

First-time Permit Applicant

Child Development Permit Checklist

Self-Pay Directions

Follow these directions if you are applying for a Child Development Permit and will pay the fees yourself. Use this checklist to make sure you have completed your paperwork correctly so it does not get sent back.

☐ Application for Credential Authorizing Public School Service (Form 41-4; revised 7/2019)

1. Be sure to complete ALL fields.
2. All five (5) pages of the 41-4 form are required. *Page 2 is required, even if not marked.*
 - a. Section 1: Personal Information: **complete all required fields.** Be sure to enter SSN and DOB on top line.
 - b. Section 2: Application Type: **Mark "New Credential/Permit"**
 - c. Section 3: Document Type: **Mark the Child Development Permit Level you are applying for.**
 - i. Mark only one box unless half of your ECE/CD units are School-Age courses; then you may add the School Age emphasis if desired.
 - d. Section 4: Authorization Subject: **leave this section blank.**
 - e. Section 5: Child Development Permit RENEWAL Self-Verification: **leave this section blank;** you are not renewing. However, be sure to include page 2 with your application.
 - f. Section 6: Professional Fitness Questions: answer ALL professional fitness questions (a-f).
 - i. **If you answer "Yes" to any of the questions, you must complete the Professional Fitness Explanation Form (Form OA-EF) and submit the required supporting documentation.** This form can be found on the CTC website at ctc.ca.gov.
 - g. Section 7: Child Abuse and Neglect Mandated Reporting: read the Mandated Reporting statement and check the "I agree" box.
 - h. Section 8: Employing Agency Information: **leave this section blank.**
 - i. Section 9: Oath and Affidavit: DATE, CITY, COUNTY (not country), STATE, and SIGNATURE required.

THE CTC DOES NOT ACCEPT THE 41-4 IF IT HAS HAND-WRITTEN CORRECTION NOTATIONS, CROSS-OUTS, WHITE-OUTS OR OTHER ERRORS.

DO NOT submit a 41-4 application form with errors; replace it with an ERROR FREE 41-4 form.

☐ Request for Live Scan Service (Form 41-LS)

1. Complete fingerprinting at a live scan provider before submitting your application.
 - a. Section 6 (on bottom) must be completed by the live scan agency, showing ATI number and fees paid.
2. **Fingerprinting done for an employer or the Dept. of Social Services (for home care licenses) cannot be used in place of CTC fingerprinting.**
3. Fingerprinting is not required if fingerprints are already on file with the CTC; this will show on the CTC website at ctc.ca.gov at the Search for an Educator -> Secured Search screen.

☐ Official, original paper college transcripts

1. You may open paper transcripts to check for accuracy. (Transcripts do not have to be sealed, just official.)

☐ Verification of Experience Form if using Option 1.

☐ Master Teacher Specialization form for Master Teacher applicants using Option 1.

Attach a **Cashier's Check/Money Order (no personal checks or credit cards)**

o Full application fee (currently \$100.00)

o Half-fee (currently \$50.00) allowed when upgrading a permit within 3 years of its initial issuance

NOTE: When a permit holder completes all of the requirements for a higher level child development permit within three years of the date of initial issuance, he/she may submit an application for the higher-level permit and pay only half the current application fee.

Mail completed forms, transcripts, and cashier's check or money order to:

State of California
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, CA 95811-4213

Make a copy of your entire application for your records before mailing.

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

ORI: A0281 <small>Code assigned by DOJ</small>		Type of Application: License/Certification/Permit		Section 1
Job Title or Type of License, Certification or Permit:		TEACHER CRED 44340 EC		
Agency Address Set Contributing Agency:				Section 2
CASM TEACHER CREDENTIALING <small>Agency authorized to receive criminal history information</small>		03294 <small>Mail Code (five-digit code assigned by DOJ)</small>		
1900 Capitol Avenue <small>Street No. Street or PO Box</small>				
Sacramento <small>City</small>	CA <small>State</small>	95811-4213 <small>Zip Code</small>		
			Contact Telephone No.	
				Section 3
*Name of Applicant: _____ <small>(Please print) Last First MI</small>				
*Alias: _____ <small>Last First</small>		*Driver's License No: _____		
*Date of Birth: _____		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
		Misc. No. BIL - _____ <small>Agency Billing Number</small>		
*Height: _____		*Weight: _____		
		Misc. Number: _____		
*Eye Color: _____		*Hair Color: _____		
		Street No. Street or PO Box		
*Place of Birth: _____		City, State and Zip Code		
*Social Security Number (full): _____		* Required Fields		
				Section 4
*OCA Number: _____ <small>(SSN OR ITIN#)</small>		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI		
If resubmission, list Original ATI Number: _____				
				Section 5
SUPPLEMENTAL AGENCY/EMPLOYER <small>(County Office of Education/School District)</small>				
Employer Name _____				
Street No. Street or PO Box		Mail Code (COE/SD five digit code assigned by DOJ)		
City State Zip Code		() Agency Telephone No. (optional)		
				Section 6
Live Scan Transaction Completed By: _____				
Name of Operator		LSID		Date
Transmitting Agency		ATI No.		Amount Collected/Billed

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see [Application Instructions](#))

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

Appeal: _____

Route to: _____

Commission Use Only: Fee Information

APP	FP	Other
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1. PERSONAL INFORMATION (type or print)

CTC Use Only

IHE/County/District Use Only

Issuance

Date: _____

Email: _____

***Social Security or Individual Tax Identification Number:** _____

***Date of Birth: (mm/dd/yyyy)** _____

***My Full Legal Name:** _____
First
Middle
Last

All Former/Maiden Name(s): _____

County/District of Employment (CA only): _____

***Address:** _____

***City:** _____

***State:** _____

***Zip:** _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

***Email Address:** _____

* = Required Information

2. APPLICATION TYPE REQUESTED: (select only one option)

New Credential/Permit

Extension by Appeal

Upgrade (Clear Credential or Child Development Permit)

Renewal

Add Subject/Authorization to Existing Document

Change of Restriction

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*	Teaching Permit for	Master Teacher
Adult Education	Teacher Librarian	EM Bilingual*	Statutory Leave*	Site Supervisor
Other:	School Nurse	EM Teacher Librarian*	30-Day CTE Substitute	Program Director
_____	Other:	EM Resource Specialist*		Children's Center
	_____			Permit
				School-Age
				Emphasis

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

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable)	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____	Supplementary Authorization/ Subject Matter Authorization:
Special Education Specialty Areas:	Pupil Personnel Services:	CTC Use Only
CTE Industry Sector:		
Adult Education Subjects:		



5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____
Advisor's Name Advisor's Phone Number

6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand 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.



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 *

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.

Comments/Additional Subject Requests:





Child Development Permit Application Verification of Experience

When applying for a Child Development Permit with Option 1, experience must be verified by submitting this Verification of Experience form or an original letter from the employer on official letterhead.

- » Have employer or supervisor complete this form to verify the required experience.
- » Submit additional Verification of Experience forms if needed to reach the required total number of days.
- » Verification of experience must accompany all other required permit application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » E-signature is accepted during COVID restrictions. Form may be signed, scanned and printed.

*This is to verify/certify that: _____

(Name of Permit Applicant)

Has served in an instructional capacity in a child care and development program the following dates:

*Start Date: _____

(Month/Year)

*End Date: _____

(Month/Year or Present)

*In the position of: _____

(Job Title)

*With children ages: _____

*Seeking Permit Level:

Has the required days of experience:

Within the last:

- | | | |
|--|--|---------|
| <input type="checkbox"/> Associate Teacher | 50 days, at least 3 hours per day | 2 Years |
| <input type="checkbox"/> Teacher | 175 days, at least 3 hours per day | 4 Years |
| <input type="checkbox"/> Master Teacher | 350 days, at least 3 hours per day | 4 Years |
| <input type="checkbox"/> Site Supervisor | 350 days, at least 3 hours per day,
including 100 days supervising adults | 4 Years |
| <input type="checkbox"/> Program Director | One year of site supervisor experience | |

Check below, only if individual has completed less than the required number of days for permit level listed above, write the total number of days and initial:

☐ Total number of days worked or volunteered, at least 3 hours per day: _____

(Number of days)

(Verified by Initials)

Agency where individual obtained experience:

*School/Agency Name: _____

*Address: _____

*City: _____

*Zip: _____

*Phone: _____

My signature verifies the named individual has completed the experience checked and initialed above.

*Signature: _____

*Date: _____

*Name (please print): _____

*Title: _____

*Phone: _____



Master Teacher Specialization Designation Form

If you are applying for the Child Development Master Teacher Permit under Option 1, complete the necessary information below.

*Permit Applicant Name:

*State the area of your Master Teacher Specialization (refer to examples below):

List the course number and title of each class you are using to meet the specialization requirement of six (6) semester units.

*Course Number	*Course Title	*Number of Units
*Total Number of Master Teacher Specialization Units:		*

Examples of Specializations

- Infant/Toddler
- Health and Safety
- Teacher/Family Relationships
- Children with Special Needs
- School-Age Child Care
- Bilingual/Bicultural
- Preschool Programming
- Music

^Administration and core areas are not acceptable specializations

For assistance email CDTC-Permit@yosemite.edu or call (209) 572-6080