

COMMISSION ON TEACHER CREDENTIALING

1812 Ninth Street
Sacramento, California 95814-7000




EXECUTIVE DIRECTOR

95-9503

DATE: January 4, 1995

TO: County Office Superintendents, Selected School District
Superintendents And Others Interested in Credential Waivers

FROM: 
Philip A. Etch, Ed.D., Executive Director

RE: Waiver Forms: Clarification of Request for Notification of
Professional Organizations; and Waiver Requests: Proposed
Change in Title 5 Regulations to Institute a Local Public Hearing

In September of 1994 I wrote to inform you that representatives of educators and others had requested increased opportunity to comment on waiver requests at the local level. I also stated that commissioners and education constituency representatives had discovered that they did not always have adequate information on which to judge the merits of a waiver request. Therefore, the Commission directed staff to modify our waiver request forms to include additional information as to whether an employer has reason to believe that a local professional organization would oppose a particular waiver. This revision, included as item #11 on the waiver request form (enclosed), was designed to encourage employers to inform local organizations representing educators of any waiver requests while seeking their opinion on the request.

I am writing to clarify the purpose of including item #11 on the waiver request form. The intent of the Commission is to see that the waiver process is open at the local level, to encourage employers to notify representatives of educators and others of waiver requests, so that employers are aware of the views of these groups. There is no intent on the part of the Commission to give a local group "veto power" over any waiver request, or to allow local groups to delay or disrupt waiver procedures. Employers have an absolute right to request a waiver under the law. The Commission simply wants to be assured that all affected parties at the local level are notified of waiver requests in a timely manner.

In January the Commission will begin the process of preparing amendments to the Title 5 sections governing waivers to institute local public hearings on waiver requests. The Commission has concluded that a local public hearing is the preferred way of insuring that all affected parties at the local level are aware of requests to waive credential requirements. When the Title 5 regulations have been adopted the Commission forms will be modified to remove the requirement in item #11 for employers to notify the Commission of any known opposition to a waiver request.

If you have any questions regarding this matter, please contact Linda Bond at (916) 327-0586 or Bob Salley at (916) 445-0233.

State of California
COMMISSION ON TEACHER CREDENTIALING
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 Sacramento, CA 94244-2700
 (916) 445-7254

Commission Use Only

Waiver requests must be typewritten. All materials submitted must be of sufficient clarity to make clear copies when sent to the printer.

VARIABLE TERM WAIVER REQUEST

The Commission reviews requests for waivers that have expressly to do with educator preparation and credentialing, and with the ability of employers to employ or assign persons who are not appropriately credentialed for their assignment. All other waivers remain under the legal authority of the State Board of Education or Superintendent of Public Instruction, who may not issue credential waivers on or after July 1, 1994.

Requests for Variable Term Waivers may be submitted by employing agencies, including school districts, county offices of education and non-public schools, and by postsecondary institutions and individual applicants, when all efforts to find appropriately credentialed personnel have been exhausted and no other legal remedies exist. The Commission may grant a waiver upon its finding that professional preparation equivalent to that prescribed under the provision or provisions to be waived will be completed by the applicant or applicants affected. Variable term waivers may be requested for a term of up to one year but may be longer, depending on the circumstances.

If the Legal and Professional Standards Division of the Commission must conduct a fitness review for an applicant for a waiver, his or her waiver may be reviewed by the Commission, although no approval letter will be issued until the review has been concluded.

Please refer to detailed instructions when completing form.

| | | |
|--|----------|--|
| 1. Employing Agency (include mailing address) <input type="checkbox"/> NPS/NPA (list county code) | CDS Code | Contact Person Telephone Number |
|--|----------|--|

2. Applicant for the Waiver

Full Legal Name _____

Former Name(s) _____ Birthdate _____

Social Security Number _____

Applicant's Mailing Address _____

California Credential or Permit Held (if any) _____

Assignment _____

Fingerprint Clearance
 on file at CTC

Application for Certificate
 of Clearance Included

3. **Education Code or Title 5 Section to be Waived:** EC §44830(a)
"A governing board of a school district shall employ for positions requiring certification qualifications, only person who possess the qualifications therefor prescribed by law..."

Applicant's Credential Goal: _____
(title of the credential which authorizes the service needed)

Specific section(s) covering requirements the applicant must meet to reach his or her Credential Goal: _____

(refer to Waiver Guidelines section IV for examples)

Brief Description of Section(s):

4. **Efforts to Recruit**
Describe the situation which resulted in this waiver request. Include a description of the employer's efforts to find appropriately certificated personnel (i.e.: job announcements, IHE placement centers, newspaper, etc.)

5. **Justification**
Describe how the requested waiver will remedy the situation, and why this person is the best candidate for the position. Include detailed information on the individual's professional preparation and expertise in the subject/area requested and describe any negative effects that are likely to occur if the waiver is not granted.

6. **Effective Dates of the Waiver** ____/____/____ to ____/____/____
Waivers should be dated effective the beginning date of service and not prior to actual service. If the waiver request is for longer than one year, please explain why.

Requests for Additional Time to Complete Requirements

(a) List the credential program or programs that the applicant must complete in order to qualify for the document listed as his or her credential goal and a target date by which he or she plans to complete those program(s). If the applicant has only a single program to complete, list the specific credential requirements which he or she plans to complete during the period of the waiver.

(b) List the name and position of the person assigned to provide support and assistance during the term of the waiver. By assigning this individual, the employing agency makes a commitment to support and assist the applicant, as feasible, in completing the requirement(s).

Name: _____ Position: _____

8. Requests from Geographically Isolated Regions

Plan to Develop Fully Qualified Educators attached.

Plan previously submitted to CTC.

If the plan is not attached or has not been previously submitted, write a brief explanation as to why such a plan cannot be submitted.

9. Requests for Subsequent Waivers

If this applicant has previously been issued a waiver for this assignment, describe the progress that he or she has made toward completion of the requirements for the credential that authorizes the service covered by this waiver request. Include official transcripts, examination score reports, verifications of appropriate course work from a college or university with a Commission-approved program, and other documentation, as appropriate.

10. SELPA Consultation

If this waiver request is for the assignment of a teacher to a special education class, indicate whether the local Special Education Local Plan Area (SELPA) was consulted about the assignment. Yes No

List the SELPA's code and the name and telephone number of the individual the Commission may contact if there are any questions about the assignment.

SELPA Code _____ Name of Administrator _____

Telephone Number _____

11. Professional Organization Consultation

(a) Was the local professional organization consulted about this assignment?

Yes No

(b) Is there any reason to believe that a professional organization would oppose this waiver request?

Yes No

List name of organization and name, title, and telephone number of the individual the Commission may contact if there are any questions about the request.

Name of Organization _____

Contact Person _____ Telephone Number _____

12. Applicant's Certification (Waiver request will be returned if this section is not completed)

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #7 above.

Signature of Applicant

Date

(Sign full legal name as listed in #2)

13. Employing Agency Certification (Waiver request will be returned if this section is not completed)

I certify under penalty of perjury that the information provided in this report is accurate and complete.

Superintendent or Designee _____

Signature

Title

Date

Note: Waiver requests should include applicable supporting documentation such as:

- Transcripts
- Verification of completion of program requirements (from IHE)
- Verification of applicable experience
- CBEST passing transcript
- CBEST score report (for those who have failed the exam)
- Copy of professional license or certificate
- Recruitment flyers, advertisements, etc.