



**NORTH COAST SCHOOL OF EDUCATION**  
**CTE PRELIMINARY CREDENTIAL APPLICATION CHECKLIST**  
**for Existing Credential Holders (MS, SS, SPED)**



Based on SB 1104 – Issued on or after January 1, 2009

To be recommended for a preliminary credential by the North Coast School of Education (NCSOE), you must provide a verification of employment. Please list your employing district/agency and school/work site.

**Credential Candidate:** \_\_\_\_\_ **County:** \_\_\_\_\_

**District/Agency:** \_\_\_\_\_ **School/Work Site:** \_\_\_\_\_

**Credential Analyst:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

To apply for a Preliminary CTE Designated Subjects credential, **submit the items listed below to your county office of education credential analyst.** Incomplete applications may be returned or held for further processing. Your county office analyst will review your application, contact you for additional information as needed and will forward the complete packet to NCSOE for submission to the California Commission on Teacher Credentialing (CCTC). **Do not mail the application directly to CCTC.** This may result in additional fees and processing time. If you have questions about the application process, please contact Sherry Navarro, 707-524-2830 or by email [snavarro@scoe.org](mailto:snavarro@scoe.org).

**PLEASE INCLUDE THIS COMPLETED CHECKLIST WITH YOUR APPLICATION PACKET**

- 1. Verification of Employment Form:** Be sure the form is fully completed and signature secured.
- 2. Work Experience:** Three years of work experience directly related to each industry sector to be named on the credential. One year equals a minimum of 1000 clock hours and the experience may be full-time or part-time, paid or unpaid. Provide accounting of part time hours using the Designated Subjects Credential Worksheet if needed. See Terms and Definitions of [CL-888](#) for additional information regarding the work experience requirement.
- 3. High school Diploma:** Official transcripts required (opened originals accepted).
  - High School Diploma, AA, BA or higher
  - Current California Clear Credential
- 4. Candidate Admission Form - Program Advisement & Credential Authorization Selection Form:** Please refer to pages 5-12 of the [CTC CL-888](#) leaflet for detailed industry sector breakdowns. Your choice will reflect exactly what will be indicated on your preliminary document when recommended through the CTC. By signing this advisement form, you acknowledge you have been advised of NCSOE program requirements for this preliminary credential and subsequent clear credential. (See NCSOE Clear Cred. Application Checklist in addition to CL-888.)
- 5. Fingerprints:** Required unless you already hold a valid document (provide copy) from the Commission on Teacher Credentialing (CTC). If you hold an expired CTC document, contact Credentials for next steps. Submit a copy of the completed [Request for Live Scan Service Form \(41-LS\)](#) upon completion by the Live Scan operator. (Fees for fingerprinting vary and are collected directly from the processing agency.)
- 6. Program Service Fee: \$500**
  - Check attached payable to SCOE
  - PO attached by employing agency per MOU on file

Upon approval for the recommendation of the preliminary CTE credential, Sonoma COE will submit a recommendation online and an email from the CTC will be sent to the applicant with next steps for payment. Payment must be completed prior to issuance of credential and within 90 days of recommendation otherwise additional fees may apply.

**For NCSOE use only:**

Date completed packet received: \_\_\_\_\_ Credential Issuance Date: \_\_\_\_\_

All required documents attached & verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Sherry Navarro, Administrative Specialist

Recommendation approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Jason Lea, Ed.D., NCSOE Superintendent

Recommendation submitted to CTC by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Sonoma County Office of Education • North Coast School of Education  
 5340 Skylane Blvd, Santa Rosa CA, 95403  
 Phone: 707-524-2818 • Fax: 707-524-2815 • [www.ncsoe.org](http://www.ncsoe.org)



**NORTH COAST SCHOOL OF EDUCATION**  
**VERIFICATION OF TEACHING EMPLOYMENT**  
 for Designated Subjects Credential Candidates  
 (Adult Ed and CTE)



The recommendations for Preliminary Designated Subjects Credentials are submitted by the **CTC approved program for our region, The North Coast School of Education (NCSOE)**. In order to recommend a candidate for a Designated Subjects credential, NCSOE requires proof of employment on the requested credential. See options below.

**Please verify the employment offer or anticipated employment assignment for the holder of this form.**

**Name of Candidate:** \_\_\_\_\_

**Potential Credential:**

- Career Technical Education (CTE)  Adult Education (AE)

**Industry/subject area:** \_\_\_\_\_

**This Candidate:**

- has been offered a contracted teaching position as the teacher of record in the above-named subject area as of \_\_\_\_\_ (enter date of hire or anticipated date course assignment will begin).
- will be considered for an offer of a contracted teaching position as the teacher of record once a preliminary credential has been issued. The estimated date of employment: \_\_\_\_\_. (This does not constitute an offer of employment, only a consideration in order to be eligible for a preliminary credential.)

This Verification of Teaching Employment form is to be included with the candidate's application. **The application packet is submitted to NCSOE at the Sonoma County Office of Education for final review and credential recommendation to the CTC.** The final authority to grant or deny a credential rests with the CTC.

**Candidates must enroll and participate in the NCSOE Designated Subjects Program** to meet their credential program requirements. The North Coast School of Education staff will provide a Credential Advisement upon acceptance and enrollment in the program. **Program fees will apply and will be charged directly to the district as per the signed Memorandum of Understanding. Refer to the Fee-for-Service flyer posted on the website: [www.ncsoe.org](http://www.ncsoe.org).**

For additional information regarding this form, contact Sherry Navarro at (707) 524-2830 or snavarro@scoe.org.

District/Agency: \_\_\_\_\_

Employer Authorized Signatory: \_\_\_\_\_  
Please print

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NORTH COAST SCHOOL OF EDUCATION DESIGNATED SUBJECTS CREDENTIAL PROGRAM



## Work Experience Worksheet

Career Technical Education (CTE) - Adult Education (AE)

Use this worksheet to document the **required work experience** for each industry sector to be named on the credential. **Enter only the items you are requesting to be used towards the minimum required work experience.** Items listed here will correspond with verification provided. **CTE/Adult Ed:** “Three years of work experience directly related to each industry sector to be named on the credential.”

**Important:** A combination of the items listed below may be used to meet the three years of work experience, **but at least one year (1,000 hours) must be actual industry work experience.**

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

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

Credential:  CTE     Adult Ed

**WORK EXPERIENCE:** (list by year)

Employer	Start Date	End Date	Hours	Notes

**EDUCATION:** “A combination of forty-eight (48) semester units of postsecondary vocation training related to the industry sector named on the credential may be used to substitute for a maximum of two of the three years of required work experience.”

Name of College – University - Trade School	Degree/Certificate Received	Units	Notes

**VOLUNTEER EXPERIENCE:** (list by year)

Organization or Activity	Start Date	End Date	Hours	Notes

**Other Credential(s) Held:** “One year of full-time general education teaching experience providing instructional services in preschool or grades K-12 earned in a public or private school of equivalent status.”

Credential Type	State Credential Earned	Year(s) Teaching	Notes

**TOTAL HOURS**

Category	Total Hours	Total Units	Recency	Notes
Work Experience				
Education Units				
Volunteer Experience				
Teaching Experience				
<b>GRAND TOTAL</b>				



# NORTH COAST SCHOOL OF EDUCATION



## DESIGNATED SUBJECTS PROGRAM CTE CANDIDATE ADMISSION FORM

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone (home or cell): \_\_\_\_\_ Email: \_\_\_\_\_

### Program Enrollment (check one):

- Two-Year New Credential Holder Program     One-Year Existing Credential Holder Program

For admission to the Designated Subjects Program and to receive a recommendation of a Preliminary Credential, completion of and verification of all requirements must be met and the appropriate signatures secured as indicated on the Designated Subjects Checklist and below:

- Signed Verification of Offer of Employment
- Verification of three years of work experience
- Copy of High School diploma or original university transcripts reflecting degree or coursework
- Fingerprint Clearance
- Signed Candidate Admission Form/CTE Program Advisement & Credential Authorization Selection (this form)
- Complete online enrollment through the online NCSOE website at [www.ncsoe.org](http://www.ncsoe.org)
- Complete application process and payment to the CTC for the preliminary & clear credential when recommended by the NCSOE
- I understand that annual program fees will apply and I may be responsible for the fees should my employer require this.

### CTE Program Advisement & Credential Authorization Selection

**Career Technical Education (CTE):** Allows CTE instruction in the following career fields for grades twelve and below and in classes organized primarily for adults. Place a check in the box next to the industry sector for which you are applying. For further breakdown regarding the industry sectors listed, please refer to [CTC CL-888 leaflet](#).

- |                                                                          |                                                                 |
|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Agriculture and Natural Resources               | <input type="checkbox"/> Health Science and Medical Technology  |
| <input type="checkbox"/> Arts, Media, and Entertainment                  | <input type="checkbox"/> Hospitality, Tourism, and Recreation   |
| <input type="checkbox"/> Building & Construction Trades                  | <input type="checkbox"/> Information & Communication Technology |
| <input type="checkbox"/> Business & Finance                              | <input type="checkbox"/> Manufacturing and Product Development  |
| <input type="checkbox"/> Education, Child Development, & Family Services | <input type="checkbox"/> Marketing, Sales, and Service          |
| <input type="checkbox"/> Energy, Environment and Utilities               | <input type="checkbox"/> Public Service                         |
| <input type="checkbox"/> Engineering and Architecture                    | <input type="checkbox"/> Transportation                         |
| <input type="checkbox"/> Fashion and Interior Design                     |                                                                 |

Participation in a CTC approved program is required to clear these credentials. Before signing below, please read carefully the [CTC CL-888 leaflet](#) that details both the Preliminary and Clear Career Technical Education Credential requirements. Upon finalization of your application by the North Coast Designated Subjects Program, you understand that you will receive further advisement regarding your personalized program.

I, \_\_\_\_\_, certify that I have completed all necessary steps and requirements to enter the NCSOE Designated Subjects Program. I understand that I will have monthly classes either via Zoom at a set date and time and/or an online course requirement. This includes completing the Foundations and Orientation Course (or pre-approved equivalent) **within 30 days of my hire date**. I also understand that in order to receive a recommendation for a clear credential I must fulfill all program and credential requirements. I understand that as a new credential holder, the program is a two-year program and that if I currently hold a valid credential (clear general education or clear education specialist credential) my program is a one-year program.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Self-Employment Verification:

The following are required to verify self-employment:

- An employment letter written by you on company letterhead that includes the seven items listed above for Work Experience Verification. **The letter must be signed and contain the following statement:** *“I certify under penalty of perjury that the aforementioned information is true and correct to the best of my knowledge.”*
- Copies of documents verifying the business, such as a business license, professional licenses or certifications, Tax ID number, articles of incorporation, etc.
- Letters (preferably 2) from other people having first-hand knowledge of your work, such as your business’ accountant, major supplier of goods, or major user of goods or services. These letters should be written on the letterhead of the writer, unless from an individual customer, and should contain the following information:

- Addressee: Commission on Teacher Credentialing (CTC)
- Current date
- The writer’s name, address, and telephone number
- The name of the credential applicant and the name of their business
- Description of the writer’s professional association with the applicant
- Beginning and ending dates (month, day, and year) of business relationship with the applicant
- Description of the writer’s knowledge of work performed or services provided by the applicant

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify self employment for \_\_\_\_\_ (name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Employed:  Full-time  Part-time (REQUIRED: Specify number of total hours worked \_\_\_\_\_)

Job Duties:  Check if job description is attached  
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

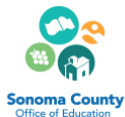
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT / EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Self-employment verification



# NORTH COAST SCHOOL OF EDUCATION

## DESIGNATED SUBJECTS CTE

### CHOOSING WORK EXPERIENCE VERIFICATION



When selecting an Employment Verification Template, choose the one that works best for your industry experience situation. Multiple forms of verification may be used.

Templates include:

- 1) **Employer Verification:** to be used if you are able to contact the necessary personnel related to the employment where you earned industry experience in the subject area requested on your credential. **Must be on Company Letterhead.**
- 2) **Employer Verification is not available:** to be used if you attempted to contact the necessary personnel related to the employment where you earned industry experience in the subject area requested on your credential, but your attempts were unsuccessful. *It is important that you sign the affidavit under penalty of perjury at the bottom of the letter; your application will be returned without this signature and statement.*
- 3) **Self-Employed Verification:** to be used if you earned your industry experience in the subject area requested on your credential through self-employment. Please provide a minimum of 2 supporting documents as noted on page 3 of the CTC leaflet, CL-888, Designated Subjects Career Technical Education Teaching Credential. *It is important that you sign the affidavit under penalty of perjury at the bottom of the letter; your application will be returned without this signature and statement.*
- 4) **Combination of templates:** to be used as needed if your industry experience situation is a combination of any of the above.
- 5) **Experience Requirement Worksheet:** to be used to document the three years of experience related to the industry on the credential. If applying for more than one industry certification, experience must be documented in all areas.



~~~ **WHEN AVAILABLE, THIS FORM SHOULD BE COPIED ON COMPANY LETTERHEAD** ~~~  
(If not available, please add company name, address, and phone numbers to top of sheet)

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify employment for \_\_\_\_\_.  
(name)

Dates Employed: \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Employed:  Full-time  Part-time (REQUIRED: Specify total number of hours worked: \_\_\_\_\_)

Job Duties:  Check if job description is attached

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(Attach additional sheets if necessary)

This employment information is verified by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify employment for \_\_\_\_\_  
(name)

I have made a sincere effort to contact my previous employer. Some examples of how I've tried to make contact include: \_\_\_\_\_  
\_\_\_\_\_

Since I am unable to obtain employer verification, I provide the following information as actual facts regarding my employment at the named organization.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

Employed:  Full-time  Part-time (REQUIRED: Specify total number of hours worked: \_\_\_\_\_)

Job Duties:  Check if job description is attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT/  
EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Via the North Coast Teacher Induction Program

Dear Certification Officer:

This letter is to verify self employment for \_\_\_\_\_  
(name)

I am providing the following information as actual facts regarding my self employment related to the requested credential.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_  
(begin date) (end date)

Employed:  Full-time  Part-time (REQUIRED: Specify number of total hours worked \_\_\_\_\_)

Job Duties:  Check if job description is attached  
(You may find a paragraph format detailing your self-employment history more applicable. Include hours worked per year and job duty detail which each time period noted.)

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(Attach additional sheets if necessary)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE AFOREMENTIONED EMPLOYMENT/  
EXPERIENCE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date