



**Los Angeles County
Office of Education**

Serving Students ■ Supporting Communities ■ Leading Educators

**Division of School Financial Services
Certification Section, Room 132
9300 Imperial Highway, Downey, CA 90242-2890**

**Read information on
Back of this form before
completing application.**

APPLICATION FOR TEMPORARY COUNTY CERTIFICATE (EC44332)

Submit completed form, in duplicate, to above address. Nonpublic schools submit completed form in duplicate.

For County Office Use Only

| | |
|---|-----------------------|
| NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT OR NONPUBLIC SCHOOL | DISTRICT 5-DIGIT CODE |
|---|-----------------------|

| |
|-------------------|
| REGISTRATION DATE |
| REGISTRATION NO. |

Complete highlighted items only

Section I - Applicant Information (To be completed by applicant.)

| | | |
|---|-----------|--|
| TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE) | | ALL FORMER NAMES |
| SOCIAL SECURITY NUMBER | BIRTHDATE | MOST RECENT CALIFORNIA TEACHING EXPERIENCE (COUNTY) (YEAR) |

Information About Your Application For Credential Or Permit Sent To CTC

| | | |
|--|---|--|
| APPLICATION IS FOR (PLEASE CHECK) <input type="checkbox"/> Cred. <input type="checkbox"/> Permit <input type="checkbox"/> Cert. | CHECK ONE <input type="checkbox"/> Initial <input type="checkbox"/> New Type | <input type="checkbox"/> Renewal <input type="checkbox"/> Adding Subj. Matter Auth. <input type="checkbox"/> Adding other auth <input type="checkbox"/> Adding district/agency <input type="checkbox"/> Adding Suppl. <input type="checkbox"/> Extension/Appeal |
| TERM (CL, P5, EM, C8...) | TITLE OF CREDENTIAL PERMIT OR CERTIFICATE APPLIED FOR (MULTIPLE SUBJECT, SINGLE SUBJECT, EDUCATION SPLST, ETC.) | |
| LIST SUBJECT(S) | For County Office Use Only TYPE/TITLE CODE <input type="checkbox"/> Restricted | |
| DOCUMENT EFFECTIVE DATE IS (MONTH/DAY/YEAR) | | |

The application was filed: (Check one.)

| | |
|---|---|
| <input type="checkbox"/> On-Line to CTC | <input type="checkbox"/> Paper Application |
| <input type="checkbox"/> by IHE (name) _____ Date: _____ | <input type="checkbox"/> by IHE (name) _____ Date: _____ |
| <input type="checkbox"/> by District (name) _____ Date: _____ | <input type="checkbox"/> by District (name) _____ Date: _____ |
| <input type="checkbox"/> by Applicant _____ Date: _____ | <input type="checkbox"/> by Applicant _____ Date: _____ |
| <input type="checkbox"/> by LACOE Certification Section _____ Date: _____ | <input type="checkbox"/> by LACOE Certification Section _____ Date: _____ |
| <input type="checkbox"/> by Other County (name) _____ Date: _____ | <input type="checkbox"/> by Other County (name) _____ Date: _____ |
| <input type="checkbox"/> by Other Agency (name) _____ Date: _____ | <input type="checkbox"/> by Other Agency (name) _____ Date: _____ |

CTC APPROVED BASIC SKILLS VERIFICATION

☐ CBEST Pass Date: ____ / ____ / ____ ☐ Other Exam Name: _____ Pass Date: ____ / ____ / ____

Information for Applicant - Please read prior to completing application.

Applicant Affidavit -- This section is **not** to be completed by the applicant if any of the following apply:

1. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
2. I have a Temporary County Certificate (TCC) pending with the Los Angeles County Office of Education. The TCC has not cleared as the application is being reviewed by the Division of Professional Practices/status of the application is "pending additional evaluation"
3. Applicant has an appeal currently pending from prior denial of this credential by the Commission on Teacher Credentialing, or the Committee of Credentials.
4. Applicant's credentials are currently under disciplinary suspension or revocation.
5. Applicant is aware he does not meet minimum requirements for the credential sought.

Applicant Affidavit (Read reverse side.)

I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that **I have submitted my complete Application for Credential Authorizing Public School Service to the Commission on Teacher Credentialing along with the required fee.** I am aware that such application may be denied on any of the grounds provided by Education Code Section 44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this credential, certificate, or permit.

Signed this ____ day of _____, 20____, City of _____, California

X

Signature of Applicant

Section II - Employment Information (To be completed by the authorized official of the employing school district.)

1. Was credential application reviewed by employer? ☐ No ☐ Yes
Did applicant answer "yes" to Personal and Professional Fitness questions? ☐ No ☐ Yes (attach explanation)
2. **If application was not reviewed by employer**, the applicant has stated in writing that his/her answers to Character and Fitness questions on the credential application are: ☐ No ☐ Yes (attach explanation)
3. Has applicant taken and passed a CTC approved Basic Skills test? ☐ N/A ☐ On file ☐ No ☐ Yes (attach certified copy)
4. I have determined that the applicant has all qualifications required by law for the performance of service requiring certification. ☐ No ☐ Yes

THE BEGINNING DATE OF EMPLOYMENT AUTHORIZED BY THIS TCC IS: (MONTH/DAY/YEAR)

ORIGINAL SIGNATURE OF AUTHORIZED EMPLOYING SCHOOL OFFICIAL OR DESIGNEE

DATE SIGNED

Name of Applicant: _____**Section III - AB681 Affidavit as it pertains to issuance of Temporary County Certificates****COC, ASCC, CREDENTIAL OR PERMIT
IS REQUIRED FOR TCC ISSUANCE****Employer has confirmed that a valid non-expired CTC issued COC, ASCC, Credential or Permit was granted by the CTC with an effective date of:** _____

A valid CTC issued COC, ASCC, Credential or Permit indicates that an individual has completed the CTC's fingerprint character and identification process, whose moral and professional fitness has been shown to meet the standards established by law.

- ☐ New employee to our district/agency with an initial CA credential/permit application filed with but not yet issued by the CTC
- ☐ New employee to our district/agency, formerly a current employee of another district/agency, who has allowed his/her credential/permit to expire.
- ☐ Current and continuous employee of our district/agency with an initial CA credential/permit application filed by but not yet issued by the CTC.
- ☐ Current and continuous employee of our district/agency who has allowed his/her credential/permit to expire.
- ☐ Returning employee to our district/agency, who has allowed his/her credential/permit to expire.
- ☐ None of the above scenarios apply and the employer is unable to mark one box in each of the categories (A, B, C and D) in the section to the right.

COC NOT REQUIRED FOR TCC ISSUANCE

The County Board of Education may issue a TCC to an employee currently and continuously employed by a school district/agency within the county who is serving under a valid credential/permit and has applied for a renewal of that credential/permit or for an additional credential/permit without obtaining a Certificate of Clearance from the commission for that employee.

The employer must be able to select at least one statement below in each of the categories (A, B, C and D). If not, the employer must complete the section to the left of this form

- A. ☐ New Employee
☐ Continuing employee
☐ Returning employee
- B. ☐ Holds a valid (non-expired) credential/permit AND fingerprint status reads "Complete" on the CTC website.
- C. ☐ Has applied for a renewal of that credential/permit
☐ Has applied for an additional credential/permit
- D. ☐ Is currently and continuously employed by this district/agency while serving under a valid credential/permit.
☐ Has been continuously employed in one or more districts/agencies in this county while serving under a valid credential/permit.

☐ I certify that a CTC application has been mailed, or has been submitted online and fees have been paid by the applicant to the CTC.

I certify that the foregoing is true and accurate and this affidavit is signed under penalty of perjury.

SCHOOL DISTRICT/AGENCY NAME

PRINT OR TYPE NAME AND TITLE OF AUTHORIZED EMPLOYING OFFICIAL

CONTACT EMAIL ADDRESS

SIGNATURE OF AUTHORIZED EMPLOYING OFFICIAL

CONTACT PHONE NUMBER

DATE SIGNED