

## Emergency Substitute Teaching Permit for Prospective Teachers

The Emergency Substitute Teaching Permit for Prospective Teachers is designed for applicants who do not have a BA/BS degree, but have completed 90 semester units and are enrolled in a California University. This application is physically mailed to the Commission on Teacher Credentialing (CTC), so please contact HR to set up an appointment to review the application.

### Step 1: Complete the Enclosed Application

The enclosed 41-4 application must be printed, and a physical copy must be provided. It is recommended to complete the application digitally, print single-sided, and then provide a wet signature on the final page.

### Step 2: Gather Official Transcripts

Transcripts can be provided physically or digitally but must be denoted as official. There must be proof of 90 semester units completed and that you are either currently enrolled or will be enrolled in the next semester. You may need a letter from the office of the registrar if the transcripts don't show enrollment.

### Step 3: Provide Your Packet to HCOE

HCOE is located at **901 Myrtle Avenue Eureka, CA 95501**. You can also call (707) 445-7039 to schedule a time to have your packet reviewed for completion and basic skills requirement (see below)

### Step 4: Satisfy Basic Skills Requirements (BSR)

Applicants must satisfy BSR, which can be met through options like coursework, passing the CBEST, or SAT/ACT scores. More info: [https://www.ctc.ca.gov/credentials/leaflets/basic-skills-requirement-\(cl-667\)](https://www.ctc.ca.gov/credentials/leaflets/basic-skills-requirement-(cl-667))

### Step 5: Complete Live Scan Fingerprint Process

Take the **41-LS form** to a Live Scan operator. It will cost \$49 for the DOJ and FBI fees, plus any fee the operator charges for their service. A permit will not be granted until your prints have cleared and are on file with the CTC.

A list of local Live Scan Operators can be found at <https://hcoe.org/fingerprinting/>

*More information about these items is available at*  
[https://www.ctc.ca.gov/credentials/leaflets/emergency-sub-teaching-permit-\(cl-505d\)](https://www.ctc.ca.gov/credentials/leaflets/emergency-sub-teaching-permit-(cl-505d))

**Once your packet is complete and BSR has been met, HCOE will mail the packet to the CTC. This permit will be subject to the CTC's standard processing timelines as posted on their website.**

# APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

For Privacy Act Notification see [Application Instructions](#)

Appeal: \_\_\_\_\_

Route to: \_\_\_\_\_

## Commission Use Only: Fee Information

APP      FP      Other

IHE/County/District Use Only

Issuance

Date: \_\_\_\_\_

Email: \_\_\_\_\_

## 1. PERSONAL INFORMATION (type or print)

CTC Use Only

*Social Security or Individual Tax Identification Number:		*Date of Birth: (mm/dd/yyyy)	
*My Full Legal Name: _____ First Middle Last			
All Former/Maiden Name(s): _____			
County of Employment (CA only): _____			
School District of Employment (CA only): _____			
*Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____		Work Phone: _____	Mobile Phone: _____
*Email Address: _____			
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage: Asian Groups: _____ Pacific Islander Group: _____ Other Groups: _____	

## 2. APPLICATION TYPE REQUESTED: (select only one option)

\* = Required Information

Other: \_\_\_\_\_

## 3. CHOOSE DOCUMENT TYPE: (make only one selection in this section)

\* = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.

<b>TEACHING CREDENTIALS:</b> Single Subject Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	<b>SERVICES CREDENTIALS:</b> Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	<b>EMERGENCY PERMITS*:</b> Limited Assignment* Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist*	<b>SUBSTITUTE PERMITS:</b> 30-Day Substitute Career Substitute* Prospective Substitute <b>Teaching Permit for Statutory Leave*</b> 30-Day CTE Substitute	<b>CHILD DEVELOPMENT PERMITS:</b> Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Children's Center Permit School-Age Emphasis
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## 4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable) Special Education Specialty Areas: CTE Industry Sector: Adult Education Subjects:	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____ Pupil Personnel Services:	Supplementary Authorization/ Subject Matter Authorization: _____ CTC Use Only
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## 5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher 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.

### **DECLARATION:**

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed \_\_\_\_\_ hours of professional growth activities

My Professional Growth Advisor is \_\_\_\_\_  
Advisor's Name Advisor's Phone Number

## 6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**WARNING:** You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand 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.



a. Have you ever been:

- dismissed or,
- non-reelected 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?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- 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.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



- f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

## 7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder 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.

I 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.

I 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.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I 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.

I acknowledge and certify that as a documentholder, I will fulfill all the duties required of a mandated reporter.

I agree

## 8. 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 One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

**Before submitting, please review the application for completeness:**

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

**Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.**

## 9. 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 \_\_\_\_\_  
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT \_\_\_\_\_

\* You must complete all portions of this section.

Comments/Additional Subject Requests:

Mail application and payment  
(check or money order) to:  
Commission on Teacher Credentialing Certification Division  
651 Bannon St, Suite 600  
Sacramento, California 95811-4213



# REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

## Applicant Submission

ORI: <b>A0281</b>		Type of Application: <b>License/Certification/Permit</b>	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: <b>TEACHER CRED 44340 EC</b>			
Agency Address Set Contributing Agency:			
<b>CASM TEACHER CREDENTIALING</b>		<b>03294</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
<b>651 Bannan St Suite 600</b>			
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<b>Sacramento</b>	<b>CA</b>	<b>95811-4213</b>	
City	State	Zip Code	
		Contact Telephone No.	
*Name of Applicant: _____			
(Please print) _____ Last		First MI	
*Alias: _____		*Driver's License No: _____	
Last First			
*Date of Birth: _____		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Misc. No. BIL - _____	
		Agency Billing Number	
*Height: _____		*Weight: _____	
		Misc. Number: _____	
		*Home Address: _____	
*Eye Color: _____		*Hair Color: _____	
		Street No. Street or PO Box	
*Place of Birth: _____		City, State and Zip Code	
*Social Security Number (full): _____		* Required Fields	
*OCA Number: _____		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
(SSN OR ITIN#)			
If resubmission, list Original ATI Number: _____			
<b>SUPPLEMENTAL AGENCY/EMPLOYER</b>			
(County Office of Education/School District)			
Employer Name _____			
Street No.	Street or PO Box	Mail Code (COE/SD five digit code assigned by DOJ)	
City	State	Zip Code	
		Agency Telephone No. (optional)	
Live Scan Transaction Completed By: _____			
Name of Operator		LSID	Date
Transmitting Agency		ATI No.	Amount Collected/Billed

# **CAPITAL LIVE SCAN**

## **BILL NOTICE**

**Humboldt County Office of Education**

**ORI: A0281**

**Billing Number: 140751**

### **Valid at the following location:**

**Scrappers Edge**

**728 4<sup>th</sup> Street Eureka,**

**CA 95501**

**(707) 445-9686**

**PLEASE BRING:** Your Request for Live Scan Service form, valid government issued ID, and this notice.

-A. Avalos  
CFO  
(866) 665-3278

Commission on Teacher Credentialing  
Certification Division  
651 Bannon St, Suite 600  
Sacramento, CA 95811-4213

Capital Live Scan  
(877) 888-8802  
5706 Broadway Sacramento, CA 95820

## Substitute Orientation Reimbursement Form

Please complete and sign at the bottom of the form.  
Incomplete and illegible forms may result in your request being denied.  
Original receipts must be attached to this form and signed by the requestor.

Name \_\_\_\_\_  
First Name Last Name

Mailing Address \_\_\_\_\_  
(Reimbursement check will be mailed to this address)

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Substitute Orientation Training Date \_\_\_\_\_

### Reimbursement Requested:

Please list the fees you are requesting to be reimbursed for in the chart below. Only fees associated with attaining a substitute permit will be reimbursed.

Live Scan Fees	Transcript Fees	Permit/Credential Fee Renewals	Other: TB test fee

Total Amount Requested: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Please allow 4-6 weeks for processing.  
Only one reimbursement form will be allowed per attendee.  
Up to \$150.00 in fees related to substitute teaching can be reimbursed.  
Please attach original receipts signed by the applicant to this form.