

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

Date: \_\_\_\_\_

To: Commission on Teacher Credentialing  
Division of Professional Practices  
1900 Capitol Avenue  
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: \_\_\_\_\_