How to Complete Your Online Recommendation

1. Click the **Educator Login** button on the Commission's Home page <u>www.ctc.ca.gov</u> to begin your application.



2. Log in with your User ID and Password.

C.Gov Teach	ission on er Credentialing	
Login Search		
Existing user profile could not be found Social Security Number(######	Please re-enter your Social Security Number and Date of Birth to proceed with creating a new user. ***):	
Date of Birth (MM/DD/YYYY) :*		
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3. You will be shown the Commission's Personal Information legal disclaimer. Click Next in the upper right corner to proceed.

Cogin Search					
Welcome Back Educator Today is Tuesday, January 24, 2017					
Next Next					
Personal Information					
You are required to complete all the pertinent spaces in the Personal Information section, including your full legal name, all former names, and your maiden name, if applicable. Additionally, you are required to provide your full Social Security Number (SSN) or Individual Tax Identification Number (ITIN) on your application pursuant to 42 USC §666 and California Family Code §17520. If this information is not furnished, your application will be returned to you for completion. See Coded Correspondence 13-14 on the Commission's website for more information.					
You are required to notify the Commission of any address change pursuant to 5 CCR §80412. Address changes can be completed during the online application process.					
The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Your name, former names, SSN, date of birth, address, email address, and telephone numbers are used to provide proper identification and to contact you. Other information is used to determine your eligibility. When completing your application you will be required to answer six professional fitness questions and disclose any and all information regarding any arrests, convictions, and changes in education employment status as a result of allegations of misconduct or while allegations of misconduct or while allegations of misconduct or while allegations of networks are used to provide provide the commission on any other license tessue to you by any other governmental agency. The Commission will evaluated baced on your answers to the professional fitness questions, prior Commission reviews, and any other reports of misconduct received from, but not limited to, complainants, schools, districts, county office of education and the National Association of State Directors of Teacher Education and Certification.					
The information is necessary for the Commission to perform its duty under Education Code Sections 44200-44439, which authorizes this work. If not furnished, your application may be denied, delayed, or returned for completion.					
You must provide the Commission with a valid email address on your application form to receive the automated emails that will notify you of your application and credential status.					
With the exception of your SSN and home address, information displayed on the documents you hold or have held is public information and may be disclosed.					
You should not provide personal information that is not requested.					
nformation displayed online regarding the documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose to the agency that submitted the upplication all information provided with applications submitted by you through that agency. Information may also be disclosed to other State or Federal agencies as authorized by law. Personal information may be disclosed to the public non/w with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code sections 44200-44439.					
You have a right to review personal information maintained on you by our agency unless access is exempted by law, and contest its accuracy or completeness. To review your information, contact the Director of the Certification Division at, 1900 Capitol Avenue, Sacramento, California 95811. The Commission's privacy policy is found here (http://www.ctc.ca.gov/privacy.html).					
Notice to Applicants for Issuance or Renewal of Credentials					
The Commission is prohibited from issuing to or renewing the credential of any person convicted of any sex offense listed under Education Code Section 44010, any narcotics offense listed under Education Code Section 44011, or who has been determined to be a mentally disordered sex offender. Also, if a person that holds a credential has been convicted of any offense listed in Education Code 44424, such credential must be revoked.					
Each application for a credential shall contain notice that the information provided by the applicant is subject to investigation for, and verification of, the applicant's moral character and true identity by means of review of information, records, reports, and other data from any agency or department of the state or any political subdivision of the state, whether chartered by the state or not, secured by the Commission for these purposes.					

4. Proceed to the screen below where you can verify the information on your personal profile page. Click Next.

Agency User Search Educator Page			
Add or Change Personal Information * = Required Field			
Note: If you have questions about the information displayed below, please click here for a listing of Commission conta	acts		
First Name [*] : TRAINING	Fingerprint Status:	Complete: No Action Required	
Middle Name: APPLICATION			
Last Name ": IHKEEI			,
Work Phone: (999) 999-9999			
Home Phone: (999) 999-9999			
Last Known County of Employment: ALAMEDA COUNTY OFFICE OF EDUCATION			
Add or Change Address			
Address Line 1:P0 BOX 0750 S	State: CA		
Address Line 2: Prov	vince:		
City: SACRAMENTO Cou	untry: USA		
Zip Co	ode*:95811-0750	× × × × × × × × × × × × × × × × × × ×	
Back		Next	

5. Your personal Educator Page provides a view of your document history. Click on the option for "Employer Recommendation".

NOTE: If your program sponsor or employer informed you that it has submitted an application for a document but it does not appear on this screen, stop here and contact the agency immediately for assistance.

DO NOT COMPLETE A NEW WEB APPLICATION IN PLACE OF A RECOMMENDATION

Note: Information If the Deceased fla	on Adverse ar ag is displayed	nd Commission Actions is available for t , the licensee is deceased.	his educator if a flag is displayed.						
Document	Application	Adverse and Commission Action	s						
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> 230303169	30	D-Day Substitute Teaching Permit	Emergency	Valid	3/1/2024	3/1/2025	2/14/2022		
230037417	30	D-Day Substitute Teaching Permit	Emergency	Valid	3/1/2023	3/1/2024	2/14/2022		
220071067	30	D-Day Substitute Teaching Permit	Emergency	Valid	2/14/2022	3/1/2023	2/14/2022		
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Select one of t	he options	below to start a new application	for licensure. If your charte	r school, school dist	rict or county	has applied on	your behalf then selec	t "Employer R	ecommena
Renew Existi	ing Credentia	al University/Program Recom	mendation Employer Rec	ommendation	w Credentic.	oplication C	OC/ASCC Application		

6. Click on the small blue-gray arrow on the end to highlight the row. Then click on the drop down box and select "Yes."

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ta	st Name: THREE1		Last Kno	wn County of En	ployment: AU	THE COUNTY OFF	ICE OF EDUCATION	Note: Please verif	y County of Employment is current			
Fir	st Name: TRADIEN		Adverse and Com	mission Actions	Indicator :			Note: Information	on Adverse and Commission Actions is av	alable for this educat	or if a flag is displayed.	
Midd	le Name: APPLICAT	TON	Fing	erprint Process	Complete: Y			Note: If the finge	rprint process does not display as "Comple	te", please refer to t	the Fingerprint Information	on our website
Documen	t Application	Adverse and	Commission Actions									
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	Document Num	ber 🕀	Document Title 🚔		Term	Status 🖨	Issue Date 🖨	Expiration Date 🚔	Original Issuance Date 🚔	Grade 🖨	Special Grade 🚔	Recommending Agency
	801210012		Career Substitute Teaching P	ermit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013			
	Gerrenor2		career paraerose reasing r									
>	801200011		30-Day Substitute Teaching F	Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010			
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7. Select "Complete" to continue the application process.

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>	8012100	3	Career Substitute	Teaching Per	mit E	mergency	Valid	5/1/2013	6/1/2014	5/1/2013		
>	8012000	2	30-Day Substitute	e Teaching Per	mit E	mergency	Valid	4/3/2012	5/1/2013	3/1/2010		
>	P5TC2Tr	ig	Multiple Subject	Feaching Cred	ential P	reliminary	Valid	10/19/2011	11/1/2016			
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			eaching Credential	Preliminary	Awaiting Payment	10	0/19/2011	Return	Reason Here			
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NOTE: If you see an error on the document submitted, enter a Return Reason and select the **Return Application to Authorized Agency button**. After a document is returned, it will no longer appear on this page until it is resubmitted by the program sponsor or employer.

Recommended documents will only appear for 90 days. If the recommendation application is not completed and paid for within this timeframe, it will be purged by the system and the agency must resubmit the application.

8. Read the entire Disclosure page for the Professional Fitness questions. Pay particular to the last part before continuing:

Warning:

You will be required to certify (or declare) that the forgoing statements in this application are true and correct, by doing so, you are also stating that you understand:

That the information you provide is true and correct;

Any and all instructions related to your application;

Failure to disclose any information requested is falsification of your

application and the Commission may reject or deny

your application or take disciplinary action against your credential.
 The Commission may reject your application if it is incomplete and it will

be delayed; and

Fees are nonrefundable and earned upon receipt.

If you have any questions, you can contact the Commission anytime by email at ctc-pfqquestions@ctc.ca.gov

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9. Answer each of the Professional Fitness Questions. If you need assistance completing the Professional Fitness Questions, <u>click here.</u>

Complete all required fields of the Oath and Affidavit, and click Submit Payment. Click Submit Payment only once!

* Required Field	
Before you proceed to payment, you must indicate (by selecting the box) that you agree and understand the duties required of the Child Abuse and Ne Reporting Act and the Oath and Affidavit:	glect and
Child Abuse and Neglect Reporting Act	
As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.	
understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.	
understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.	
understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.	
understand that once I submit a report, I am not required to disclose my identity to my employer.	
understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.	
admowledge and certify that as a document holder, I will fulfill all the duties required of a mandated reporter."	
I have read and understand my required duties under the Child Abuse and Neglect Reporting Act 🔲 (Penal Code §11164ff.) *	
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: 12/01/2014	
City*:	
County (or N/A)*:	
State/Province/Region (or N/A)*:	
Country*: -Select-	
Back Cancel Submit Payme	ant
	an.

10. On the next page, click the Process Payment button to move forward.

Please do not use the BACK or REFRESH buttons. Click the button below to Process your Payment.
Process Payment

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

CA	COMMISSION ON TEACHER CREDENTIALING	Sa • 🖾 - 🗆 👼 • Page • Saltey • To	ok · O·
Below is a confirmation of your order. Please Product Name CTC Document	Itsnestry citizations Excelence exercise your order and select Youtsnes' to proceed to the billing screen. Becomption Confistant of Cenaros Tatal	Amuet Oved 127-15 52530	
LexisNexis*		Continue +	

12. 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.

Commission on GOV Teacher Credentialing			
	Total Amount:	102.50	
Billing Address Address Type Domestic (US and Puerto Rico) Military (APO/(PPO) Cardholder First Name: * Cardholder First Name: * Zardholder Last Name: * Zardholder Site * Address: * Address: * Address: * Address: * Phone: * Cardholder Last Name: * Cardholder Last Name: * Cardholder Cast Name: * Cardholder First Name: * Zardholder First Name: * Address: * Phone: * Cardholder Cast Name: * Cardholder Cast Name: * Cardholder Cast Name: * Cardholder Cast Name: * Cardholder First Name: * Cardholder Cast Name: * Cardholder Cast Name: * Cardholder Cast Name: * Cardholder First Name: * Cardholder First Name: * Cardholder Cast Name: * Cast Na	999-999-9999) Back	Payment Information Payment Type © Credit Card Card Number: * Expiration Date: * Security Code: * We've provided this sample credit card to assist you in finding the security code. MesterCard, Visa, Discover We've provided this sample credit card to assist you in finding the security code. MesterCard, Visa, Discover Continue >	

13. Verify all the payment information is correct, including email address. Click Complete Payment button. Do not click the Complete Payment button more than once! After clicking Complete Payment, do not use the Back button in the web browser. Wait for the Confirmation page to be displayed.

NOTE: The application fee is earned upon receipt and is <u>not refundable</u>. (Reference: Title 5, California Code of Regulations, Section 80487)

Gov Teacher	sion on Credentialing	Ť.
	Total Amount:	102.50
Billing Address Cardholder First Name : Cardholder Last Name: Zip Code: Address: Address Continued: City: State: Country : Email Address: Phone:	nancy passaretti 99999 1900 capitol avenue sacramento CA United States of America npassarett@ctc.ca.gov 999-999-9999	Payment Information Card Number: Expiration Date: 01/2015 By checking this box, you are authorizing the payment of the bill amount. Complete Payment >

14. On the Confirmation page, use the 1st link provided to obtain a printable receipt for your reference. After printing your receipt, you can return to CTC Online with the 2nd link "please click <u>HERE</u>."

	Receip	Receipt		
	Payment Date: 12/01/2014 02:42 PM PST	Payment Status: AUTH	IORIZED	
	Confirmation Number: 50024330			
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	Bill To: nancy passaretti 1900 capitol avenue			
and the second second second second	sacramento, CA - 99999 United States of Amer	rica		102.50
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	Contact Us Terms and Conditions Privacy Policy Copyright @ 2008-2014 LexisNexis Risk Solutions. All rights rese	rved.	CERTIFI	

15. 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.