

# Temporary County Certificate



## Section 1: Applicant Information (to be completed by Applicant)

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Former Names (Including Maiden Name) \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

- If any of the following statements apply, you are ineligible to hold a Temporary Certificate:
- (1) The fitness of the applicant to hold this credential or any credential is currently under review by the CCTC.
  - (2) Applicant has an appeal currently pending from prior denial of this credential by the CCTC.
  - (3) Applicant's credentials are currently under disciplinary suspension or revocation.
  - (4) Applicant is aware he/she does not meet minimum requirements for credential sought.

*"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 a credential authorizing public school service to the California Commission on Teacher Credentialing, together with the required fee. I am aware that such application may be denied or delayed on any of the grounds provided by the Education Code Section 44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this certificate or permit."*

Signature of Applicant \_\_\_\_\_ Filing Date \_\_\_\_\_

## Section 2: Credential Information (to be completed by the Credentials Department)

### Applied Through:

- MCOE  \_\_\_\_\_ University  
 CCTC Direct  Other \_\_\_\_\_

### Fingerprint clearance verified by:

- \_\_\_\_ Clearinghouse \_\_\_\_ Cert. of Clearance  
 \_\_\_\_ District \_\_\_\_ Previous Document

### Type of Application

- Initial  
 Renewal  
 New Type  
 Appeal  
 Added Authorization  
 Out of State

### Type of Credential/Certificate/Permit

- STSP/SIP  
 Intern  
 Emergency  
 Preliminary  
 Clear  
 Waiver  
 Other \_\_\_\_\_

#### Substitute

- 30 Day Substitute  
 Prospective Teacher  
 Career Substitute  
 30 Day Voc. Ed.

#### Child Dev. Permits

- Asst. Permit  
 Assoc. Teacher permit  
 Teacher permit  
 Master Teacher Permit  
 Site Supervisor Permit  
 Program Director Permit

#### Credential Type

- Multiple Subject  
 Single Subject \_\_\_\_\_  
 Education Specialist \_\_\_\_\_  
 Supplemental Auth. \_\_\_\_\_  
 Subject Matter Auth. \_\_\_\_\_  
 Services \_\_\_\_\_  
 Other \_\_\_\_\_

#### Adult Ed./ Designated Subj.:

- Full Time  
 Part Time  
 Voc. Ed.  
 Adult Ed.  
 \_\_\_\_\_

## Section 3: Certification (to be completed by the Credentials Department)

Completion of this application/affidavit by the Merced County Office of Education - Credentials Department, constitutes issuance of a Temporary County Certificate (TCC), valid for service in the schools of Merced County, from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, or until the credential/permit/certificate applied for has been issued, denied or delayed by the California Commission on Teacher Credentialing, or is withdrawn by the applicant. (EC44332)

County Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_ Employing School District \_\_\_\_\_