



SAN MATEO COUNTY INDUCTION PROGRAM

APPLICATION FOR CLEAR MULTIPLE SUBJECT, SINGLE SUBJECT OR EDUCATION SPECIALIST CALIFORNIA TEACHING CREDENTIAL

Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Social Security Number: _____
mm/dd/yy

Mailing Address: _____

Phone: _____

E-mail Address: _____
(Please do not use an AOL e-mail address)

Employing School District: _____

Preliminary Credential Information: (Please refer to your credential document to answer the questions below.)

I currently hold a preliminary (choose all that apply)

☐ Multiple Subject Credential

Expiration Date: _____

☐ Single Subject Credential

Expiration Date: _____

☐ Education Specialist

Expiration Date: _____

My document designates that I am authorized to teach English Language Learners:

☐ Yes

☐ No

List all authorized subjects or disability areas shown on your current preliminary credential.

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Professional Fitness: Please respond to the following professional fitness question. (This information will be requested again, but in greater detail, as part of your online application process with the Commission.)

Have you ever been the subject of credential discipline, or have you ever had any criminal convictions (misdemeanors and/or felonies)?

☐ Yes

☐ No

Applicant's Statement: I affirm that the above information is true and factual.

Applicant's Signature: _____ Date: _____

(A TYPED SIGNATURE IS ACCEPTABLE)

For County Use:

SSN: _____

Renewal Code(s):

_____	☐	_____	☐
_____	☐	_____	☐

Application File Date: