



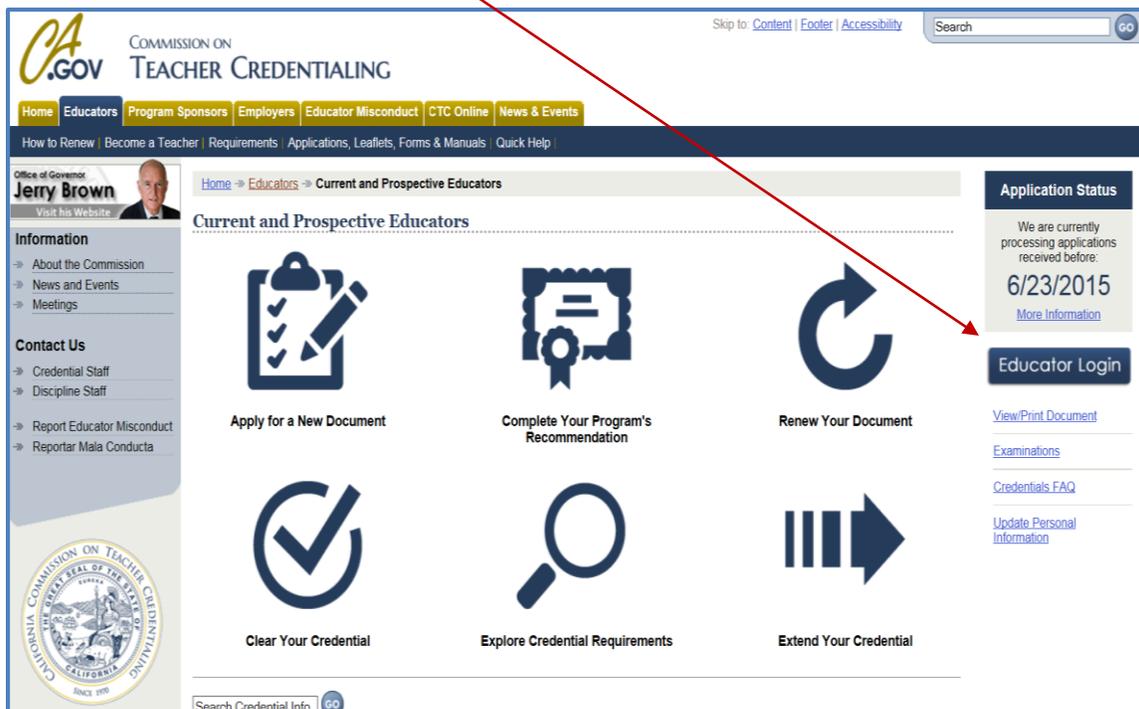
## How to apply for the Certificate of Clearance (COC) or Activity Supervisor Clearance Certificate (ASCC)

**The Web Application process is only available at this time for persons who need fingerprint clearance. For directions on how to complete applications for new teaching credentials submitted by a Commission-approved program sponsor, [click here](#). Applicants from outside California seeking their first teaching credential must mail their applications to the Commission using [Form 41-4](#). **Individuals who must submit fingerprint cards with their application must not use this online process!** See [Credential Leaflet CL-900](#) for more information on the COC and [Credential Leaflet CL-891](#) for more information on the ASCC.**

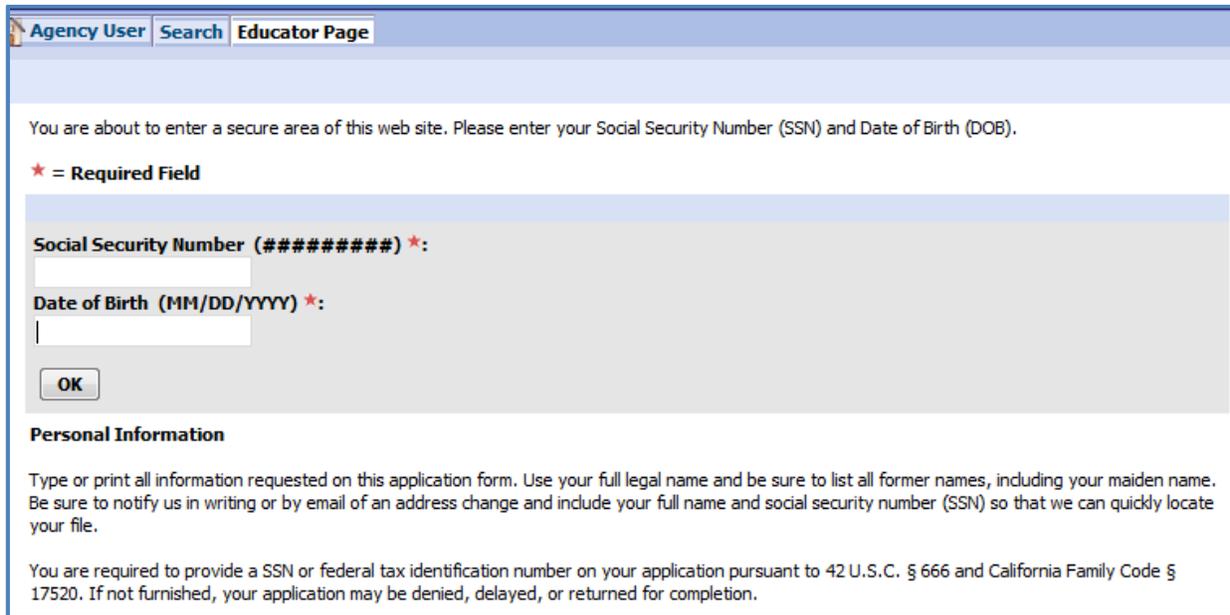
1. If not already completed, fill out the CTC-specific [Form 41-LS](#) and take 3 copies to a [Live Scan station](#) for your fingerprints to be taken.
2. Apply for your document using the Web Application Process at the CTC website. ([www.ctc.ca.gov](http://www.ctc.ca.gov))
  - a. Click the **Credentialing Information** navigation button



- b. Select the **Educator Login** button to begin your application.

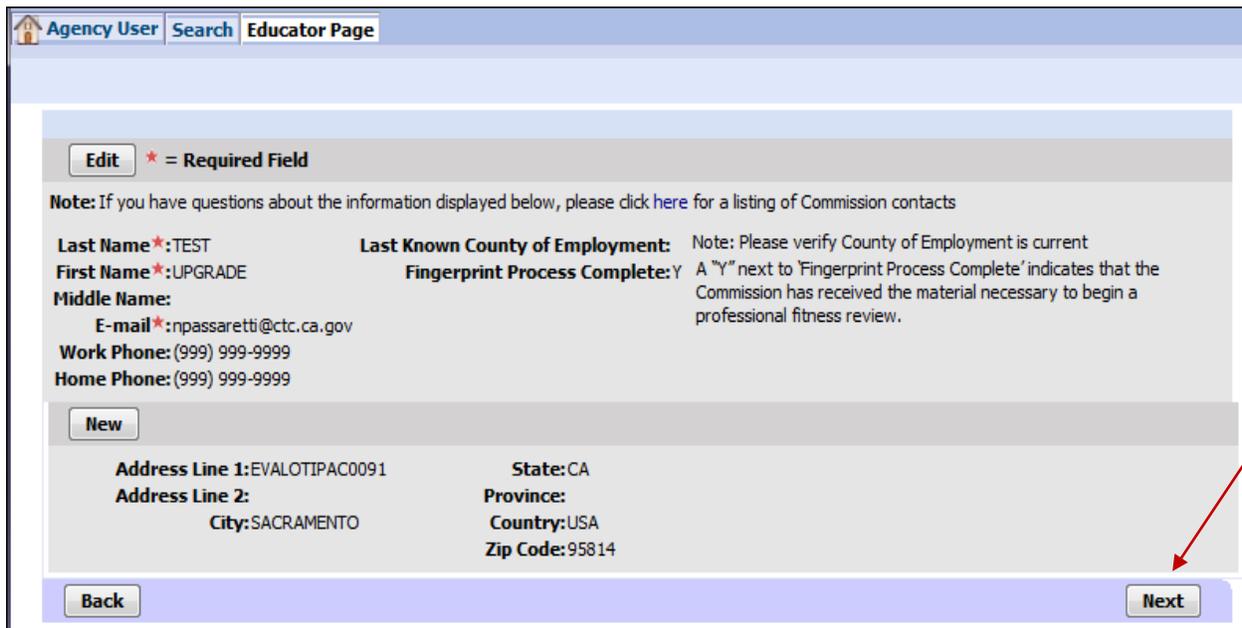


Create/log in to your personal profile on the secure Educator Page using your SSN and date of birth. **If this is your first application and you are creating a new profile, you will be prompted to enter this information twice.**



If this is your first application and information must be added, [click here](#) for directions on completing your profile first.

When your personal profile is complete, click 'Next'.



Click on the “Create New” button underneath the heading “**Web Applications**” to start your application for the Certificate of Clearance (COC) or Activity Supervisor Clearance Certificate (ASCC).

Agency User Search Educator Page

Back

Note: If you have questions about the information displayed below, please click [here](#) for a listing of Commission contacts

Last Name: TEST      Last Known County of Employment:      Note: Please verify County of Employment is current  
 First Name: UPGRADE Adverse and Commission Actions Indicator :      Note: Information on Adverse and Commission Actions is available for this educator if a flag is displayed.  
 Middle Name:      Fingerprint Process Complete: Y      Note: If the fingerprint process does not display as "Complete", please refer to the Fingerprint Information on our website

Document Application Adverse and Commission Actions

◀ No Records ▶

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade	Recommending Agency	
<b>Recommends</b>										
Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and click "Complete"										
Pick Applet	Document Title	Term	Application Status	Issue Date	Return Reason					
<b>Renewals/ Reissuances</b>										
Complete Select "Yes" next to the Document Title and click "Complete"										
◀ No Records ▶										
Pick Applet	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade		
<b>Web Applications</b>										
Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue. 1 - 1										
Pick Applet	Document Title	Application Status								
>	No	Activity Supervisor Clearance Certificate	Pending							

Select which document you wish to apply for (COC or ASCC) from the drop down menus; you will be prompted to review and print the checklist (see below-comes up in separate window); then click Next.

Agency User Search Educator Page

Note: If you have questions about the information displayed below, please click [here](#) for a listing of Commission contacts

Last Name: THREE1      Last Known County of Employment: HUMBOLDT COUNTY OFFICE OF EDUCATION      Note: Please verify County of Employment is current  
 First Name: TRAINING      Adverse and Commission Actions Indicator :      Note: Information on Adverse and Commission Actions is available for this educator if a flag is displayed.  
 Middle Name: APPLICATION      Fingerprint Process Complete: Y      Note: If the fingerprint process does not display as "Complete", please refer to the Fingerprint Information on our website

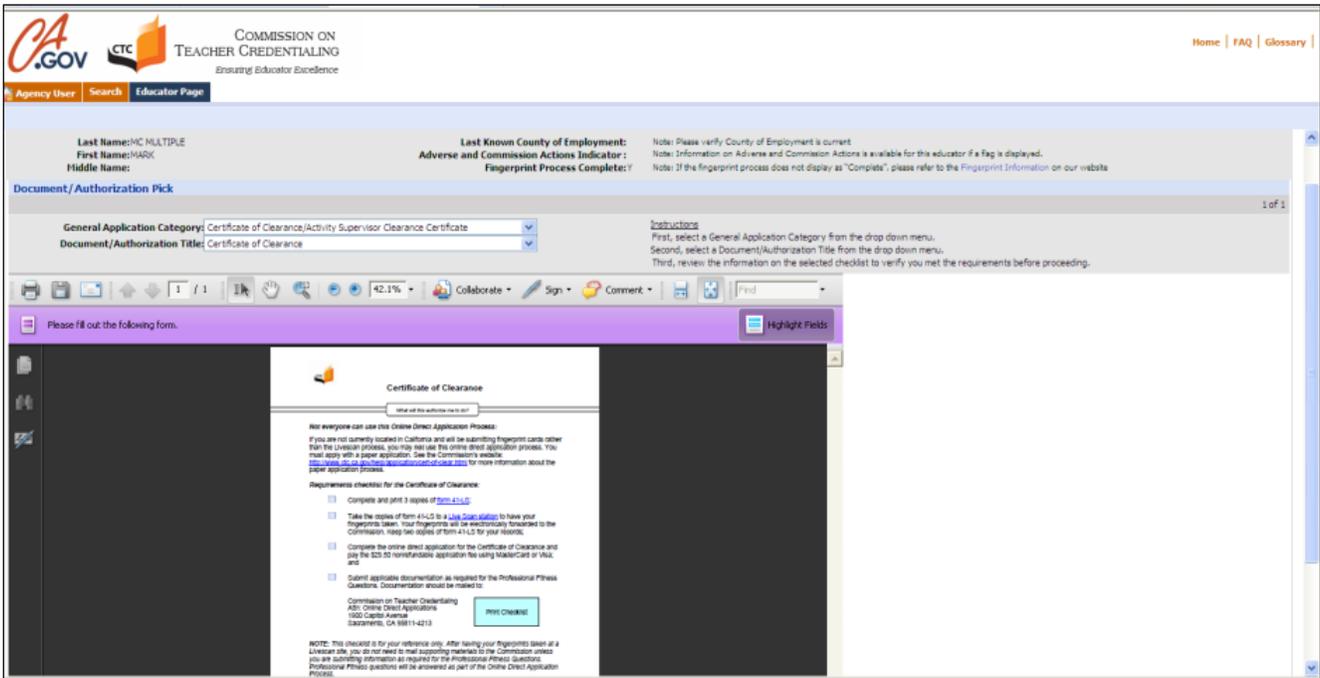
Document/Authorization Pick 1 of 1

General Application Category: -Select-  
 Document/Authorization Title:

Instructions  
 First, select a General Application Category from the drop down menu.  
 Second, select a Document/Authorization Title from the drop down menu.  
 Third, review the information on the selected checklist to verify you met the requirements before proceeding.

Important Note:  
 If supporting materials, including the Online Direct Application Cover Sheet and checklist, are not received within 30 calendar days, your application and fee will no longer be valid.  
 Late submission of supporting materials will result in the application being denied (5 California Code of Regulations Section 80487).  
 If you wish to pursue this document at a later date, you will be required to submit another application, pay an additional fee, and submit all supporting materials.

Back Next



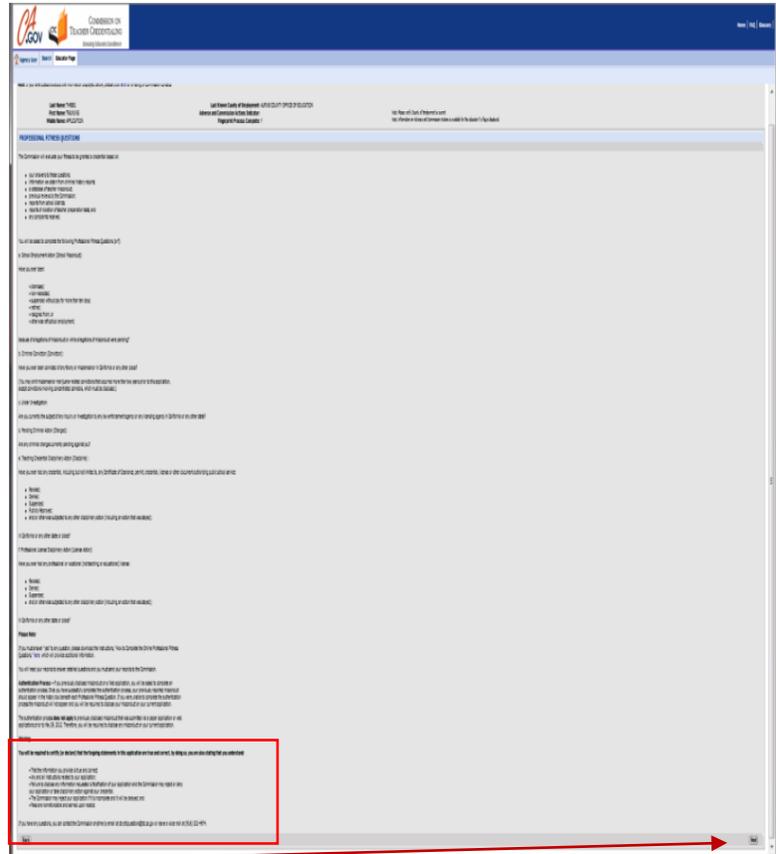
Read the entire Disclosure page for the Professional Fitness questions. Pay particular to the last part before continuing:

**Warning:**

**You will be required to certify (or declare) that the forgoing statements in this application are true and correct, by doing so, you are also stating that you understand:**

- That the information you provide is true and correct;
- 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; and
- Fees are nonrefundable and earned upon receipt.

If you have any questions, you can contact the Commission anytime by email at [ctc-pfquestions@ctc.ca.gov](mailto:ctc-pfquestions@ctc.ca.gov)



Click Next

Answer each of the Professional Fitness Questions. If you need assistance completing the Professional Fitness Questions, [click on this link for help](#)

Complete the Oath and Affidavit, and click Submit Payment. **Click Submit Payment only once!**

**\* Required Field**

**Before you proceed to payment, you must indicate (by selecting the box) that you agree and understand the duties required of the Child Abuse and Neglect and Reporting Act and the Oath and Affidavit:**

**Child Abuse and Neglect Reporting Act**

"As a document holder 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 document holder, I will fulfill all the duties required of a mandated reporter."

**I have read and understand my required duties under the Child Abuse and Neglect Reporting Act (Penal Code §11164ff.) \***

**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.**

**Oath and Affidavit \***

**Date:** 12/01/2014

**City \*:**

**County (or N/A) \*:**

**State/Province/Region (or N/A) \*:**

**Country \*:** -Select-

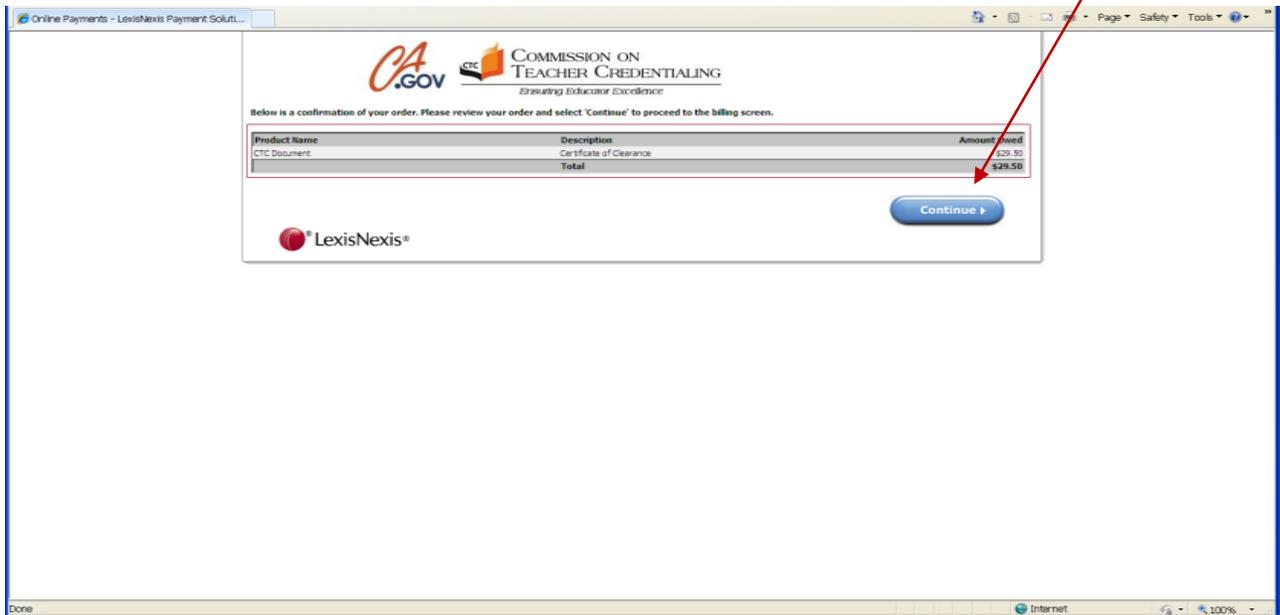
On the next page, click the Process Payment button to move forward.

[Agency User](#) [Search](#) [Educator Page](#)

Please do not use the BACK or REFRESH buttons.

Click the button below to Process your Payment.

The display shows the document applied for and the amount to pay. Click the Continue button.



Complete the billing verification information for LexisNexis. Choose to pay with credit card (can also use debit card with Visa or MasterCard logo). Click Continue button when finished.

A screenshot of the LexisNexis billing verification form. The page header is the same as the previous screenshot. A grey bar displays "Total Amount: \$72.50". The form is divided into two main sections: "Billing Address" and "Payment Information".

**Billing Address:**

- Address Type:  Domestic (US and Puerto Rico),  Military (APO/FPO),  International (including Canada, Mexico)
- Cardholder First Name: \*
- Cardholder Last Name: \*
- Zip Code: \*
- Address: \*
- Address Continued: \*
- City: \*
- State: \* AL
- Email Address: \*
- Phone: \* (999-999-9999)

**Payment Information:**

- Payment Type:  Credit Card
- Card Number: \*
- Expiration Date: \*
- Security Code: \*

We've provided this sample credit card to assist you in finding the security code.

MasterCard, Visa, Discover

A sample credit card is shown with a red circle around the "000" security code. A red arrow points from the text "3-digit security code" to the circle. The card also displays "Cardholder Name" and logos for MasterCard, VISA, and Discover.

At the bottom of the form are two blue buttons: "Go Back" and "Continue". The LexisNexis logo is at the bottom left.

**NOTE: The application fee is earned upon receipt and is not refundable. (Reference: Title 5, California Code of Regulations, Section 80487)**

Verify all the payment information is correct, including email address. Click Complete Payment button. **Do not click the Complete Payment button more than once! After clicking Complete Payment, do not use the Back button in the web browser. Wait for the Confirmation page to be displayed.**

**CA .GOV** **CTC** **COMMISSION ON TEACHER CREDENTIALING**  
*Ensuring Educator Excellence*

Total Amount: \$72.50

**Billing Address**  
Cardholder First Name : nancy  
Cardholder Last Name: passaretti  
Zip Code: 99999  
Address: 1900 capitol avenue  
Address Continued:  
City: sacramento  
State: CA  
Country : United States of America  
Email Address: npassaretti@ctc.ca.gov  
Phone: 999-999-9999

**Payment Information**  
Card Number: \*\*\*\*\*0248  
Expiration Date: 01/2015

By checking this box, you are authorizing the payment of the bill amount.

[Go Back](#) [Complete Payment](#)

**LexisNexis®**

On the Confirmation page, use the 1<sup>st</sup> link provided to obtain a printable receipt for your reference. After printing your receipt, you can return to CTC Online with the 2<sup>nd</sup> link “please click [HERE](#).”

Online Payments - LexisNexis Payment S...  
https://demo.paymentsolutions.lexisnexus.com/pages/billing\_info\_confirmation\_unskinned.xhtml

**Commission on Teacher Credentialing**

**Receipt**

**Payment Date:** 12/01/2014 02:42 PM PST **Payment Status:** AUTHORIZED  
**Confirmation Number:** 50024330  
**Payment Method:** Credit Card (MASTERCARD) \*\*\*\*\*0248

**Bill To:** nancy passaretti  
1900 capitol avenue  
sacramento, CA - 99999 United States of America

Payment Towards	Amount	ID
CTC Document	\$72.50	1-2FJSJX Activity Supervisor Clearance Certificate

**Agency Amount** \$72.50  
**Total Amount** \$72.50

[Click here for a printer friendly receipt](#)

To return to the CTC application, please click [HERE](#).

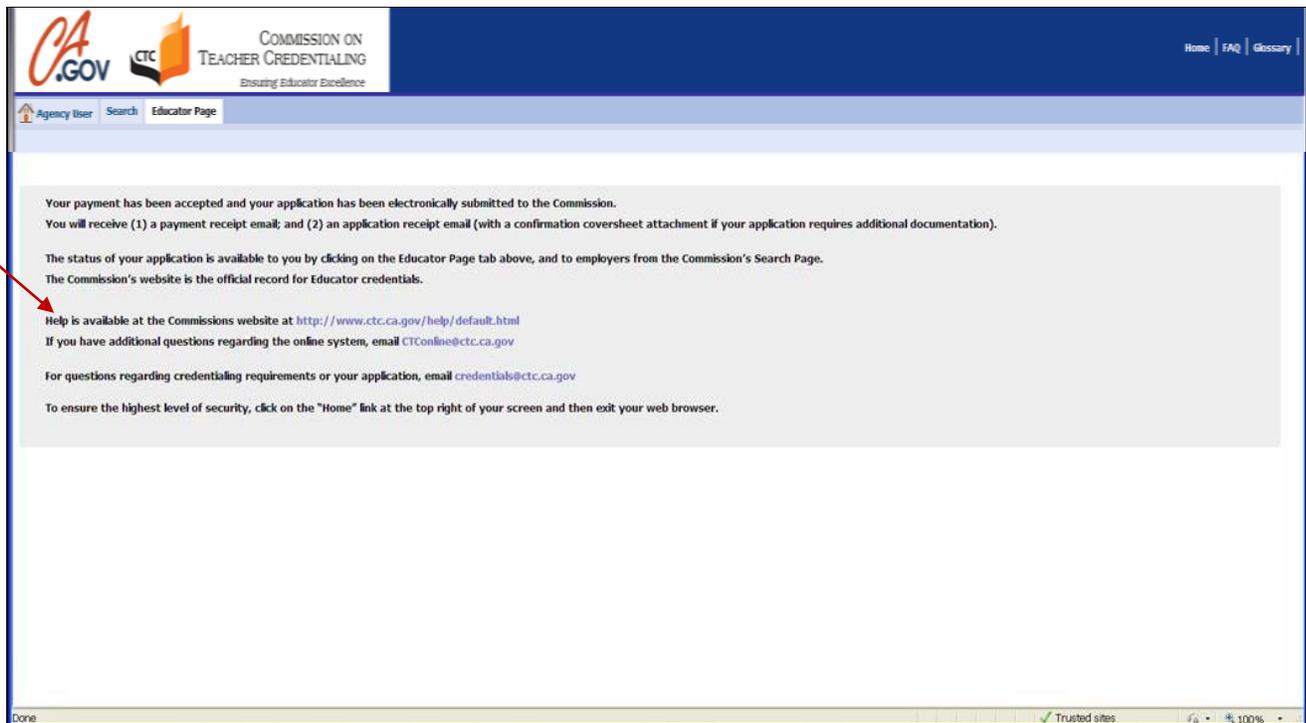
Your payment was made through paymentsolutions.lexisnexus.com, one of the LexisNexis VitalChek Network Inc. portals.  
For payment support, please send an email to [paymentsolutions@lexisnexus.com](mailto:paymentsolutions@lexisnexus.com).  
For CTC Assistance, please send an email to [CTCOnline@ctc.ca.gov](mailto:CTCOnline@ctc.ca.gov)

**LexisNexis®** Home | Payment Solutions | Contact Us | Terms and Conditions | Privacy Policy

**TRUSTE** CERTIFIED PRIVACY

Copyright © 2008-2014 LexisNexis Risk Solutions. All rights reserved.

The final landing page provides directions back to the Educator page or to log out of CTC Online.



**Note:** If you answered “yes” to any of the Personal and Professional Fitness questions you must send the required supporting materials to the Commission as per the instructions provided.