

Child Development Permit Overview

Qualifications and How to Apply
Child Development Training Consortium
www.childdevelopment.org

Training Agenda

- Commission on Teacher Credentialing (CTC) Contact Information
- Child Development Permit Services of the Child Development Training Consortium (CDTC)
- Child Development Permit Matrix
- Child Development Permit Application
 - State Form 41-4
 - State Form OA-EF
 - Live Scan Fingerprinting Form 41-LS
 - Live Scan Reimbursement Form
 - Verification of Experience Form
 - Licensed Family Child Experience Form
 - Master Teacher Specialization Form
 - CDTC Permit Application

Commission on Teacher Credentialing (CTC) Contact Information

- Web Site – www.ctc.ca.gov
- Email – credentials@ctc.ca.gov
- Toll free – (888) 921-2682

CDTC Contact Information

Web Site – www.childdevelopment.org

Main Phone Line – (209) 572-6080

CDTC Permit Funding

CDD Permit funding requirements

- Live or Work in CA
- Employed or not employed
- Can work with School Age
- Permit Funding Levels - First-time, upgrade, renewal of Assistant, Associate Teacher and Teacher and upgrades from one of the three lower level permits
- Reimbursement of on-line renewal fees for Teacher Permit only

CDTC Role in Processing

- Provide an application (web site or mail)
- Provide technical assistance
- Audit permit application for completeness
- Pay processing fee to CTC
- Reimburse Live Scan processing fee for eligible first-time applicants

Child Development Permit

- All permits are valid for 5 years
- All permits have a renewal requirement
 - Assistant – Professional Growth Hours
 - Associate Teacher - additional 15 units
 - Teacher - Professional Growth hours
 - Master Teacher – Professional Growth Hours
 - Site Supervisor – Professional Growth Hours
 - Program Director – Professional Growth Hours

Unit Requirements for the Child Development Permit

- All unit requirements are semester units (quarter unit equals $2/3$ of semester unit)
- Units must be obtained from regionally accredited institution
- ECE/Child Development units cannot count toward the General Education requirement

Unit Requirements for the Child Development Permit - Continued

- Courses completed with grade “C” or higher or credit
- Units completed outside of USA must be evaluated by CTC approved agency
- Different options to apply

CTC Acceptable Regional Accrediting Bodies

MSA - Middle States Association of Colleges and Schools

NWCCU - Northwest Commission on Colleges and Universities

NCA - North Central Association of Colleges and Schools

NEASC-CIHE - New England Association of Schools and Colleges, Inc./Commission on Institutions of Higher Education

SACS-CC - Southern Association of Colleges and Schools/Commission on Colleges

WASC-Jr. - Western Association of Schools and Colleges/Accrediting Commission for Community and Junior College

WASC-Sr. - Western Association of Schools and Colleges/Accrediting Commission for Senior Colleges and Universities

Child Development Permit Matrix

Child Development Permit Matrix - with Alternative Qualification Options Indicated					
Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP)	Authorizes the holder to care for and assist in the development and instruction of children in a child care and development program under the supervision of an Associate Teacher, Teacher, Master Teacher, Site Supervisor or Program Director.	105 hours of professional growth*****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential.	Authorizes the holder to provide service in the care, development, and instruction of children in a child care and development program, and supervise an Assistant and an aide.	Must complete 15 additional units toward a Teacher Permit. Must meet Teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program, and supervise an Associate Teacher, Assistant and an aide.	105 hours of professional growth*****
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to provide service in the care, development and instruction of children in a child care and development program, and supervise a Teacher, Associate Teacher, Assistant and an aide. The permit also authorizes the holder to serve as a coordinator of curriculum and staff development.	105 hours of professional growth*****
Site Supervisor	Option 1: AA (or 60 units) which includes: • 24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher (does not have to be in ECE/CD) with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Admin. credential*** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 4: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	Authorizes the holder to supervise a child care and development program operating at a single site; provide service in the care, development, and instruction of children in a child care and development program; and serve as a coordinator of curriculum and staff development.	105 hours of professional growth*****
Program Director	Option 1: BA or higher (does not have to be in ECE/CD) including: • 24 ECE/CD units with core courses** plus 6 administration units plus 2 adult supervision units	One year of Site Supervisor experience	Option 2: Admin. credential*** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Teaching credential**** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; or Option 4: Master's Degree in ECE/CD or Child/Human Development	Authorizes the holder to supervise a child care and development program operating in a single site or multiple sites; provide service in the care, development, and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth*****

NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better from a regionally accredited college. Spanish translation is available.

*One course in each of four general education categories, which are degree applicable: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.

**Core courses include child/human growth & development; child/family/community or child and family relations; and programs/curriculum. You must have a minimum of three semester units or four quarter units in each of the core areas.

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****A valid Multiple Subject or a Single Subject in Home Economics.

*****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 572-6080 for assistance in locating an advisor.

This matrix was prepared by the Child Development Training Consortium. To obtain a permit application visit our website at www.childdevelopment.org or call (209) 572-6080.

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Early Childhood Education (ECE)

Core Units

- Child Growth & Development
- Child/Family & Community
- Programs/Curriculum

Must complete a minimum of 3 semester units in each core area

General Education (GE) Core Units

- English/Language Arts
- Humanities
- Social Science
- Math/Science

Minimum total of 16 semester units

Courses must be degree applicable

Experience

- Minimum of 3 hours a day to count as a day of experience
- Volunteer experience counts toward the experience requirement
- Licensed Family Child Care
- Student teaching in Kindergarten is acceptable supervised field experience in a ECE setting

Assistant

Option 1

- 6 units of ECE
- No days of experience

Option 2

- ROP

Associate Teacher

Option 1

- 12 ECE units - minimum of three semester units from each of the 3 core areas
- 50 days of experience within the last 2 years

Associate Teacher

Option 2 – No Days of Experience

- CDA Credential – Must be earned in California
- CDA Credential only equals 9 ECE units towards Teacher Permit

Associate Teacher Renewal

- Initial Associate Teacher Permit valid for 5 years
- Can renew one time only
- Must complete additional 15 units towards the Teacher level permit
- Remedial units do not count towards renewal
- No extension if renewal requirement not met

Teacher

Option 1

- 24 ECE units – including core units
- 16 GE units
- 175 days of experience within the last 4 years

Teacher

Option 2 – No Days of Experience

- AA or higher in ECE or related field with 3 units of supervised field experience in an ECE/CD setting

Master Teacher

Option 1

- 24 ECE units - including core units
- 6 specialization units (one area of focused study)
- 2 adult supervision units
- 16 GE units
- 350 days of experience

Master Teacher

Option 2 – No Days of Experience

- BA or higher (does not have to be in ECE/CD)
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in a ECE/CD setting

Site Supervisor

Option 1

- AA or 60 units, including the following
- 24 ECE units – including core units
- Plus 6 administration units
- Plus 2 adult supervision units
- 16 GE units
- 350 days of experience including 100 days of supervising

Site Supervisor

Option 2 – No Days of Experience

- BA or higher (does not have to be in ECE/CD)
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Site Supervisor

Option 3 – No Days of Experience

- Administrative Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Site Supervisor

Option 4 – No Days of Experience

- Valid Multiple Subject Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 1

- BA or higher (does not have to be in ECE/CD)
- 24 ECE units - including core units
- Plus 6 administration units
- Plus 2 adult supervision units
- 1 year of site supervisor experience

Program Director

Option 2 – No Days of Experience

- Administrative Credential
- 12 ECE units – do not have to be core units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 3 – No Days of Experience

- Valid Multiple Subject Credential
- 12 ECE units – do not have to be core units
- 6 administration units
- 3 units supervised field experience in an ECE/CD setting

Program Director

Option 4 – No Days of Experience

- Masters degree in ECE/CD or Human Development

May use Masters degree in related field with 24 ECE units

Commission on Teacher Credentialing (CTC)

- CTC no longer prints the permit documents
- Include your email on the 41-4 or 41-REN and the CTC will email you 48 hours prior to posting of your permit on their web site.
- Follow the status of the permit at CTC from their web site at www.ctc.ca.gov. You must do a private search using social security number and birth date.

41-4 Front Page – First-time and Upgrade

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE
(For Privacy Act Notification See [Instructions](#))

Mail to: STATE OF CALIFORNIA
COMMISSION ON TEACHER
CREDENTIALING
Certification, Assignment and
Waiver Division
BOX 944270
SACRAMENTO, CALIFORNIA 94244-2700

Appeal: _____
Route to: _____

III/County/District Use Only

Commission Use Only: See Information

APP	PP	Other
CD Initials	Date	

CTC Use Only

Issuance Date: _____
E-mail Address: _____

1. PERSONAL INFORMATION (type or print)

Social Security Number: _____ Date of Birth: (mm/dd/yyyy) _____

Applicant's Name: _____
First Middle Last

All Former/Waiver Name(s): _____ County of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Message Phone: _____

E-mail Address: _____

2. TYPE OF CREDENTIAL SELECT ONE: _____

<p>Substitute Permits</p> <p>Single Subject (Secondary Teaching)</p> <p>Specify Subject (if you are requesting more than one subject, enter it in Comments.)</p> <p>Specify Languages Other Than English (if applicable)</p> <p><input type="checkbox"/> English Learner Authorization Term _____</p> <p>BILINGUAL AUTHORIZATION - Specify Language</p>	<p>English Learner Authorizations</p> <p>BILINGUAL AUTHORIZATION - Specify Language</p> <p>Services Credentials</p> <p>Specify Other Health Services Term _____</p> <p>Child Development Permits</p> <p><input type="checkbox"/> School-Age Emphasis</p> <p>Designated Subjects</p> <p>Subject(s)</p> <p>Supplementary Authorization(s)</p> <p>Subject Matter Authorization(s)</p> <p><input type="checkbox"/> Visiting Faculty Permit</p> <p>Specify Subject</p>
<p>Multiple Subject (Elementary Teaching)</p> <p><input type="checkbox"/> English Learner Authorization Term _____</p> <p>BILINGUAL AUTHORIZATION - Specify Language</p> <p>Education Specialist (Special Education) (If you are requesting more than one subject, enter it in Comments.)</p> <p>Specify Disability Area</p> <p><input type="checkbox"/> English Learner Authorization Term _____</p> <p><input type="checkbox"/> Other Specialist Credentials</p> <p><input type="checkbox"/> Added Authorizations (AASE)</p>	

41-4 2nd Page

3. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, a full explanation is required, using a separate sheet of paper. You must disclose all criminal convictions (misdemeanors and/or felonies) including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed and even if the case has been dismissed pursuant to Penal Code Section 1203.4. You may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction. See the [instructions](#) regarding the required documents if you answer yes to any of the following questions.

Warning: Failure to disclose any information requested is considered falsification of your application and is grounds for denial of your application and/or disciplinary action against your credential.

Please check here if you have ever held a credential or license authorizing service in the public schools in another state.
 State _____ Type of credential _____

<p>a. Have you ever been dismissed, non-relected, or suspended without pay for more than ten days, or retired or resigned from, or otherwise left school employment because of allegations of misconduct or while allegations of misconduct were pending? If the answer is yes, you must submit a full explanation on a separate sheet of paper.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>b. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? (NOTE: You must disclose your conviction even if the case was dismissed pursuant to Penal Code Section 1203.4) You may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction. If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, offense, and a short summary of the incident(s) that led to the conviction(s). See instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>c. Are you currently the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state OR have you ever been the subject an inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved children or took place on school property? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. See instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>d. Are any criminal charges currently pending against you? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, and a short summary of the incident(s) that led to the charge(s). See instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>e. Is any disciplinary action now pending against you in any school district or with any other school employer? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, type of action, school district or school employer name, and a short summary of the incident(s) that led to the pending action. See instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>f. Have you ever had any professional or vocational license or any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching revoked and/or otherwise subjected to any other disciplinary action (including an action that was stayed) for <u>cause</u> in California or any other state or place? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. If the licensing agency was not the Commission on Teacher Credentialing, see the instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>g. Have you ever had any application for a credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, denied and/or rejected for <u>cause</u> in California or any other state or place? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, name of licensing agency, and a short summary of the incident(s) that led to the denial or rejection. If the licensing agency was not the Commission on Teacher Credentialing, see the instructions regarding submitting required documents.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>



41-4 3rd Page

OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____

SIGNATURE OF APPLICANT

Before submitting, please review the application for completeness.

EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for Provisional Internship Permits, Visiting Faculty Permits, and Emergency Permits (except 30-Day Substitute Teaching Permits), must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.

Comments/Additional Subject Requests:

41- REN Front Page – Assistant & Associate Teacher Renewal

RENEWAL AND REISSUANCE APPLICATION
(For Privacy Act Notification See [Instructions](#))

Mail to:
STATE OF CALIFORNIA
COMMISSION ON TEACHER
CREDENTIALING
Certification, Assignment and Waivers Division
BOX 944270
SACRAMENTO, CALIFORNIA 94244-2700

Appeal to: _____
Route to: _____

Commission Use Only: Fee Information		JHE/County/District Use Only
APP	FF Other	
CU Initials	Use	Insurance Date: _____
		E-Mail Address: _____

CTC Use Only

1. PERSONAL INFORMATION (type or print)

Social Security Number:		Date of Birth: (mm/dd/yyyy)	
Applicant's Full Legal Name:			
First	Middle	Last	
All Former/Maiden Name(s):		County of Employment:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	Msg. Phone:
E-mail Address:			

2. SELECT TYPE OF CREDENTIAL

Substitute Permits <input type="text"/> <input type="checkbox"/> Visiting Faculty Permit	Provisional Internship Permits Multiple Subject <input type="text"/> Specify Language for BOLAD <input type="text"/> Education Specialist <input type="text"/>	Single Subject <input type="text"/> Specify Subject for Single Subject <input type="text"/> Specify Language Other than English <input type="text"/> Specify Language for BOLAD <input type="text"/>	Emergency Permits <input type="text"/> Limited Assignment <input type="text"/> Specify Subject <input type="text"/> Child Development Permits <input type="text"/>
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EMPLOYING AGENCY INFORMATION

Must only be completed for all credential, certificate and permit types where service is restricted to an employing agency.

Provisional Internship Permit Long-Term Emergency Permit

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for Provisional Internship Permits, Visiting Faculty Permits, and Emergency Permits (except 30-Day Substitute Teaching Permits), must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.

3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the Professional Growth Plan and Record form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your Professional Growth Plan and Record form for one year following the submission of this application.

FORM 41-REN 12/09 1

41- REN 2nd Page

3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION (cont)

I certify (or declare) that I have read the above and completed the following for this renewal of my professional clear credential:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____

Advisor's Name

Advisor's Phone Number

4. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer "yes" to any question, a full explanation is required, using a [separate sheet of paper](#). You must disclose all criminal convictions (misdemeanors and/or felonies) including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed and even if the case has been dismissed pursuant to Penal Code Section 1203.4. You may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction. See the [instructions](#) regarding the required documents if you answer yes to any of the following questions.

Warning: Failure to disclose any information requested is considered falsification of your application and is grounds for denial of your application and/or disciplinary action against your credential.

a. Have you ever been dismissed, non-relected, or suspended without pay for more than ten days, or retired or resigned from, or otherwise left school employment because of allegations of misconduct or while allegations of misconduct were pending? If the answer is yes, you must submit a full explanation on a separate sheet of paper.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? You must disclose your conviction even if the case was dismissed pursuant to Penal Code Section 1203.4. You may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction. If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, offense, and a short summary of the incident(s) that led to the conviction(s). See instructions regarding submitting required documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are you currently the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state OR have you ever been the subject an inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved children or took place on school property? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. See instructions regarding submitting required documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Are any criminal charges currently pending against you? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, and a short summary of the incident(s) that led to the charge(s). See instructions regarding submitting required documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Is any disciplinary action now pending against you in any school district or with any other school employer? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, type of action, school district or school employer name, and a short summary of the incident(s) that led to the pending action. See instructions regarding submitting required documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Have you ever had any professional or vocational license or any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching revoked and/or otherwise subjected to any other disciplinary action (including any action that was stayed)? <u>See causes</u> in California or any other state or place? If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, agency name, and a short summary of the incident(s) that led to the investigation and the results of the investigation. If the licensing agency was not the Commission on Teacher Credentialing, see the instructions regarding submitting required documents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

41- REN 3rd Page

<p>9. Have you ever had any application for a credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, denied and/or rejected <u>for cause</u> in California or any other state or place?</p> <p>If the answer is yes, you must submit a full explanation on a separate sheet of paper. Include dates, location, name of licensing agency, and a short summary of the incident(s) that led to the denial or rejection. If the licensing agency was not the Commission on Teacher Credentialing, see the instructions regarding submitting required documents.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____

SIGNATURE OF APPLICANT

Before submitting, please review the application for completeness.

Yes Answers to Professional Fitness Questions on 41-4 and 41-REN

- You must complete OA-EF Personal and Professional Fitness Explanation Form and add any additional documentation for each yes answer
- The following 2 slides are examples of the complete form

Personal and Professional Fitness Explanation Form OA-EF



Personal and Professional Fitness Explanation Form

The Personal and Professional Fitness section of each application contains seven questions. If you answered yes to any of these questions, you must submit an Explanation Form *for each incident*, even if the incident was previously disclosed. If you are reporting convictions, each conviction must be disclosed on a separate explanation form.

Scope of Questions:

Questions a and e relate to actions by an employer.

Questions b and d relate to actions by a court or law enforcement agency.

Question c relates to actions by a court, law enforcement agency, or licensing agency regarding alleged misconduct that involved children or took place on school property.

Questions f and g relate to actions by a licensing agency.

Special note regarding criminal convictions or pending criminal charges:

You are required to disclose all misdemeanor or felony criminal convictions including those based on a plea of no contest. You must disclose a conviction no matter how much time has passed, even if the case has been dismissed pursuant to Penal Code section 1203.4. In accordance with Health & Safety Code sections 11361.5 and 11361.7, you may omit misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.

Using this form:

This form contains five sections. Determine which sections apply to each incident and complete the required information.

If you answered yes to...	Complete the following section of this form... <i>(click the section number to be transported to that section)</i>
Question a	Section 1
Question b	Section 2
Question c	Section 3
Question d	Section 4
Question e	Section 1
Question f	Section 5
Question g	Section 5

Personal and Professional Fitness Explanation Form OA-EF

Section 1: Required information for yes answer to Personal and Professional Fitness Question a or e.

For question a, indicate the action taken:	
<input type="checkbox"/> Dismissed	Effective date: _____
<input type="checkbox"/> Retired	Effective date: _____
<input type="checkbox"/> Resigned	Effective date: _____
<input type="checkbox"/> Non-reelected	Effective date: _____
<input type="checkbox"/> Suspended without pay	Effective dates: _____

For question e, describe the disciplinary action that is pending:

Name of employer at time of action or pending action:	
Address:	
Telephone number:	Contact person (if known):

Describe in detail the incident(s) that resulted in the above action or pending disciplinary action (attach additional sheets if necessary):

Provide available copies of the following documents regarding the above-action: district investigation reports, police reports, Statement of Charges, Accusations, request for hearing, final decision, letter of resignation or retirement, and settlement agreements.

Teacher Online Renewal

- Child Development Teacher Permit should be renewed online on the CTC web site at www.ctc.ca.gov.
- You must use a credit or debit card and will be charged a \$2 service fee.
- Processing time is 3-5 business days.

41-LS

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0281</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer		
Job Title or Type of License, Certification or Permit: <u>Applicant for Teacher Credential</u>		
Agency Address Set Contributing Agency:		
California Commission on Teacher Credentialing <small>Agency authorized to receive criminal history information</small>		03294 <small>Mail Code (five-digit code assigned by DOJ)</small>
Box 944270 (1900 Capitol Avenue) <small>Street No. Street or PO Box</small>	Contact Name (Mandatory for all school submissions)	
Sacramento, CA 94244-2700 <small>City State Zip Code</small>	(916) 445-7254 <small>Contact Telephone No.</small>	
Name of Applicant: _____ <small>(Please Print) Last First MI</small>		
AKA's _____		CDL No. _____
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc No. <u>BIL -</u> <small>Agency Billing Number (if applicable)</small>
HT: _____	WT: _____	Misc. No. _____
EYE Color: _____	HAIR Color: _____	Home Address: <small>(Applies only if Youth Org./HRA or Public Utility submission)</small>
POB: _____	Street or PO Box	
SOC: _____	City, State and Zip Code	
Your Number: _____ <small>OCA No. (Applicant's Social Security No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list Original ATI No. _____		
Employer: <small>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</small>		
Employer Name _____		
Street No. _____	Street or PO Box _____	Mail Code (five digit code assigned by DOJ) ()
City _____	State _____	Zip Code _____ Agency Telephone No. (Optional)
Live Scan Transaction Completed By: _____ <small>Name of Operator Date</small>		
Transmitting Agency _____	ATINo. _____	Amount Collected/Billed _____

41-LS 7/00

CDTC V of E center

Child Development Permit

Verification of Experience

- If experience is a requirement for your permit, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is required for the permit level you are applying for. The experience requirements for each permit level are indicated below. Check the permit level you are applying for:

Permit Level	Required Experience
<input type="checkbox"/> Assistant	None
<input type="checkbox"/> Associate Teacher	50 days of 3 + hours per day within 2 years
<input type="checkbox"/> Teacher	175 days of 3 + hours per day within 4 years
<input type="checkbox"/> Master Teacher	350 days of 3 + hours per day within 4 years
<input type="checkbox"/> Site Supervisor	350 days of 3 + hours per day within 4 years including at least 100 days of supervising adults
<input type="checkbox"/> Program Director	One year of site supervisor experience

- If you have served in more than one position for a single employer, have a separate form completed for each position that you held.
- Do not have your employer mail this form directly to the Child Development Training Consortium or the Commission on Teacher Credentialing. It must be submitted with your completed Child Development Permit application.

This is to verify/certify that:	_____
	(Name of applicant)
has served satisfactorily from:	_____
	(Month and Year)
to:	_____
	(Month and Year)
In the position of:	_____
	(Job Title)
with the following age group(s):	_____
In the following capacity:	<input type="checkbox"/> Full-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Part-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Day-to-Day Substitute Total days worked _____
Documentation of supervising experience for the Site Supervisor Permit: (minimum 100 days)	Days From: _____ To: _____ Responsibilities: _____ _____
Employer:	School/Agency: _____ Address: _____ City: _____ Zip: _____ Phone: _____
Verified by:	Signature: _____ Name (please print): _____ Title: _____ Date: _____ Phone: _____

CTC V of E FCC



State Of California
 Commission On Teacher Credentialing
 Certification, Assignment and Waivers Division
 Box 944270
 Sacramento, CA 94244-2700

Telephone:
 (916) 445-7254 or (888) 921-2682
 E-mail: credentials@ctc.ca.gov
 Website: www.ctc.ca.gov

CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE EXPERIENCE

This form should be completed by individuals that operate a family home child care facility to verify family child care experience. The experience must be obtained while holding a Small or Large Family Child Care Home License issued by the California Department of Social Services.

► Do not mail this form directly to the Commission. It must be submitted with a child development permit application packet.

Check One:

- | Permit Level | Required Experience |
|--|---|
| <input type="checkbox"/> Assistant | None Required |
| <input type="checkbox"/> Associate Teacher | 50 days of 3+ hours/day within 2 years |
| <input type="checkbox"/> Teacher | 175 days of 3+ hours/day within 4 years |
| <input type="checkbox"/> Master Teacher | 350 days of 3+ hours/day within 4 years |
| <input type="checkbox"/> Site Supervisor | 350 days of 3+ hours/day within 4 years
(including at least 100 days of supervising) |
| <input type="checkbox"/> Program Director | Site Supervisor status and one program year of site supervisor experience |

Applicant's Full Legal Name _____
First Middle Last

Last four digits of your Social Security Number _____

I _____ have served as a **small /large** family child care provider
Name of Applicant Circle One

from _____ to _____
Month/Year Month/Year

Name of Family Child Care Facility _____

Mailing Address _____
Street

City State ZI

Attached is a copy of the Small/Large Family Child Care Home License issued by the California Department of Social Services. *Note: Site Supervisor and Program Director applicants must hold a **Large** Family Child Care Home License issued by the California Department of Social Services*

Site Supervisor Applicants:
 I certify that I have a minimum of 100 days of experience supervising adults.

Program Director Applicants:
 I certify that I have held a Large Family Child Care Home License for a minimum of one year.

I certify under penalty of perjury that all the foregoing statements are true and correct.

Signature of Applicant Date

CTC V of E FCC



State Of California
Commission On Teacher Credentialing
Certification, Assignment and Waivers Division
Box 944270
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

CHILD DEVELOPMENT PERMIT VERIFICATION OF FAMILY CHILD CARE ATTENDANCE

This form should be completed by parents/guardians to verify attendance of their child or children in a family child care program.

► Do not have the parent/guardian mail this form directly to the Commission. It must be submitted with a child development permit application packet.

This is to certify that: _____ has provided an early care
Name of Family Child Care Provider
and education program to my child or children.

I have/had _____ children in the provider's early care and education program.
Number

The child or children attended the provider's early care and education program:

from: _____ to: _____
Begin Date *End/Present Date*

Name of Parent/Guardian

Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

Master Teacher Specialization

Master Teacher Specialization Designation

Name: _____

If you are applying for the Child Development Master Teacher Permit under Option 1, please complete the necessary information below.

State the name of your Master Teacher Specialization:

List the course number and title for each class you are using to meet the specialization requirement. Six semester units of specialization are needed.

	Course #:	Course Title:	# of Units:
1.			
2.			
3.			
4.			
5.			
6.			
Total # of Units			

Examples of Specializations:

Infant/Toddler
Health and Safety
Teacher/Family Relationships
Children with Special Needs
School-Age Child Care
Bilingual/Bicultural
Preschool Programming
Montessori Education
Music
Family Child Care
High Scope

Note: Administration and core areas are not acceptable specializations

CDTC Permit Application Page 1

		Child Development Permit Funding Application		CDTC Use Only Fees: \$	
Section A: To be completed by you, the applicant. DO NOT USE ABBREVIATIONS					
Section B: Employer information to be completed by the permit applicant, if applicable.					
Section C: To be completed by your college child development advisor or qualified agency representative for assessment of eligibility. IMPORTANT: Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project. E-mail: lovetto@yosemite.edu or call: (209) 572-6080 if you have difficulty completing this step.					
Section D: To be completed by the county credentialing agency (usually the county office of education). Take all completed, original application forms and official college transcripts (if applicable) with you. Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.					
Section A: Applicant must complete and sign Section A.					
Social Security #:			Date:		
Name:					
Address:				County:	
City:				State:	Zip:
Home Phone: ()		Work Phone: ()		Email:	
Which permit are you applying for? (Check only one) <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director					
Are you applying with a School-Age Emphasis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Which type of permit are you applying for? (Check only one) <input type="checkbox"/> This is my very first Child Development Permit <input type="checkbox"/> I am renewing my current permit <input type="checkbox"/> I am upgrading to a higher level permit <input type="checkbox"/> Downgrade <input type="checkbox"/> On-line Renewal					
Current Job Title: _____ Long-Term Career Goal: <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Family Child Care <input type="checkbox"/> Own a Center <input type="checkbox"/> Other (specify): _____					
Gender:		Languages:			
<input type="checkbox"/> Male		What languages (other than English) do you speak fluently?			
<input type="checkbox"/> Female		What languages (other than English) do you use in your work?			
Race / Ethnicity:		<input type="checkbox"/> Filipino <input type="checkbox"/> Cuban		<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Japanese <input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> Samoan	
<input type="checkbox"/> American Indian or Alaskan		<input type="checkbox"/> Korean <input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Native		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: Spanish, Hispanic, Latino		<input type="checkbox"/> White	
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Chinese					
Which age groups of children do you work with? (Check all that apply) <input type="checkbox"/> Birth to 23 months <input type="checkbox"/> 2 years to 2 yrs 11 mos <input type="checkbox"/> 3 years to 4 yrs 11 mos <input type="checkbox"/> School age / K-6					
Do you work with children under 5 years who have disabilities or other special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No * These are children (between birth and 18 years of age) who: 1. Have an IEP (an Individual Education Plan); or 2. Have an IFSP (an Individualized Family Service Plan); or 3. Have behavior, development, or health issues that affect their family's ability to get child care services.					
What is the full and complete name (NO ABBREVIATIONS PLEASE) and location of the college where you completed the majority of the course work required for the Child Development Permit you are applying for now? College name: _____ State: _____					
Are you currently a student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which college are you currently attending? _____					
I verify that all required documents are completed and attached. I understand an incomplete permit application packet will be returned to me unprocessed and will delay receipt of the permit for which I am applying. I understand that information I have provided may be provided to California Department of Education, Child Development Division and/or their research partners for the purpose of evaluating this project.					
Applicant's Signature _____				Date _____	

CDTC Permit Application Page 2

Pay/Contractor Use/Other	Live Score: <input type="checkbox"/> No <input type="checkbox"/> Yes	Rec'd Date:	File Date:	Fee Paid: \$
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Child Development Permit Funding Application

Section

B: Employer Information to be completed by the Permit Applicant, if applicable

Permit Applicant's Name:

Name of Employer or Contracting Agency:

Address:

City: _____ Zip: _____

Applicant's Job Title: _____ Applicant's Hourly Wage: \$

Program Funding Received (Check all that apply): CA Dept of Ed, Child Development Division Head Start

City/Municipal Parent Fees Other (Specify): _____

Employer Type (check only one):

Licensed Center License-Exempt Center Licensed Family Child Care Home Exempt (Unlicensed) Home Care

Section

C:

Skip this part if you are renewing any permit except for the Associate Teacher. To be completed by your college child development advisor or qualified agency representative. Call (209) 572-6080 if you have difficulty completing this step. **IMPORTANT:** Please contact your college Early Childhood Education department to inquire if they are part of the VOC Project. The VOC Project allows participating programs to assure the Commission that an applicant has met the requirements for the permit. Participation in the program by a community college or four-year institution is voluntary. All six types of child development permits may be approved.

I have reviewed the application of the above named individual. I believe that the courses completed fulfill the requirements of the Child Development Permit for which the applicant is applying.

College:

Phone: ()

Print Name:

Title:

Email:

Signature:

Date:

Section

D:

To be completed by the county credentialing agency (usually the county office of education). Take all completed, original application forms and official college transcripts (if applicable) with you. **Disregard this section if you work in Los Angeles, Sacramento, or San Francisco Counties.**

I have reviewed the application of the above named individual. All required documents are attached and ready for submission to the Commission on Teacher Credentialing. I understand that CDTC staff does not evaluate transcripts to ensure educational requirements have been satisfied.

Agency:

Phone: ()

Print Name:

Title:

Email:

Signature:

Date:

Return completed application, along with the required documents to:

Child Development Training Consortium

1620 N. Carpenter Rd, Suite C16, Modesto, CA 95351

For assistance e-mail: lovetto@yosemite.edu or mccourta@yosemite.edu

or call: (209) 572-6080

Do not include any form of payment with your application.
An incomplete application will be returned to you unprocessed.

Questions

Contact CDTC

- Main Line – (209) 572-6080
- Bi-lingual assistance – (209) 572-6081