

# RENEWAL AND REISSUANCE APPLICATION

(For Privacy Act Notification See [Instructions](#))

Mail to:  
 STATE OF CALIFORNIA  
 COMMISSION ON TEACHER CREDENTIALING  
 Certification, Assignment and Waivers Division  
 Attention: Applications  
 1900 Capitol Avenue  
 SACRAMENTO, CALIFORNIA 95811-4213

Appeal to \_\_\_\_\_

Route to \_\_\_\_\_

| Commission Use Only: Fee Information |      |       |
|--------------------------------------|------|-------|
| APP                                  | FP   | Other |
| CO Initials                          | Date |       |

|              |   |
|--------------|---|
| CTC Use Only | IHE/County/District Use Only<br><br>Issuance Date: _____<br><br>E-Mail Address: _____ |
|--------------|---|

## 1. PERSONAL INFORMATION (type or print)

|                              |                             |                       |      |
|------------------------------|-----------------------------|-----------------------|------|
| Social Security Number:      | Date of Birth: (mm/dd/yyyy) |                       |      |
| Applicant's Full Legal Name: |                             |                       |      |
| First                        | Middle                      | Last                  |      |
| All Former/Maiden Name(s):   |                             | County of Employment: |      |
| Address:                     |                             |                       |      |
| City:                        |                             | State:                | Zip: |
| Home Phone:                  | Work Phone:                 | Messg. Phone:         |      |
| Email Address:               |                             |                       |      |

## 2. SELECT TYPE OF CREDENTIAL

|   |  |  |   |
|---|--|--|---|
| <b>Substitute Permits</b><br><br>Visiting Faculty Permit<br><br>Child Development Permits | <b>Provisional Internship Permits</b><br>Multiple Subject<br><br>Specify Language for Bāā *~ āĀŪ^!{ ā<br><br>Education Specialist<br><br>Specify Language Other than English<br><br>Specify Language for Bāā *~ āĀŪ^!{ ā | <b>Single Subject</b><br><br>Specify Subject for Single Subject<br><br>Specify Language Other than English<br><br>Specify Language for Bāā *~ āĀŪ^!{ ā | <b>Emergency Permits</b><br><br>Limited Assignment<br><br>Specify Subject<br><br>Specify Specialty Area |
|---|--|--|---|

## EMPLOYING AGENCY INFORMATION

*Must only be completed for all credential, certificate and permit types where service is restricted to an employing agency.*

Provisional Internship Permit

Long-Term Emergency Permit

County CDS Code \_\_\_\_\_ School District CDS Code \_\_\_\_\_

Charter School/Non-Public School or Agency/Statewide Agency Name \_\_\_\_\_

*Applications for Provisional Internship Permits, Visiting Faculty Permits, and Emergency Permits (except 30-Day Substitute Teaching Permits), must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.*

## 3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development 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.



**3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION (cont)**

I certify (or declare) that I have read the above and completed the following for this renewal of my professional clear credential:

I have completed \_\_\_\_\_ hours of professional growth activities

My Professional Growth Advisor is \_\_\_\_\_  
Advisor's Name Advisor's Phone Number

**4. PROFESSIONAL FITNESS QUESTIONS**

Answers to the following questions are required. **If you answer "yes" to any question, a full explanation is required, using a [separate sheet of paper](#).** You must disclose all criminal convictions (misdemeanors and/or felonies) including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed and even if the case has been dismissed pursuant to Penal Code Section 1203.4. You may omit 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. See the [instructions](#) regarding the required documents if you answer yes to any of the following questions.

**Warning:** Failure to disclose any information requested is considered falsification of your application and is grounds for denial of your application and/or disciplinary action against your credential.

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| <p>a. Have you ever been dismissed, 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?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper.</p>   | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
| <p>b. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? You must disclose your conviction even if the case was dismissed pursuant to Penal Code Section 1203.4. You may omit 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.</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, offense, and a short summary of the incident(s) that led to the conviction(s). See <a href="#">instructions</a> regarding submitting required documents.</p>  | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
| <p>c. Are you currently the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state OR have you ever been the subject an inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved children or took place on school property?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. See <a href="#">instructions</a> regarding submitting required documents.</p>   | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
| <p>d. Are any criminal charges currently pending against you?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, and a short summary of the incident(s) that led to the charge(s). See <a href="#">instructions</a> regarding submitting required documents.</p>   | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
| <p>e. Is any disciplinary action now pending against you in any school district or with any other school employer?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, type of action, school district or school employer name, and a short summary of the incident(s) that led to the pending action. See <a href="#">instructions</a> regarding submitting required documents.</p>  | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
| <p>f. Have you ever had any professional or vocational license or any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching revoked and/or otherwise subjected to any other disciplinary action (including any action that was stayed) <u>for cause</u> in California or <u>any other</u> state or place?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. If the licensing agency was <b>not</b> the Commission on Teacher Credentialing, see the <a href="#">instructions</a> regarding submitting required documents.</p> | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |

|   |  |   |
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| <p>g. Have you ever had any application for a credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, denied and/or rejected <u>for cause</u> in California or any other state or place?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, name of licensing agency, and a short summary of the incident(s) that led to the denial or rejection. If the licensing agency was <b>not</b> the Commission on Teacher Credentialing, see the <a href="#">instructions</a> regarding submitting required documents.</p> | <p><b>Yes</b></p> <input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/> |
|---|--|---|

**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 \_\_\_\_\_

**SIGNATURE OF APPLICANT**

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Before submitting, please review the application for completeness.