Your credential application will be processed using the California Commission on Teacher Credentialing online processing system. This process requires that you have a valid e-mail address and a credit or debit card for payment.

- **Complete the attached Credential Request Form and bring to your Exit Appointment.**
- **Submit all necessary items specified for type of credential.**

**Multiple Subject**
- RICA Passage Confirmation
- CPR Certification (Adult, Infant & Child)
- Exit Survey Verification
- PACT Scores
- Credential Request Form

**Single Subject**
- CPR Certification (Adult, Infant & Child)
- Exit Survey Verification
- PACT Scores
- Credential Request Form

**Education Specialist**
- RICA Passage confirmation
- CPR Certification (Adult, Infant & Child)
- Exit Survey Verification
- Credential Request Form

**Administrative Services Level I**
- Verification of 5 years teaching experience (*Form CL-41 EXP*)
- Verification of Employment as an Administrator (*Form CL-777*)
- Credential Request Form
  (*Certificate of Eligibility does not require form CL-777.1*)

**Intern**
- Signed Intern Authorization for Employment Form
- Credential Request Form

- **Credential Analyst will verify information, confirm eligibility and recommend for the credential. This process will not take place until final grades are posted.**
  Requests will be processed in the order in which they are received. Depending upon volume, it may take several weeks before your file is processed. (*If additional documentation is required you will be informed via email*)

- **You will receive notification of recommendation from the CCTC via e-mail. Follow e-mail instructions, and submit payment. Once payment is submitted you will receive notice of receipt. Within 10 business days after payment, you will receive confirmation that your credential has been issued (providing there are no extenuating circumstance), followed by a notice of granting. All notices will take place via e-mail by CCTC.**
Credential Request Form

PERSONAL INFORMATION

Social Security Number: _____-____-_______  Date of Birth: ____/____/_______

Name: ___________________________________________  __________________________   __________________________
       Last Name                           First Name                           Middle Name

Address: ___________________________________________  ___________________________________________  ____________
       Street Address                           City                           State   Zip Code

Home Phone: _______________________________  Cell Phone: ________________________________

Email Address: ____________________________________________

TYPE OF CREDENTIAL

Multiple Subject
  Preliminary
  Intern
  Supplementary
  Subject Matter Authorization: ____________________________
    Subject

Single Subject
  Preliminary
  Intern
  Authorized Field (Subject): ____________________________
    Subject

Education Specialist
  Preliminary
  Intern

Bilingual Authorization
  Added Authorization
  Added Authorization Only

Administrative Services
  Certificate of Eligibility
  Preliminary Level I

APPLICANT SIGNATURE

I certify that I have read and understand that in order to receive my credential, I must follow the instructions that will be provided to me by email. I understand that if I do not respond to the email within 30 days, I will need to contact Credential Services and request a re-submission of my data to the CCTC system.

_________________________  __________________________
Signature                             Date
Applicant- DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Date Received: ____________________

Evaluation:
- Basic Skills
- Subject Matter
- RICA (if applicable)
- PACT (if applicable)
- LOTE (if applicable)
- CPR Verification (if applicable)
- COC Verification (if applicable)
- US Constitution
- Degree
  - CI
  - Other
- Exit Survey Verification (if applicable)
- Verification of Employment as an Administrator (CL-777) (if applicable)
- Verification of Experience (CL-41 EXP) (if applicable)

Recommendation:

Online submission Date: ________________ Credential Type: ________________________________

Issuance Date: ________________ Completed Program Term: ________________________________

Credential Portal Entry Date: ________________ PeopleSoft Entry Date: ______________________

Date Granted: ________________ Credential Analyst: ________________________________

Comments: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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