

**DIVISION OF PROFESSIONAL PRACTICES
PROFESSIONAL FITNESS QUESTIONS
DOCUMENT SUBMISSION FORM**

Date: _____

To: Commission on Teacher Credentialing
Division of Professional Practices
651 Bannon Street, Suite 600 B
Sacramento, CA 95811
misconductquestions@ctc.ca.gov

From: Name: _____

Address: _____

Phone: _____

Email: _____

Re: **Document Submission Form**

SSN (last four): _____ DOB: _____ Maiden Name/AKA: _____

Application Submission Date: _____ Payment Conf. #: _____

Employing Agency/District (at time of discipline action): _____

Current Employing Agency/District: _____

I am submitting the following documents that pertain to my "yes" answers regarding the Professional Fitness Questions (please check the following documents that apply):

Notice of Intent to Dismiss/Suspend

Statement of Charges/Accusation

Request for Hearing

Final Decision

Board Acceptance

CPS Report (other agencies)

Social Services Report

Case Number(s) _____

Other: _____

District Investigation Report

Copy of Signed Contract

Letter of Resignation/Retirement

Settlement Agreement

Explanation of Incident

Police, Sheriff's Report/Case # _____

Court Records/Case # _____

Licensing Agency Report: _____