



## ONLINE RECOMMENDATION FOR EMERGENCY 30-DAY SUBSTITUTE PERMIT

### GENERAL APPLICATION PROCEDURE

- Create CTC profile:** Follow attached directions to establish a User ID and Password (make sure your email on your profile and your email on the 41-4 application match because the recommendation will go to the email used on the profile – we cannot change it)
- Application Form 41-4:** Complete sections 1, 6, 7, & 9. You can find the application form below
- CTC Livescan Fee:** **\$64.00** credit card, debit card, money order or cashier's check payable to SJCOE – see attached instructions
- Verification of BA/BS degree or higher:** Official transcripts (unopened) verifying degree and conferral date OR if using electronic transcripts they must be emailed to employer or SJCOE (not applicant)
- Application Fee:** **\$102.65** paid online with debit or credit card after the recommendation is completed by SJCOE - see attached instructions

NOTE: Please contact the district in which you plan to seek employment, the employment application process is separate from the sub permit process.

**Educator must always use their legal name; Application, Livescan and Educator profile must all match**

**Please turn in all documents to SJCOE or your employer – Do not mail the materials directly to the Commission.**

CTC does not mail out an official document. All documents (once granted) will be printable at their website [www.ctc.ca.gov](http://www.ctc.ca.gov) . An e-mail will be sent to you once your document is granted.

Please contact the SJCOE Credentials Department at (209) 468-5956 for more info or you can schedule your appointment online using <http://www.tinyurl.com/credappt> or scan the QR code below.





## LIVESCAN FINGERPRINTING DIRECTIONS FOR CTC

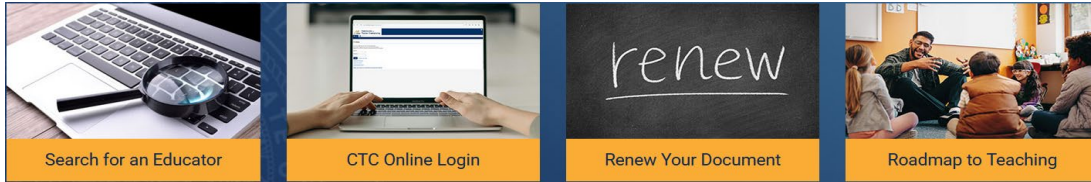
- Please contact the San Joaquin Country Office of Education Fingerprinting Office at <https://tinyurl.com/SJCOEFP> or you can call (209) 468- 9145 to schedule an appointment for Livescan fingerprinting for teacher credentialing.
- When you report for your appointment, please bring the following items:
  - Valid picture identification
  - \$64.00 (Credit Card, Debit Card, Cashier’s Check or Money Order payable to SJCOE)
- The “Request for Livescan Service – Applicant Submission” (41-LS) form is available at the Fingerprinting office or at CTCs website. The web address is [www.ctc.ca.gov](http://www.ctc.ca.gov).
  - **Livescan form must have your legal name which will be verified by valid picture identification.**

**NOTE: If you hold a valid Certificate of Clearance or any valid document issued by the CTC then you do not need to do Livescan fingerprinting again for CTC. If your document has been expired for more than 18 months then you will need to fingerprint for CTC again.**

Please contact the SJCOE Credentialing Department  
at (209) 468-5956 or (209) 468-9225 for questions or additional information.

# User ID & Password Directions

- Go to [www.ctc.ca.gov](http://www.ctc.ca.gov)
- Click on **CTC Online Login**



- Click on **Create Educator Account**
- Enter SSN and DOB, click **OK**
- Enter SSN and DOB, click **OK**

**Create New Educator**  
★ = Required Field:

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

|               |                      |                  |                      |
|---------------|----------------------|------------------|----------------------|
| First Name:★  | <input type="text"/> | Address Line 1:★ | <input type="text"/> |
| Middle Name:  | <input type="text"/> | Address Line 2:  | <input type="text"/> |
| Last Name:★   | <input type="text"/> | City:★           | <input type="text"/> |
| Email:★       | <input type="text"/> | State:★          | <input type="text"/> |
| Work Phone #: | <input type="text"/> | Zip Code:★       | <input type="text"/> |
| Home Phone #: | <input type="text"/> | Country:★        | <input type="text"/> |

**Enter User ID and Password**

User ID:★  **User ID requirements are as follows:**  
• Cannot be your Social Security Number  
• Must be 20 characters or less and cannot contain any of these characters ` '~ / \ [ ] ; | = , + \* ? < > ( ) ^ . #

Password:★  **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

Verify Password:★

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

|                        |                      |   |
|------------------------|----------------------|---|
| Challenge Question 1:★ | <input type="text"/> | <b>Challenge Questions requirements are as follows:</b><br>• Questions must be 5 or more characters length.<br>• Answers must be 5 or more characters length.<br>• Questions and answers must all be different.<br>• Answer cannot be part of question. |
| Challenge Answer 1:★   | <input type="text"/> |   |
| Challenge Question 2:★ | <input type="text"/> |   |
| Challenge Answer 2:★   | <input type="text"/> |   |
| Challenge Question 3:★ | <input type="text"/> |   |
| Challenge Answer 3:★   | <input type="text"/> |   |

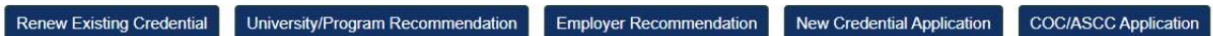
- Complete the above, click **Next**
- A User Created screen will appear when successfully completed

# STEPS TO COMPLETE EMERGENCY 30-DAY SUB PERMIT ONLINE (RECOMMENDATION ONLY)

## PLEASE NOTE BEFORE STARTING:

- Your application will be deleted if you have not paid within 90 days of being recommended
- When completing your application if the Fingerprint Process Complete has a “N” it is ok to proceed CTC will be receiving this information
- Most documents are granted within 10 business days unless you answer “yes” to any of the professional fitness questions.
- Once the recommendation is processed you will receive an e-mail from CTC requesting you to complete the online portion of your application and pay the application fee. You will need to pay the fee of **\$102.65** using a debit or credit card. **Please remember to immediately open the e-mail and follow the instructions below to complete the payment process, otherwise your permit will not be granted.**
- Open e-mail and click on the link OR go to <https://www.ctc.ca.gov/>
- Enter **User ID and Password**, click **OK**
- You will then get a Welcome Back screen, click **Next** in the upper right corner
- On your profile page you can change your personal info if needed (select Add or Change Personal Information, enter information and select Save) and to add or change your address info if needed (select Add or Change Address, enter information and select Save), the Self-Identification section is optional, select **Next**
- Select **Employer Recommendation**

Select one of the options below to start a new application for licensure. If your child, school, school district, or county has applied on your behalf then select "Employer Rec



- Click on the “**No**” to open the drop down option, and select “**Yes**”. Then click **Complete** button

The screenshot shows a form titled 'Complete Your Programs Recommendation'. Below the title are three buttons: 'Complete', 'Return Application to Authorized Agency', and 'Click the Document T'. Below these is a table with two columns: 'Choose Yes to Complete Recommendation' and 'Document Title'. The first row has a dropdown menu for 'No' which is open, showing 'No' and 'Yes' options. The 'Document Title' for this row is '30-Day Substitute Teaching Permit'.

- Read the professional fitness questions information and select **Next**
- Complete all professional fitness questions, select **Next** after each question (NOTE: if you answer “yes” to any of the professional fitness questions, select **Next** & then **New** and enter the required info and then select **Save** and then **Next**)
- Complete the Child Abuse & Neglect Reporting Act, Oath and Affidavit, etc. - select **Complete Submission** to proceed
- Click on **Process Payment**, then the fee will be displayed and select **Continue**
- Pay application fee (make sure that the name and billing address info entered matches exactly with the financial institution) – select **Continue**
- You will be asked one more time to check the box to confirm payment
- Print your receipt or record the confirmation number
- Once the document has been granted you will receive a final e-mail that your document has been issued. The e-mail will also include a link to the CTC website where you can view and print your document (CTC does not mail an official document).

General questions or professional fitness questions: <https://educatortools.ctc.ca.gov/ContactUs>

# 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: _____<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> |                           |   |             |
| All Former/Maiden Name(s): _____  |                           |   |             |
| *Home Address: _____  |                           |   |             |
| *City: _____  |                           | *State: _____   | *Zip: _____ |
| Home Phone: _____   | Work Phone: _____         | Mobile Phone: _____   |             |
| *Email Address: _____   |                           |   |             |
| County of Employment (CA only): _____   |                           |   |             |
| School District of Employment (CA only): _____  |                           |   |             |
| Gender: _____   | Sexual Orientation: _____ | Please select one of the options that best describes your race/ethnicity heritage:<br><div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Asian Groups: _____</span> <span>Pacific Islander Group: _____</span> <span>Other Groups: _____</span> </div> |             |

**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.

| TEACHING CREDENTIALS:  | SERVICES CREDENTIALS: | EMERGENCY PERMITS*:     | SUBSTITUTE PERMITS:                         | CHILD DEVELOPMENT PERMITS: |
|------------------------|-----------------------|-------------------------|---|----------------------------|
| Single Subject         | Administrative        | Limited Assignment*     | 30-Day Substitute                           | Assistant                  |
| Multiple Subject       | Pupil Personnel       | Short-Term Staff*       | Career Substitute*                          | Associate Teacher          |
| Education Specialist   | Speech-Language       | Provisional Internship* | Prospective Substitute                      | Teacher                    |
| Career Technical (CTE) | Pathology             | EM CLAD*                | <b>Teaching Permit for Statutory Leave*</b> | Master Teacher             |
| Adult Education        | Teacher Librarian     | EM Bilingual*           | 30-Day CTE Substitute                       | Site Supervisor            |
| Other:<br>_____        | School Nurse          | EM Teacher Librarian*   |   | Program Director           |
|                        | Other:<br>_____       | EM Resource Specialist* |   | Permit                     |
|                        |                       | ETK Permit*             |   | School-Age Emphasis        |

**4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)**

|   |   |  |
|---|---|--|
| Multiple Subject (Elementary Teaching)<br>Single Subject (Secondary Teaching):<br><br>(Specify World Language-if applicable)<br><br>Special Education Specialty Areas:<br><br>CTE Industry Sector:<br><br>Adult Education Subjects: | English Learner Authorization<br>CLAD Certificate<br><br>Bilingual Authorization:<br>(Specify Language)<br><br>_____<br><br>Pupil Personnel Services: | Supplementary Authorization/<br>Subject Matter Authorization:<br><br><hr style="border: 0.5px solid red;"/> <p style="text-align: center; font-weight: bold;">CTC Use Only</p> |
|---|---|--|





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 \***

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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.

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Comments/Additional Subject Requests:

Mail application and payment  
(check or money order) to:  
Commission on Teacher Credentialing Certification Division  
1900 Capitol Avenue  
Sacramento, California 95811-4213

