

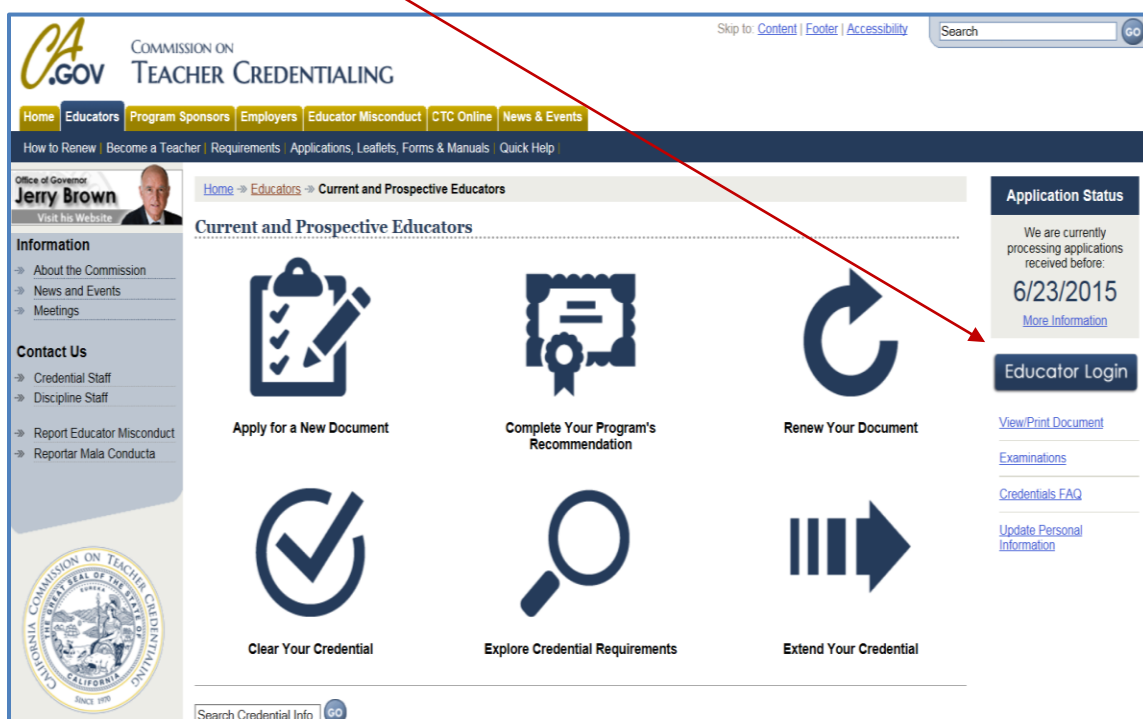


How to Renew Your Documents

1. From the Commission's Home page www.ctc.ca.gov, click the **Credentialing Information** navigation button



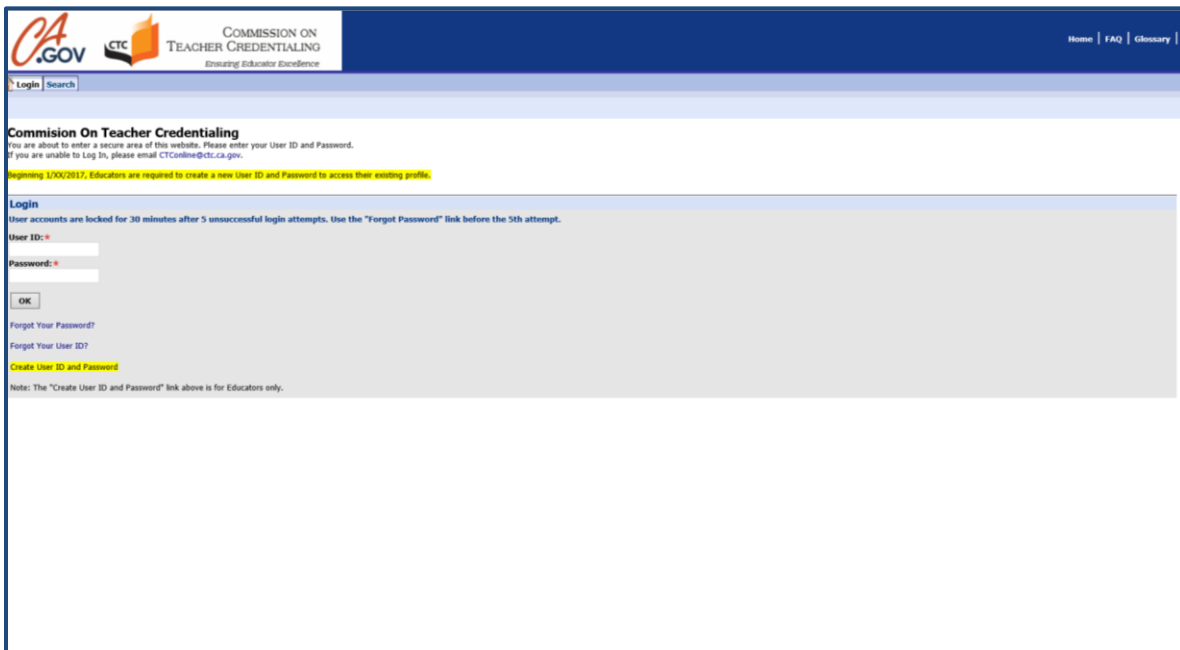
2. Select the **Educator Login** button to begin your application.



3. Log in to your personal profile on the secure Educator Page. The next screen will ask you to enter your User ID and Password.

NOTE: Effective 02/16/2017, you will not be able to access your file online directly with a Social Security number and Date of Birth. All users will be required to create a User ID and password first before accessing their CTC Online file.

Users who have not yet completed this process must use the link “Create User ID and Password” (highlighted yellow in the sample below) to link to their online profile.



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Login Search

Commission On Teacher Credentialing
 You are about to enter a secure area of this website. Please enter your User ID and Password.
 If you are unable to Log In, please email CTCOnline@CTC.ca.gov.

Beginning 1/01/2017, Educators are required to create a new User ID and Password to access their existing profile.

Login
 User accounts are locked for 30 minutes after 5 unsuccessful login attempts. Use the "Forgot Password" link before the 5th attempt.

User ID: *

Password: *

OK

[Forgot Your Password?](#)

[Forgot Your User ID?](#)

[Create User ID and Password](#)

Note: The "Create User ID and Password" link above is for Educators only.

4. Enter your SSN and Date of Birth to begin creating your User ID and Password. Click OK. Do not use the "Enter" key on your device as it will not advance you to the next step.



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Login Search

Please do not use your browser's back button during this process.

Social Security Number (#####):

Date of Birth (MM/DD/YYYY): *

OK

5. Enter your personal information including your selection of a User ID and Password, and create 3 Challenge Questions and Answers that can be used to verify your account if your ID or Password should be lost. **You must include a current valid email address in your profile as this is how password recovery information and other important correspondence regarding your file will be distributed.**

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Login Search

New User Registration:

Create New Educator

* Required Field

Please provide your own contact details so that we can create you as an Educator.

First Name: * Address Line 1: *
 Middle Name: Address Line 2:
 Last Name: * City: *
 Email: * State: *
 Work Phone #: Zip Code: *
 Home Phone #: Country: *

Enter User ID and Password

User ID: * Password requirements are as follows:
 • Nine Characters or more
 • Capital and lower case Letters
 • At least one number
 • At least one symbol (any of these: <>';!~@#%&*()_+@)
 • User ID cannot be part of password

Password: *
 Verify Password: *

Enter Challenging Questions and Answers (To be used when you forget your password)

Challenge Question 1: * Challenge Questions requirements are as follows:
 • Questions must be minimum 5 characters length.
 • Answers must be minimum 5 characters length.
 • Questions and answers must all be different.
 • Answer cannot be part of question.

Challenge Answer 1: *
 Challenge Question 2: *
 Challenge Answer 2: *

- 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.

Login Search

Welcome Back Educator Today is Tuesday, January 24, 2017

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 were pending regarding your teaching credential and/or documents issued by the Commission or any other license issued to you by any other governmental agency. The Commission will evaluate your fitness to hold a credential based 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.

Information 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 application 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 only 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.

- Use the screen below to verify the information on your personal profile page. Click the “Add or Change Personal Information” button or the “Add or change Address” button to update your file as needed.

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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 contacts

First Name: TRADING
Middle Name: APPLICATION
Last Name: THREEE
E-mail: tthree@ctc.ca.gov
Work Phone: (999) 999-9999
Home Phone: (999) 999-9999
Fingerprint Status: Complete: No Action Required
Last Known County of Employment: ALAMEDA COUNTY OFFICE OF EDUCATION

Add or Change Address

Address Line 1: PO BOX 0750
Address Line 2:
City: SACRAMENTO
State: CA
Province:
Country: USA
Zip Code: 95611-0750

Back Next

When you are finished, click Next.

- Your personal Educator Page provides a view of your document history. Under the heading “**Renew Your Document**,” documents currently eligible for renewal will appear.

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Back

Note: If you have questions about the information displayed below, please click here for a listing of Commission contacts

Last Name: THREEE
First Name: TRADING
Middle Name: APPLICATION
Last Known County of Employment: ALPINE COUNTY OFFICE OF EDUCATION
Adverse and Commission Actions Indicator:
Fingerprint Process Complete: Y

Note: Please verify County of Employment is current.
Note: Information on Adverse and Commission Actions is available for the educator if a flag is displayed.
Note: If the fingerprint process does not display as "Complete", please refer to the Fingerprint Information on our website

Document Application Adverse and Commission Actions

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade	Recommending Agency
80120013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013			
80120011	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010			
80120010	30-Day Substitute Teaching Permit	Emergency	Valid	3/1/2010	4/1/2011	3/1/2010			
80120009	Administrative Services Credential	Preliminary	Valid	5/1/2009	6/1/2014	5/1/2009			ALLIANT INTERNATIONAL UNIVERSITY

Complete Your Program's Recommendation

For those who have completed a program and were recommended for a credential by their college, university, district, or county office.
(Complete/Return Application to Authorized Agency) Click the "Document Title" to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason.

Choose Yes to Complete Recommendation Document Title Term Application Status Issue Date Return Reason

Renew Your Document

Options listed here are for those who already hold a document and are renewing.

Pick Applet	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010		

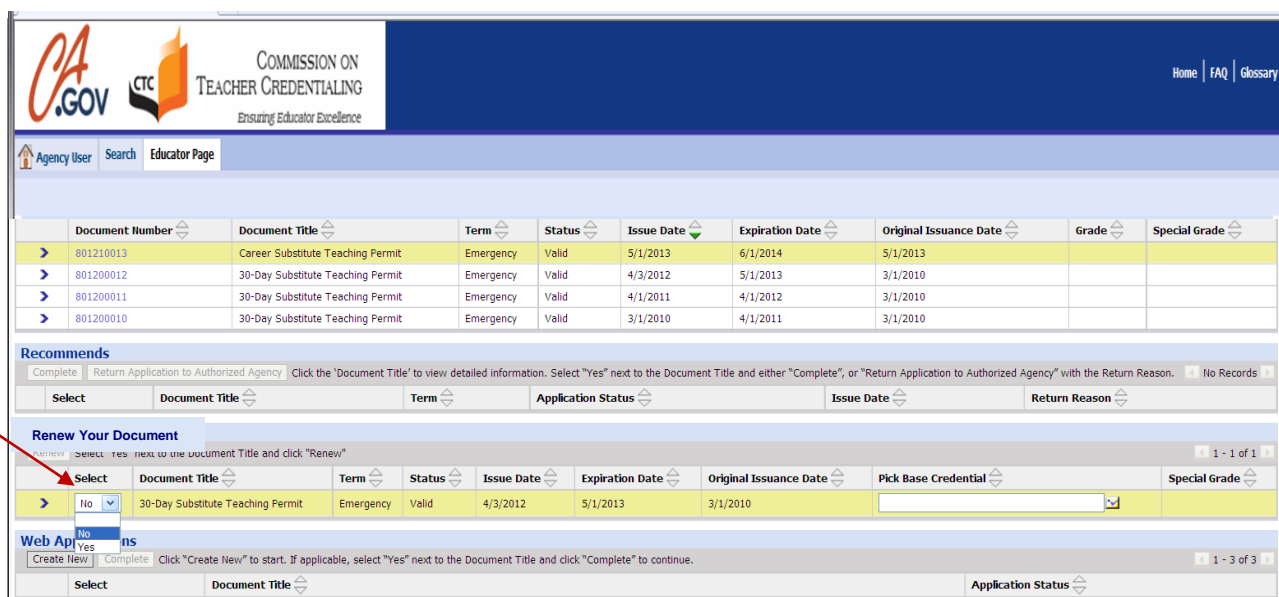
Apply for a Certificate of Clearance or Activity Supervisor Clearance Certificate

This option is ONLY for those seeking background clearance.
Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue.

YOU CANNOT CREATE A NEW WEB APPLICATION TO RENEW AN EXISTING CREDENTIAL OR PERMIT! This process is only for persons seeking fingerprint clearance.

NOTE: If you hold a document eligible for renewal that does not appear under the “Renew Your Document” heading, stop here and promptly [contact the Commission](#) for assistance.

- Under the heading **“Renew Your Document,”** click the small blue-gray arrow on the left to highlight yellow the row of the document you wish to renew. Click the drop down and select “Yes.” If you have more than one eligible document you wish to renew, you must repeat this step for each one.



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Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade
801210013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013		
801200012	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013	3/1/2010		
801200011	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010		
801200010	30-Day Substitute Teaching Permit	Emergency	Valid	3/1/2010	4/1/2011	3/1/2010		

Recommendations

Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason. 1 - 1 of 1

Select	Document Title	Term	Application Status	Issue Date	Return Reason
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013

Renew Your Document

Renew Select "Yes" next to the document Title and click "Renew"

Select	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013	3/1/2010		

Web Applications

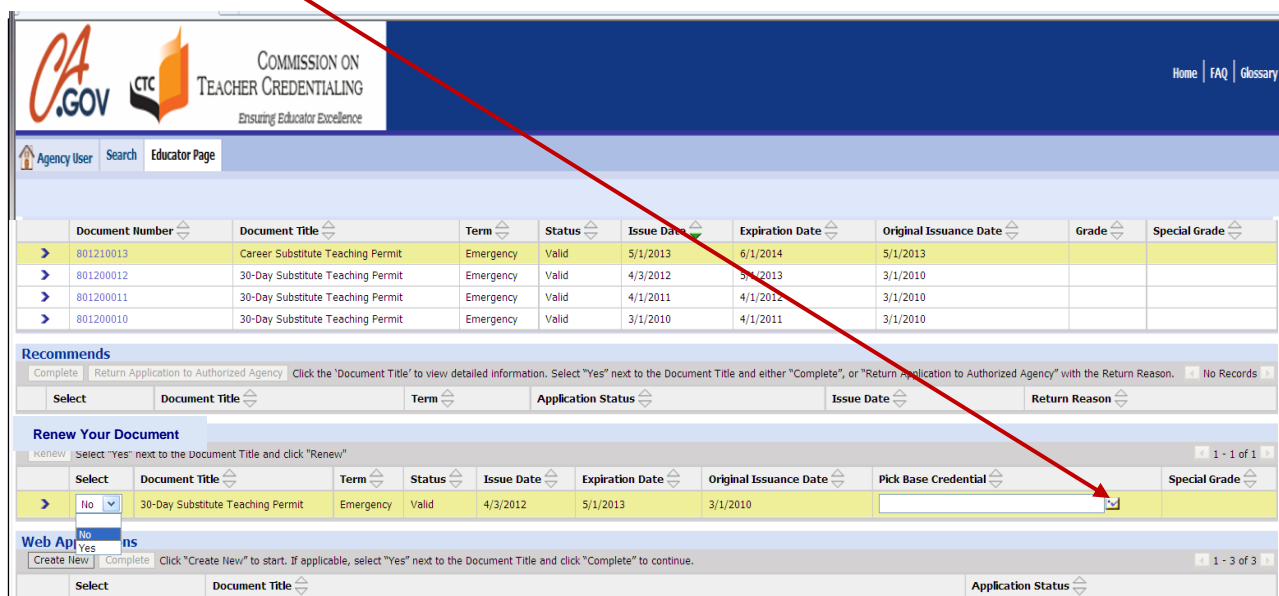
Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue. 1 - 3 of 3

Select	Document Title	Application Status
No	30-Day Substitute Teaching Permit	Valid

If the additional document you are seeking to renew is dependent on holding a valid basic credential (such as an Administrative Services Credential), see steps 10 and 11; if it is not a dependent document, go directly to step 12.

10. (Dependent documents only)

When renewing a dependent document, you will be required to identify your basic credential. Use the pick applet on the right of the “Pick Base Credential” box to choose your basic credential from a popup list.



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Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade
801210013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013		
801200012	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013	3/1/2010		
801200011	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010		
801200010	30-Day Substitute Teaching Permit	Emergency	Valid	3/1/2010	4/1/2011	3/1/2010		

Recommendations

Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason. 1 - 1 of 1

Select	Document Title	Term	Application Status	Issue Date	Return Reason
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013

Renew Your Document

Renew Select "Yes" next to the document Title and click "Renew"

Select	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Pick Base Credential	Special Grade
No	30-Day Substitute Teaching Permit	Emergency	Valid	4/3/2012	5/1/2013	3/1/2010		

Web Applications

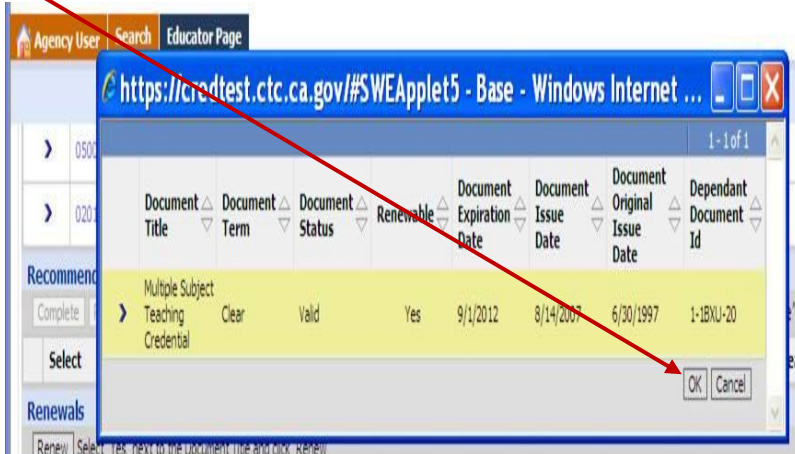
Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue. 1 - 3 of 3

Select	Document Title	Application Status
No	30-Day Substitute Teaching Permit	Valid

11. (Dependent documents only [cont.])

A pop up window should display showing which documents are eligible to serve as your basic credential. If more than one document is eligible to serve as the basic credential, click on the small blue arrow at the left of the row to select the one with the latest expiration date.

Select OK to populate the “pick base credential” field. You should now be able to continue the renewal process.



12. Once you have selected “Yes” on each document to be renewed, click on the “Complete” button.

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade	Recommending Agency
801220013	Career Substitute Teaching Permit	Emergency	Valid	5/1/2013	6/1/2014	5/1/2013			
801200011	30-Day Substitute Teaching Permit	Emergency	Valid	4/1/2011	4/1/2012	3/1/2010			
801200010	30-Day Substitute Teaching Permit	Emergency	Valid	3/1/2010	4/1/2011	3/1/2010			
801200009	Administrative Services Credential	Preliminary	Valid	5/1/2009	6/1/2014	5/1/2009			ALLIANT INTERNATIONAL UNIVERSITY

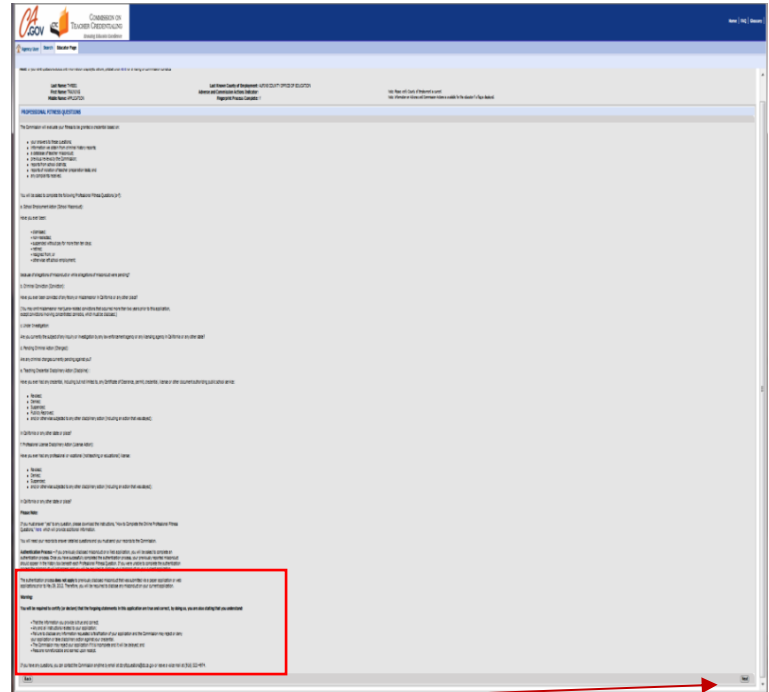
13. Read the entire Disclosure page for the Professional Fitness questions. Pay particular to the last part before continuing:

Warning:

You will be required to certify (or declare) that the foregoing 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-pfquestions@ctc.ca.gov



Click Next

14. Answer each of the Professional Fitness Questions. If you need assistance completing the Professional Fitness Questions, [click on this link for help](#)

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 Neglect Reporting Act and the Oath and Affidavit:

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.

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 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.

Oath and Affidavit ☐

Date: 12/01/2014

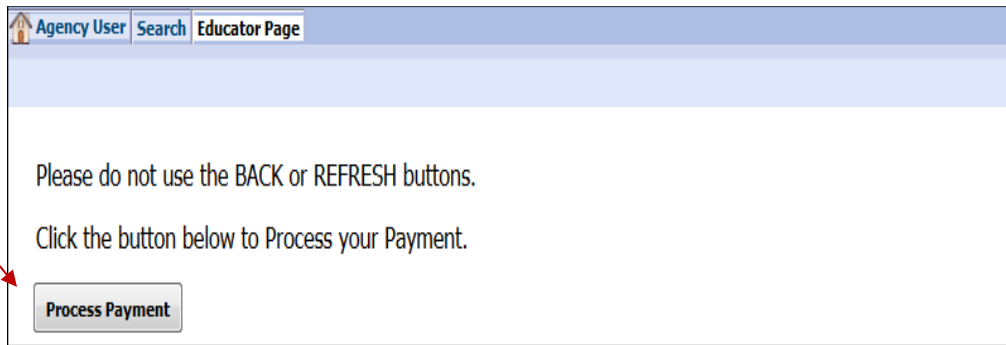
City*:

County (or N/A)*:

State/Province/Region (or N/A)*:

Country*:

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

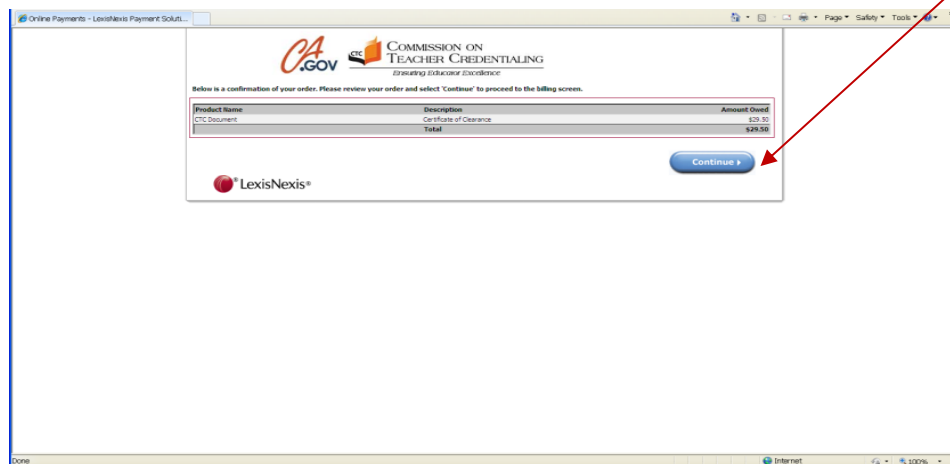


Agency User Search Educator Page

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

Process Payment

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



Online Payments - LexisNexis Payment Solution

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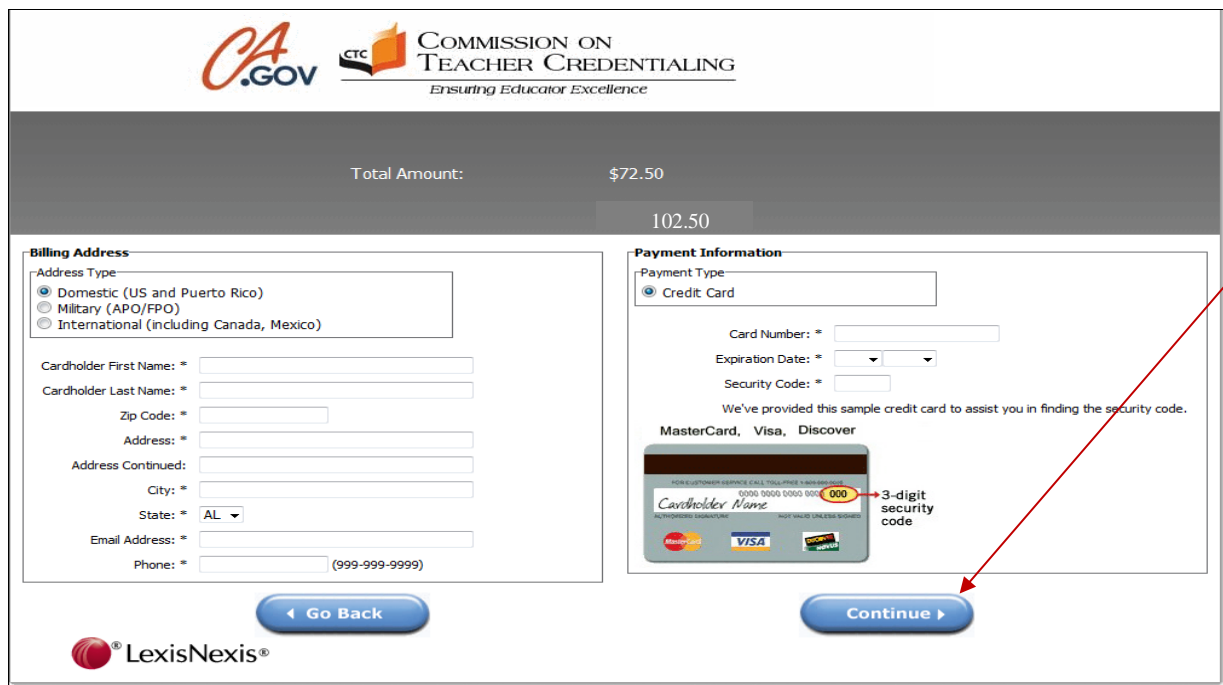
Below is a confirmation of your order. Please review your order and select 'Continue' to proceed to the billing screen.

Product Name	Description	Amount Owed
CTC Document	Certificate of Clearance	\$29.50
Total		\$29.50

LexisNexis®

Continue

17. 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.



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Total Amount: \$72.50
102.50

Billing Address

Address Type:
☒ Domestic (US and Puerto Rico)
☐ Military (APO/FPO)
☐ International (including Canada, Mexico)

Cardholder First Name: *
Cardholder Last Name: *
Zip Code: *
Address: *
Address Continued: *
City: *
State: * AL
Email Address: *
Phone: * (999-999-9999)

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.

MasterCard, Visa, Discover

Cardholder Name
0000 0000 0000 0000
3-digit security code

Go Back Continue

LexisNexis®

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

18. 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.**

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Total Amount: 102.50

Billing Address

Cardholder First Name : nancy
Cardholder Last Name : passaretti
Zip Code : 99999
Address : 1900 capitol avenue
Address Continued:
City : sacramento
State : CA
Country : United States of America
Email Address : npassaretti@ctc.ca.gov
Phone : 999-999-9999

Payment Information

Card Number : *****0248
Expiration Date : 01/2015

☒ By checking this box, you are authorizing the payment of the bill amount.

[Go Back](#) [Complete Payment](#)

LexisNexis®

19. 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 **HERE**.”

Online Payments - LexisNexis Payment S...
https://demo.paymentsolutions.lexisnexis.com/pages/billing_info_confirmation_unskinned.xhtml

Commission on Teacher Credentialing
Receipt

Payment Date: 12/01/2014 02:42 PM PST
Confirmation Number: 50024330
Payment Method: Credit Card (MASTERCARD) *****0248

Payment Status: AUTHORIZED

Bill To: nancy passaretti
1900 capitol avenue
sacramento, CA - 99999 United States of America

Payment Towards
CTC Document

Amount \$72.50
ID 1-2FJSJX
Activity Supervisor Clearance Certificate

Agency Amount 102.50
Total Amount 102.50

Click here for a printer friendly receipt

To return to the CTC application, please click **HERE**.

Your payment was made through paymentsolutions.lexisnexis.com, one of the LexisNexis Vital

For payment support, please send an email to paymentsolutions@lexisnexis.com.

For CTC Assistance, please send an email to CTCOnline@ctc.ca.gov

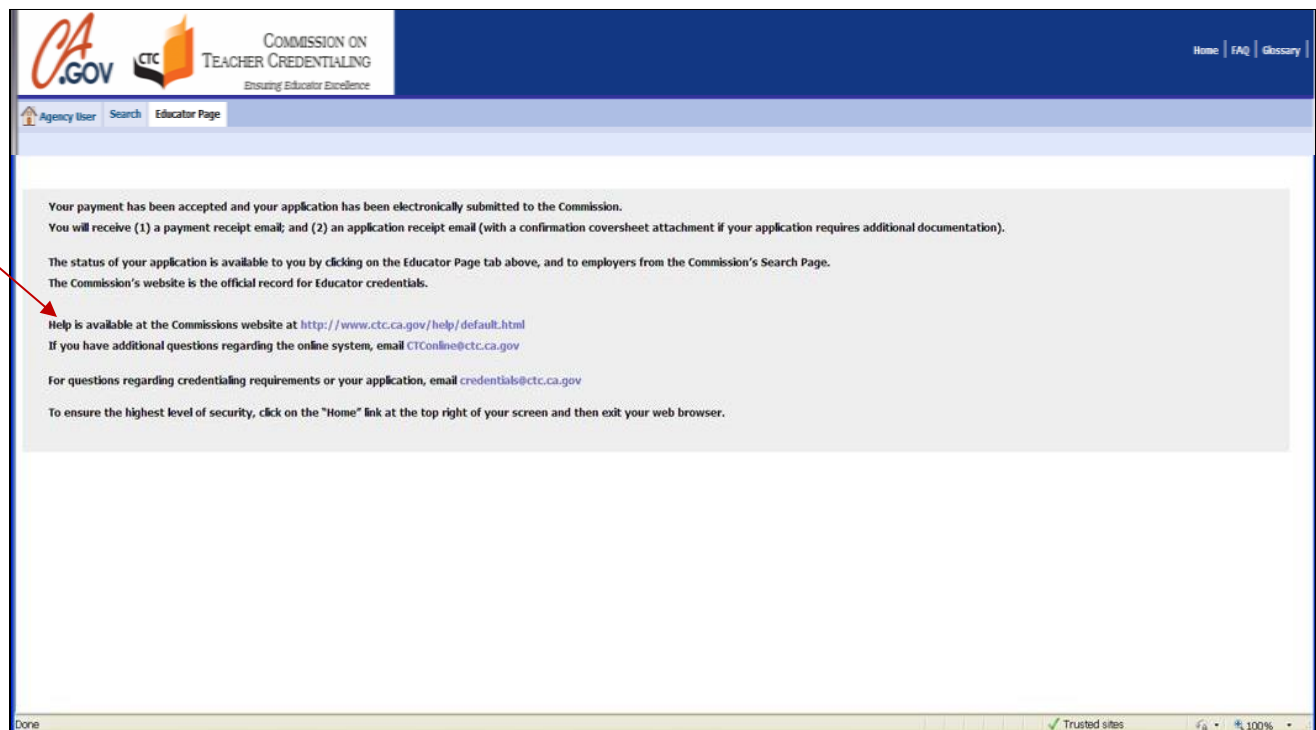
LexisNexis®

Home | Payment Solutions |
Contact Us | Terms and Conditions | Privacy Policy

TRUSTe
CERTIFIED PRIVACY

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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.