questions, please contact me.

Best regards,

Maria Rodriguez

Maria Rodriguez

Notary Signature Below Line



Work Experience Verification Letter for Person with First-hand Knowledge of Your Self-employment

Template

LETTERHEAD

NAME OF PERSON WITH FIRST-HAND KNOWLEDGE OF YOUR WORK
THEIR ADDRESS
THEIR TELEPHONE
THEIR EMAIL

Date Month Day, Year

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that YOUR NAME has engaged in duties related to the YOUR INDUSTRY SECTOR:

- from MONTH/DAY/YEAR to MONTH/DAY/YEAR
- as a YOUR JOB ROLE HERE
- PART-TIME or FULL-TIME
- For NUMBER OF HOURS PER YEAR (only if the work was part-time)

My relationship with to YOUR NAME was as FOR EXAMPLE: ACCOUNTANT, MAJOR SUPPLIER OF GOODS, MAJOR USER OF GOODS OR SERVICES.

HIS/HER responsibilities and duties were:

- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED
- INDUSTRY SECTOR SPECIFIC DUTIES YOU PERFORMED

I attest that the foregoing is true.

If you have any questions, please contact me.

Best regards,

SIGNATURE
NAME OF PERSON WITH FIRST-HAND KNOWLEDGE OF YOUR WORK

Sample



James Lee
1234 Washington Street
Oakland, CA 90000
j.lee@someaccountingfirm.net

May 11, 2020

To Whom It May Concern at the Commission on Teacher Credentialing:

The purpose of this letter is to verify that Maria Rodriguez has engaged in duties related to computer software development:

- from 2/1/2017 to 2/1/2019
- on a part-time basis
- For 1000 hours per year

My relationship with Maria Rodriguez was as an accountant:

According to the invoices she received which I have reviewed her responsibilities and duties were:

- Researching, designing, implementing and managing software programs
- Deploying software tools, processes and metrics
- Maintaining and upgrading existing systems

I attest that the foregoing is true.

If you have any questions, please contact me.

Best regards,

James Lee

James Lee, Certified Public Accountant
Some Accounting Firm and Associates