Withdrawal From Intern Program



Use a <u>separate</u> form for each intern who is no longer in your program.

This form is to be used in accordance with <u>CIA 007-11</u>, <u>CIA 09-08</u>, and <u>PSA 10-08</u> to notify the Commission that an individual has been dropped or has withdrawn from an approved professional preparation program being delivered through an intern model.

Upon notification by a Commission-approved university or district internship program sponsor that an individual has withdrawn (or is dropped) from an internship program for any reason, the Commission will issue a corrected document. The corrected document will include an expiration date equal to the date supplied by the program sponsor. Subsequently, when an applicant's Social Security number and birth date are entered in the Commission's online look- up system, the internship credential will be displayed as an expired document, no longer valid for employment purposes in California's public schools. Expired documents are not displayed via the public lookup system (name search system).

Full name of credential holder:

Last 4 digits of SSN:

Type of intern program withdrawn from:

 \Box MS \Box SS

□ Administrative: Preliminary

, □M/M	□m/s		ECSE		VI 🗆 PHI	ESN
Pupil Personnel:						
□School Counseling		□School Psychology		\Box School Social Work		
Date the individu	al is no longer	in the intern pro	ogram:			

Reason the individual is no longer in the program:

Yes, I have notified the employer of the date the credential is no longer valid.

Yes, I have notified the intern of the date the credential is no longer valid.

Name of intern program sponsor:

Name of person completing form:

Title of person completing form (Only credential analysts or their authorized designees may complete this form):

Date of Submission:

Please submit this form as an attachment to an e-mail addressed to Intern@ctc.ca.gov