



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

Email: credentials@ctc.ca.gov
 Website: www.ctc.ca.gov

REQUEST FOR A TWO-YEAR EXTENSION For Multiple Subject, Single Subject and Education Specialist Teaching Credentials

This option is available only to individuals issued a preliminary or Level I general education or special education teaching credential that requires, in addition to any other requirements, completion of a teacher induction program to qualify for the clear credential. To qualify for this extension, 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](#)

Individuals do not qualify for a two-year extension if they are not required to complete a teacher induction program to earn the clear credential. See [Credential Leaflet AL-3](#) and [Coded Correspondence #19-04](#) for more details.

APPLICANT’S CERTIFICATION

Name of Applicant: _____
FIRST MIDDLE LAST

Type of Credential: Multiple Subject Single Subject: Subject(s) _____

Education Specialist: Specialty Area: _____

I certify that I have earned a five-year preliminary Multiple or Single Subject, or a five-year preliminary or Level I Education Specialist Teaching Credential, 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 _____

INDUCTION PROGRAM CERTIFICATION

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

Name and Title _____

Name of Program Sponsor _____

Contact Phone Number _____ Email Address _____

Signature _____ Date _____