Certificate of Clearance Instructions

PLEASE NOTE:
If you hold a valid CTC issued document, you do not need to complete this process

The Certificate of Clearance (COC) is issued by the State of California Commission on Teacher Credentialing (CTC) to individuals who have “completed the Commission’s fingerprint character and identification process, whose moral and professional fitness has been shown to meet the standards as established by law.”

How to Apply:

• Complete the CTC Live Scan 41-LS form (http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf) and print three copies. Take to a Live Scan electronic fingerprint service facility for submission to a Live Scan operator. Applicants are required to a pay a processing fee for prints to be scanned. (Recipients of a Teacher Recruitment Program live scan fee waiver must complete the fingerprinting process at: Ventura County Office of Education (VCOE), 5189 Verdugo Way, Camarillo, CA 93012. Please contact the VCOE at (805) 383-1914 to verify hours of operation. Additional information available at http://www.vcoe.org/Human-Resources/Fingerprinting)

• Complete the online application and pay applicable fees on the CTC website through the Web Application process. (see attached step-by-step instructions) Upon submission of an online application, applicants will receive an email confirmation.

• Note: If you answer “yes” to any of the Personal and Professional Fitness questions, you must send required supporting documentation as per the instructions given.

• The status of a COC application may be obtained using the Educator Login on the CTC website. When a Certificate of Clearance has been granted, an email is sent to the applicant. Clearances are valid for five years.

• Print a copy of clearance and submit with a completed credential application packet. (students obtaining a COC as a requirement for attendance in EDMS 422 OR EDSS 524 turn in their clearance directly to their instructor on the first day of class – a separate copy will be required when applying to a credential program)

updated 8/28/17
How to apply for the Certificate of Clearance (COC)
or Activity Supervisor Clearance Certificate (ASCC)

The Web Application process is only available at this time for persons who need fingerprint clearance. For directions on how to complete applications for new teaching credentials submitted by a Commission-approved program sponsor, click here. Applicants from outside California seeking their first teaching credential must mail their applications to the Commission using Form 41-4. Individuals who must submit fingerprint cards with their application must not use this online process! See Credential Leaflet CL-900 for more information on the COC and Credential Leaflet CL-891 for more information on the ASCC.

1. If not already completed, fill out the CTC-specific Form 41-LS and take 3 copies to a Live Scan station for your fingerprints to be taken.

2. Apply for your document using the Web Application Process at the CTC website. (www.ctc.ca.gov)
   a. Select the Educator Login button to begin your application.

3. Create/log in to your personal profile on the secure Educator Page. If you have already created your User ID and password, enter them in the screen shown below and move to step 6. Users who have not yet completed this process must use the link “Create Educator Account” as shown in the screen below.
6. After creating your User ID and Password you will be directed back to the login screen to use your new User ID and Password. After logging in, you will be shown the Commission's Personal Information legal disclaimer. Click Next in the upper right corner to proceed.

7. The next screen allows you to verify the information on your personal profile page is entered correctly. Click the "Add or Change Personal Information" button to make any adjustments to your file as needed. A profile created by the recommending agency may contain only the Last and First names and your email address. Click "Next" when done.
10. A checklist will appear that verifies which document you have selected. You are not required to send this checklist; it is only for your personal reference.
14. On the next page, click the Process Payment button to move forward.

15. The display shows the document applied for and the amount to pay. Click the Continue button.

16. Complete the billing verification information for LexisNexis. Choose to pay with credit card (can also use debit card with Visa or MasterCard logo). Click Continue button when finished.

NOTE: The application fee is earned upon receipt and is not refundable. (Reference: Title 5, California Code of Regulations, Section 80487)
19. The final landing page provides directions back to the Educator page or to log out of CTC Online.

**Note:** If you answered "yes" to any of the Personal and Professional Fitness questions you must send the required supporting materials to the Commission as per the instructions provided.
### Applicant Submission

**ORI:** A0281  
**Type of Application:** License/Certification/Permit  
**Job Title or Type of License, Certification or Permit:** TEACHER CRED 44340 EC

#### Agency Address Set Contributing Agency:

**CASM TEACHER CREDENTIALING**  
Agency authorized to receive criminal history information  
1900 Capitol Avenue  
Sacramento, CA 95811-4213

**Mail Code:** 03294  
**Contact Name:** (Mandatory for all school submissions)

**Agency Telephone No.:**

#### Name of Applicant:

**First Name:** __________________________  
**Last Name:** __________________________  
**Middle Initial:** __________________________

**Alias:** __________________________  
**Sex:** Male □  Female □

**Date of Birth:** __________________________  
**Height:** __________________________  
**Weight:** __________________________

**Eye Color:** __________________________  
**Hair Color:** __________________________

**Home Address:** __________________________  
**Street No.:** __________________________  
**Street or PO Box:** __________________________  
**City, State and Zip Code:** __________________________

**Social Security Number (full):** __________________________

#### Your Number:

**OCA No. (Applicant Social Security No.):** __________________________

**Level of Service:**  
□ DOJ  
□ FBI

**If resubmission, list Original ATI Number:** __________________________

#### Employer:

**Employer Name:** __________________________

**Street No.:** __________________________  
**Street or PO Box:** __________________________

**City:** __________________________  
**State:** __________________________  
**Zip Code:** __________________________

**Mail Code:** (five digit code assigned by DOJ)

**Agency Telephone No. (optional):** __________________________

### Live Scan Transaction Completed By:

**Name of Operator:** __________________________  
**LSID:** __________________________  
**Date:** __________________________

**Transmitting Agency:** __________________________  
**ATI No.:** __________________________  
**Amount Collected/Billed:** __________________________