



State of California  
 Commission on Teacher Credentialing  
 Certification Division  
 1900 Capitol Avenue  
 Sacramento, CA 95811-4213

Email: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
 Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## REQUEST FOR A TWO-YEAR EXTENSION For Preliminary Multiple and Single Subject Teaching Credentials Issued On or After August 30, 2004

To qualify for the two-year extension, an individual must have been issued a Five-Year Preliminary Multiple or Single Subject Teaching Credential issued on the basis of completion of an SB 2042 California teacher preparation program with an issuance date of August 30, 2004 or later. The Renewal Code on this credential is R14I.

Individuals must submit an application packet directly to the CTC that includes **all** of the following:

1. Completed form ([CL-885](#)). **All three sections of the form must be completed.**
2. Completed application ([form 41-4](#)), marked “2-year extension” in the upper right hand corner of the form (next to “Appeal”)
3. Application [processing fee](#)

### APPLICANT’S CERTIFICATION

Name of Applicant: \_\_\_\_\_  
FIRST MIDDLE LAST

Type of Credential:      Multiple Subjects      Single Subject: Subject(s) \_\_\_\_\_

*I certify that I have earned a five-year preliminary multiple or single subject teaching credential issued on the basis of completion of an SB 2042 California teacher preparation program with an issuance date of August 30, 2004 or later, and my credential has expired or will expire within one year.*

*I certify under penalty of perjury that the foregoing statement is true and correct.*

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYING AGENCY CERTIFICATION

*I certify that the above named individual is employed in a teaching position that allows for the completion of the clear credential requirements.*

Name and Title \_\_\_\_\_

Name of Employing Agency \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLEAR CREDENTIAL PROGRAM CERTIFICATION

If the individual is enrolled in a Commission-approved induction program, complete the section below. If enrolled in a General Education Clear credential program, or if the individual must complete course work in accordance with No Child Left Behind, complete the section below and include [Form CL-855](#).

*I certify that the above named individual is enrolled in a Commission-approved clear credential program (to be signed by authorized person from approved program sponsor).*

Name and Title \_\_\_\_\_

Name of Clear Credential Program \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_