



State Of California  
 California Commission On Teacher Credentialing  
 Box 944270  
 1900 Capitol Avenue  
 Sacramento, CA 94244-2700

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 (916) 445-7254 or (888) 921-2682  
 E-mail: credentials@ctc.ca.gov  
 Web site: www.ctc.ca.gov

**VERIFICATION OF EMPLOYMENT AS AN EDUCATION SPECIALIST**

To be Completed by Employing Agency

**1. PERSONAL INFORMATION**

Applicant's Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. EMPLOYING AGENCY**

Title of Education Specialist Position \_\_\_\_\_

Date of Initial Employment (mm/dd/yy) \_\_\_\_\_

County of Employment \_\_\_\_\_

Name of Employing Agency \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employer or Designee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Employer or Designee

\_\_\_\_\_  
 Title

**3. TENTATIVE PLAN FOR DEVELOPING THE INDIVIDUALIZED INDUCTION PLAN**

Name of Support Provider(s) Assigned to New Specialist \_\_\_\_\_

Position Held by Support Provider(s) \_\_\_\_\_

Credential(s) Held by Support Provider(s) \_\_\_\_\_

Employing Agency (if different from teacher) \_\_\_\_\_

Institution Tentatively Selected for Development of Individualized Induction Plan and  
 Completion of Professional Clear Level II Program \_\_\_\_\_

**I understand I must develop an Individualized Induction Plan during the first 120 days of employment on my Preliminary Level I Education Specialist Credential with the Level II institution and employer designee.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Submit this form with Level I application; copies to Level II institution and support provider.