

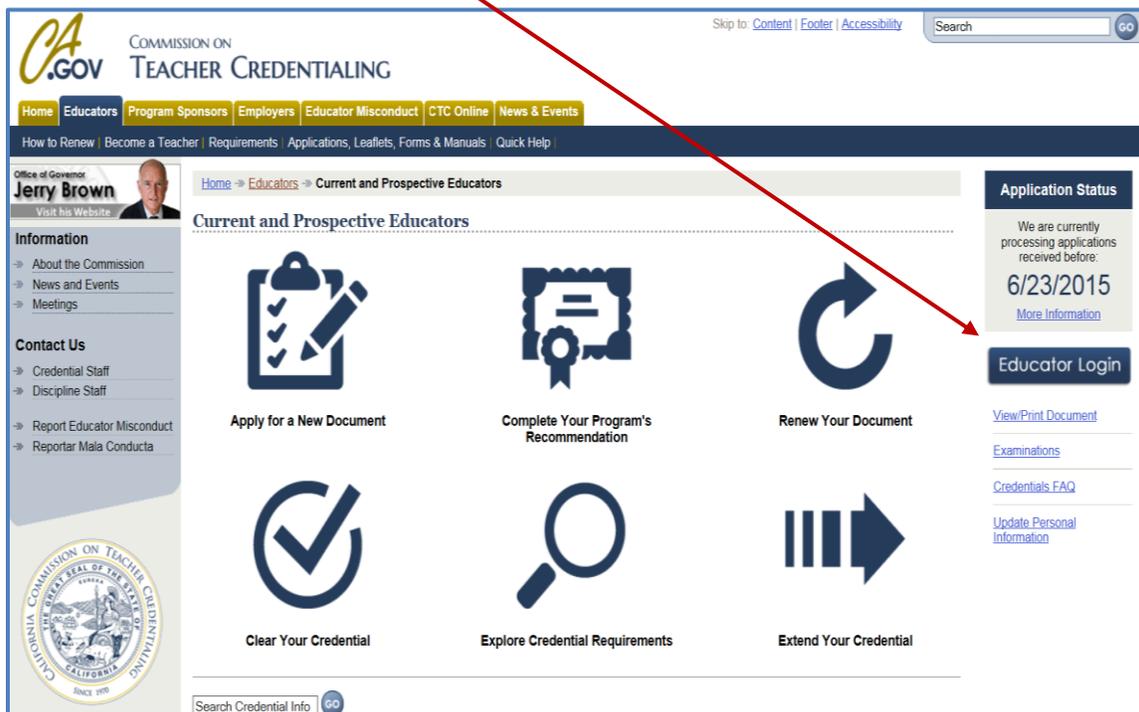


## How to Complete Your Online Recommendation

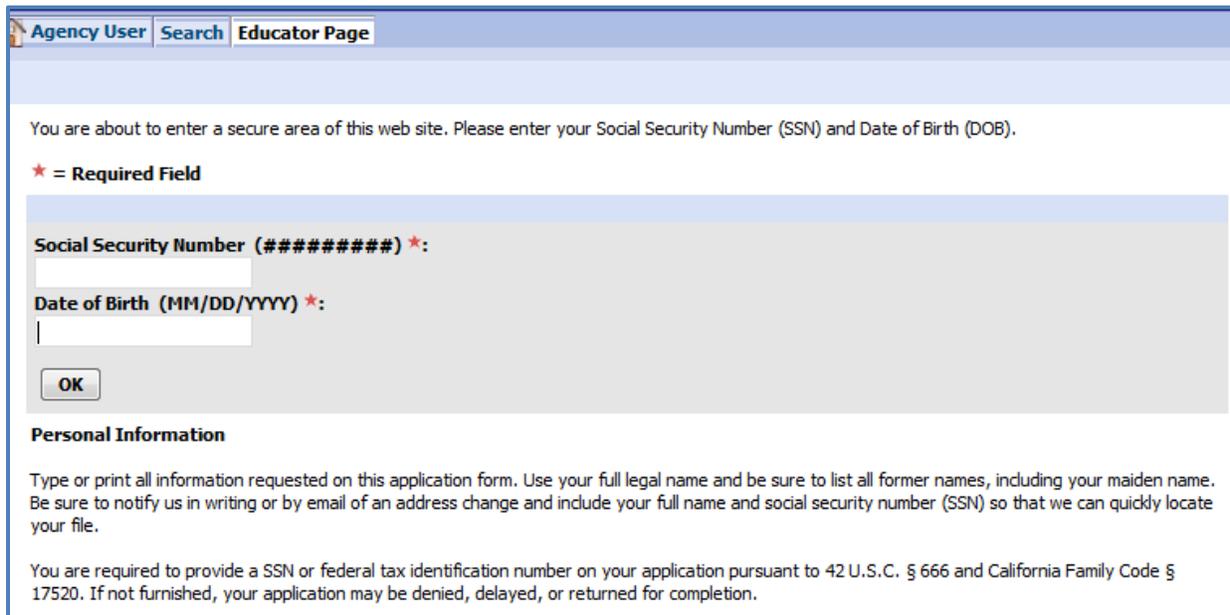
1. From the Commission's Home page [www.ctc.ca.gov](http://www.ctc.ca.gov), click the **Services for Educators** navigation button
2. Click the **Credentialing Information** navigation button



3. Select the **Educator Login** button to begin your application.



4. Log in to your personal profile on the secure Educator Page using your SSN and date of birth.



Agency User Search Educator Page

You are about to enter a secure area of this web site. Please enter your Social Security Number (SSN) and Date of Birth (DOB).

\* = Required Field

Social Security Number (#####) \*:

Date of Birth (MM/DD/YYYY) \*:

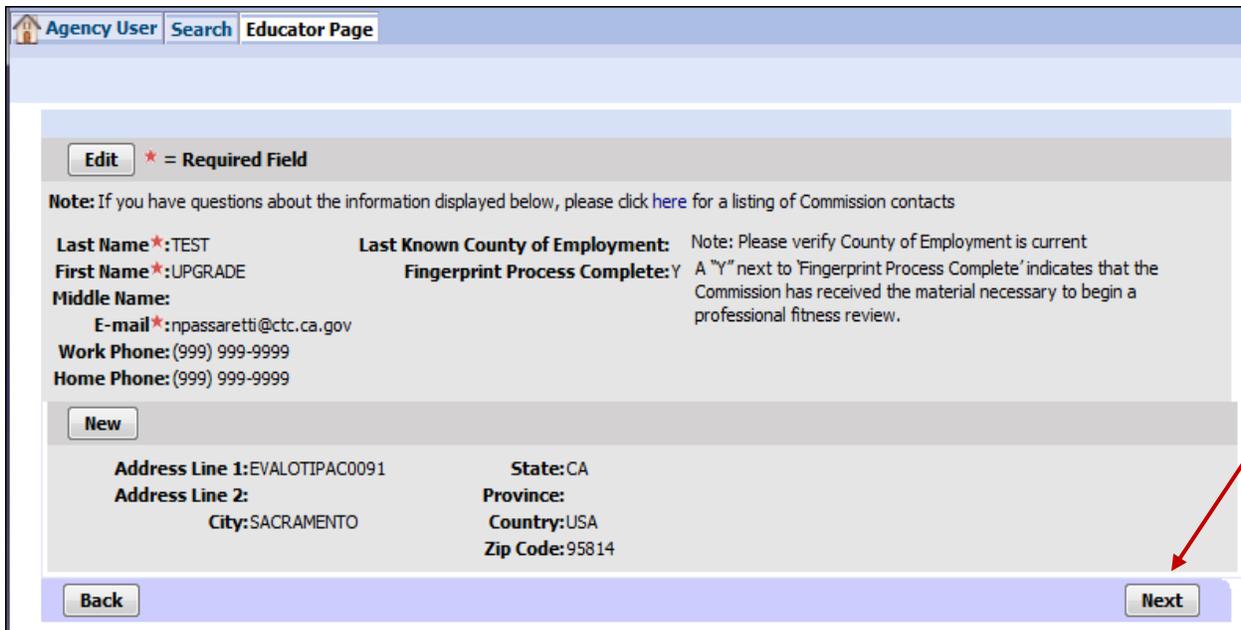
OK

**Personal Information**

Type or print all information requested on this application form. Use your full legal name and be sure to list all former names, including your maiden name. Be sure to notify us in writing or by email of an address change and include your full name and social security number (SSN) so that we can quickly locate your file.

You are required to provide a SSN or federal tax identification number on your application pursuant to 42 U.S.C. § 666 and California Family Code § 17520. If not furnished, your application may be denied, delayed, or returned for completion.

5. Verify your personal information on your Profile page. Click Next.



Agency User Search Educator Page

Edit \* = Required Field

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

Last Name\*: TEST  
 First Name\*: UPGRADE  
 Middle Name:  
 E-mail\*: npassaretti@ctc.ca.gov  
 Work Phone: (999) 999-9999  
 Home Phone: (999) 999-9999

Last Known County of Employment:  
 Fingerprint Process Complete: Y

Note: Please verify County of Employment is current  
 A "Y" next to "Fingerprint Process Complete" indicates that the Commission has received the material necessary to begin a professional fitness review.

New

Address Line 1: EVALOTIPAC0091  
 Address Line 2:  
 City: SACRAMENTO  
 State: CA  
 Province:  
 Country: USA  
 Zip Code: 95814

Back Next

6. Your personal Educator Page provides a view of your document history. Under the heading “**Recommends**,” click on the arrow in the left column to highlight the document your program sponsor or other agency has submitted

**NOTE:** If your program sponsor or employer informed you that it has submitted an application for a document but it does not appear on this screen, stop here and contact the agency immediately for assistance.

COMMISSION ON TEACHER CREDENTIALING  
Ensuring Educator Excellence

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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: ALPINE COUNTY OFFICE OF EDUCATION  
 First Name: TRADING      Adverse and Commission Actions Indicator :  
 Middle Name: APPLICATION      Fingerprint Process Complete: Y

Note: Please verify County of Employment is current.  
 Note: Information on Adverse and Commission Actions is available for the educator if a flag is displayed.  
 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

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade	Recommending Agency
80120013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013			
80120011	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010			
80120010	30-Day Substitute Teaching Permit	Emergency	Valid	3/1/2010	4/1/2011	3/1/2010			
80120009	Administrative Services Credential	Preliminary	Valid	5/1/2009	6/1/2014	5/1/2009			ALLIANT INTERNATIONAL UNIVERSITY

Recommendations

Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason.

Pick Applet	Document Title	Term	Application Status	Issue Date	Return Reason
No	Single Subject Teaching Credential	Preliminary	Recommended	10/1/2014	

Renewals/Reissuances

Complete Select "Yes" next to the Document Title and click "Complete"

Pick Applet	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010		

Web Applications

Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue.

Pick Applet	Document Title	Application Status
No	Certificate of Clearance	Pending

**DO NOT COMPLETE A NEW WEB APPLICATION IN PLACE OF A RECOMMENDATION FOR A PRELIMINARY OR CLEAR CREDENTIAL!** The Web Application process is only for persons seeking fingerprint clearance to get a Certificate of Clearance or an Activity Supervisor Clearance Certificate.

- Click on the small blue-gray arrow at the end of the row of the document you want to complete to highlight the row yellow. Once highlighted, you can click on the drop down box and select "Yes."

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Document Application Adverse and Commission Actions

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade	Recommending Agency
801210013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013			
120552929	Single Subject Teaching Credential	Clear	Valid	6/21/2012	7/1/2017	6/21/2012			CTCUNI
brntrnado	Education Specialist Instruction Credential	Certificate of Eligibility	Valid	6/1/2012	7/1/2017	6/1/2012			ALAMEDA COUNTY OFFICE OF EDUCATION
801200012	Education Specialist Instruction Credential	Clear	Valid	4/3/2012	5/1/2014	4/3/2012			CTCUNI

Recommendations

Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason.

Pick	Document Title	Term	Application Status	Issue Date	Return Reason
Select- No Yes	30-Day Substitute Teaching Permit	Emergency	Recommended	9/9/2015	

Renewals/Reissuances

Complete Select "Yes" next to the Document Title and click "Complete"

Pick Applet	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade
No	Administrative Services Credential	Clear	Valid	10/1/2010	11/1/2015	10/1/2010		
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010		

8. Select **“Complete”** to continue the application process.

If you see an error on the document submitted, enter a Return Reason and select the **Return Application to Authorized Agency** button. After a document is returned, it will no longer appear on this page until it is resubmitted by the program sponsor or employer

Recommended documents will only appear for 90 days. If the recommendation application is not completed and paid for within this timeframe, it will be purged by the system and the agency must resubmit the application.

9. 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

10. 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-

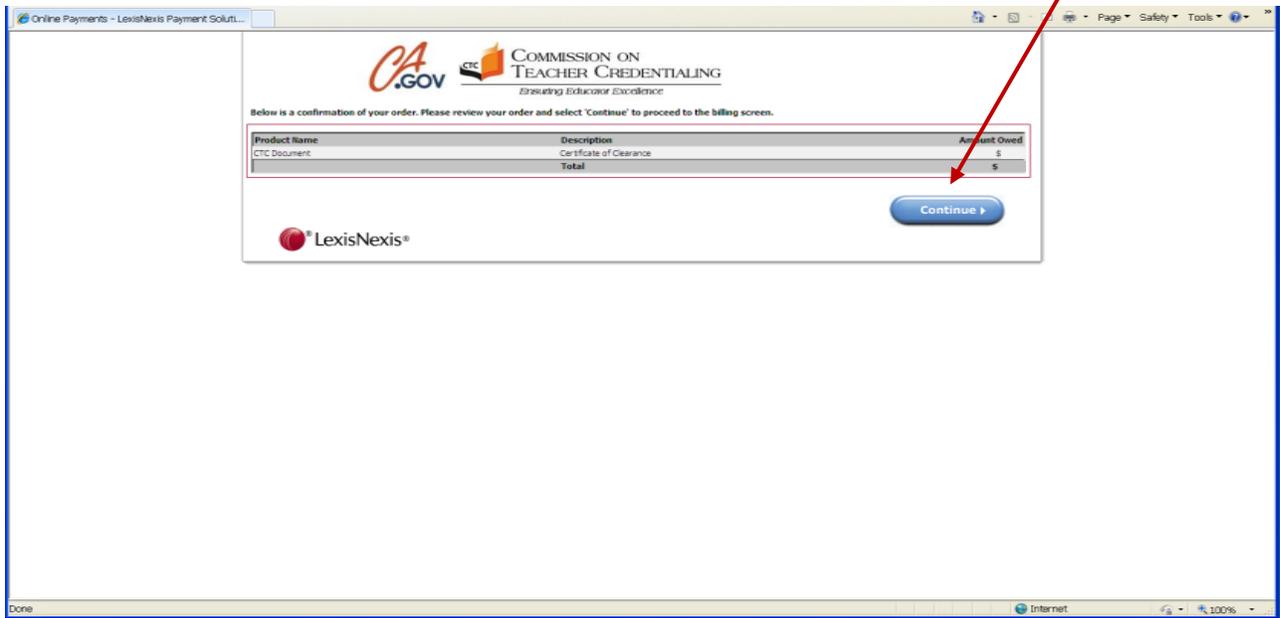
11. On the next page, click the Process Payment button to move forward.

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

Please do not use the BACK or REFRESH buttons.

Click the button below to Process your Payment.

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



13. 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.

The screenshot shows the billing verification form. At the top, it displays the "Total Amount:" in a grey box. 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: \*

Below the payment fields, there is a note: "We've provided this sample credit card to assist you in finding the security code." An image of a credit card is shown with a red circle around the "000" digits on the right side, labeled "3-digit security code". A red arrow from the instruction above points to the "Continue" button at the bottom right of the form. A "Go Back" button is located at the bottom left. The LexisNexis logo is in the bottom left corner.

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

14. 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®**

15. 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 using the 2<sup>nd</sup> link “please click **HERE**.”

**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	\$	1-2FJSJX

**Agency Amount** \_\_\_\_\_ \$  
**Total Amount** \_\_\_\_\_ \$

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

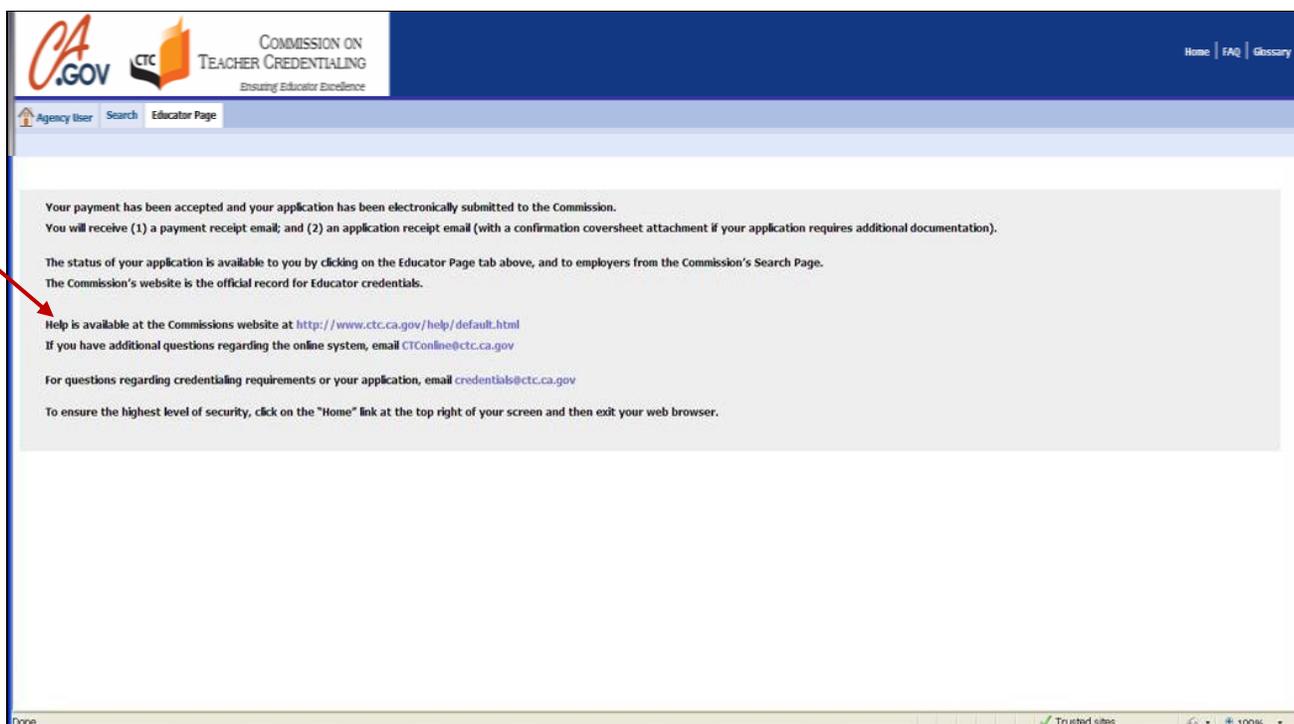
[To return to the CTC application, please click \*\*HERE\*\*.](#)

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

**LexisNexis®** **TRUSTe** CERTIFIED PRIVACY

Home | Payment Solutions | Contact Us | Terms and Conditions | Privacy Policy  
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16. 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.