



## CDTC Stipend Permit Policies 2022-2023 Program Year

Refer to the permit page on [www.childdevelopment.org](http://www.childdevelopment.org) for detailed program policies.

1. **The Permit Stipend Program is limited to one time per person each year.**
  - The current year runs from July 1, 2022 through June 30, 2023.
2. The CDTC pays the application fee for eligible applicants. ***Please do not send payment.***
  - First time permit applicants may also request reimbursement for Live Scan fingerprint fees.
3. **Stipend payments are currently available for: Assistant, Associate Teacher, Teacher, Master Teacher, Site Supervisor and Program Director**
  - **First Time Applicants:** All levels
  - **Renewal Applicants:** All levels
  - **Upgrade Applicants:** All levels
4. Participation in the Permit Stipend Program is optional. However, if applying directly to the Commission on Teacher Credentialing, ALL fees are the responsibility of the permit applicant.
5. Permit applications submitted directly to the CTC are not eligible for reimbursement.
6. Print all forms single sided. **Do not submit forms printed back to back.**
7. Complete the submittal checklist (next page) to ensure your application is complete.
8. Permit Stipend Funding is processed on a first-come, first-serve basis.
9. Applicant must work or live in California to be eligible for the stipend program.
10. Incomplete or incorrect applications may not be processed.
  - Unprocessed applications may be returned to the applicant. *Failure to complete your application will delay obtainment of a Child Development Permit.*
  - CDTC will only allow applicants to resubmit an incomplete or incorrect application one time each program year. If additional corrections are required on a resubmitted application, CDTC will return the application with instructions on how to apply directly to CTC and *applicant will be responsible for paying ALL permit fees.*

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Mail ALL application documents to:  
**Child Development Training Consortium**  
**PO Box 3603**  
**Modesto, CA 95352**

(Do not send payment with application)

For assistance or questions, email **CDTC-Permit@yosemite.edu**



## First Time Applicant

### Permit Application Checklist 2022-2023 Program Year

Use checklist below when submitting application packet:

☐ **Permit Stipend Request Form**

- Complete all required fields; applicant information must match the information on Form 41-4.
- Be sure to sign (section 16).

☐ **Application for Credential Authorizing Public School Service (Form 41-4)**

- **Section 1:** Personal Information: complete all required fields, especially SSN and DOB above the name line.
  - *Missing social security number and/or birthdate is one of the most frequent errors.*
- **Section 2.** Application Type: Mark “New Credential/Permit”
- **Section 3.** Document Type: Mark the Child Development Permit Level you are applying for. **Mark only one box.** (Unless you are eligible to add School Age (SA) emphasis, then mark SA also.)
- **Section 4.** Authorization Subject: **leave this section blank.**
- **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.
- **Section 6.** Professional Fitness Questions: answer ALL professional fitness questions (a-f).
  - 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](http://ctc.ca.gov).
- **Section 7.** Child Abuse and Neglect Mandated Reporting: read the Mandated Reporting statement and check the “I agree” box.
- **Section 8.** Employing Agency Information: **leave this section blank.**
- **Section 9.** Oath and Affidavit: DATE, CITY, COUNTY (not country), STATE, and SIGNATURE required.
- All five (5) pages of the 41-4 form are required. Page 2 is required, even if not marked.

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**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.**

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

- Section 1: Already Completed
- Section 2: Already Completed (must say “CASM Teacher Credentialing as Authorized agency – forms for employers or Dept. of Social Services are not accepted.”)
- Section 3: Complete all personal information. Can leave Misc. BIL and Misc. Number fields blank.
- Section 4: Already Completed (DOJ and FBI checked).
- Section 5: **Leave blank.**
- Section 6: To be completed at a live scan provider before submitting your application. **Must show ATI number and fees paid.**
- Fingerprinting done for an employer or the Dept. of Social Services (for home care licenses) cannot be used in place of CTC fingerprinting.
- Fingerprinting is not required if fingerprints are already on file with the CTC; see the FAQs section on the permit page at [www.childdevelopment.org](http://www.childdevelopment.org) for detailed information on how to check this.

☐ **CDTC Live Scan Fingerprint Processing Fee Reimbursement Request Form**

- Complete the form, being sure to sign in section 7. *(continued next page)*

- Attach the original live scan receipt or a copy of the 41-LS form.



**Official, original paper college transcripts and/or completed CDTC eTranscript Form.**

- Etranscripts are not accepted unless emailed directly to CDTC or authorized agency. (See permit stipend FAQs page for detailed transcript policies.)
- You may open transcripts to check for accuracy. (Transcripts do not have to be sealed, just official.)



**Verification of Experience Form** if using Option 1.



**CDTC Demographic Survey**

*For Master Teacher Applicants Option 1:*



**Master Teacher Specialization Form**

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***MAKE A COPY OF THE ENTIRE APPLICATION PACKET FOR YOUR RECORDS.***

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Mail complete application packet to:

**CHILD DEVELOPMENT TRAINING CONSORTIUM**

**PO Box 3603**

**MODESTO, CA 95352**

*(Do not send payment)*

For assistance or questions, please email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)



## 2022 - 2023 CDTC Child Development Permit Stipend Request Form

CDTC use only:

Permit application fee  
paid by CDTC:

- » The Permit Stipend Request form must accompany all required application documents, DO NOT mail separately to the Child Development Training Consortium (CDTC) or the California Commission on Teacher Credentialing (CTC).
- » Review the CDTC Submittal Checklist for all required application documents at [www.childdevelopment.org](http://www.childdevelopment.org).

1) *Full Legal Name (First/Middle/Last):		/ /	
2) *Birthdate (mm/dd/yyyy):	3) *Last Five Digits of Social Security Number: _ _ _ _ _		
4) *Mailing Address:		5) *State:	
6) *City:	7) *Zip:	8) *County: (Note: <u>Not</u> USA)	
9) *Email:			
10) Contact Phone Number: ( )		11) Gender: Female Male Non-Binary Other	
12) Does your employer participate in Quality Counts CA (QCC/QRIS):		No Yes Don't Know/Not working	
13) Currently Attending College:		No Yes, Name of College:	
You are applying for the CDTC to pay the application fee on your behalf to the Commission on Teacher Credentialing (CTC).			
14) *Permit Type: (select <u>only one</u> ) <i>If none of these stipend types apply, you do not qualify for the Permit Stipend Program: <u>Optional Selections - not required</u></i>			
First Permit being issued      Renewing Current Permit      Upgrading      Renewed Online; Reimbursement			
15) *Requesting Permit Level: (select <u>only one</u> )			
Assistant      Associate      Teacher      Master Teacher      Site Supervisor      Program Director			
Option 1      Option 2      School Age Emphasis ( <i>see ctc.ca.gov for more information</i> )			
16) I verify that all required permit application documents are complete and attached. I understand if the permit application packet is found to be incomplete or needs corrections, CDTC will return it to me unprocessed. CDTC will allow me to resubmit the permit application for the permit stipend one time only. I certify that my information may be provided to the stipend provider, the California Department of Social Services, and/or their research partners for evaluating this project.			
*Applicant Signature: _____		*Date: _____	

Mail this completed form with all permit application documents to:

**Child Development Training Consortium**  
**P.O. Box 3603 Modesto, CA 95352**

For assistance email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)

**Do not write in this space** (For CDTC Staff Use Only)

Live Scan: ☐ Yes ☐ No ☐ CC

File Date:

Date Above: ☐

Date Rec'd:

**Please complete the following demographic survey**

\*=Required Fields

## CDTC Demographic Survey

Child Development Training Consortium (CDTC) is funded by the California Department of Social Services (CDSS)

The demographic data collected on permit applications is limited to the preparation of CDTC reports submitted to CDSS.

**Data will not be shared with other agencies/organizations.**

Your individual information is **confidential** and no individual identifying information will be reported.

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### Education Information

1. What is your highest level of education? Please check only ONE answer – your highest level.

- |  |   |
|--|---|
| <input type="checkbox"/> No High School diploma/No GED | <input type="checkbox"/> BA/BS (4-year college level) |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> Master's Degree              |
| <input type="checkbox"/> AA/AS (2-year college level)  | <input type="checkbox"/> Doctorate                    |

2. If you have a degree, please select the area that best represents the major for any degree you have attained. Check all that apply.

Degree	ECE/Child/Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you have a current California child development permit? If yes, what level?

- |   |  |
|---|--|
| <input type="checkbox"/> I do not have a permit | <input type="checkbox"/> Master Teacher                |
| <input type="checkbox"/> Assistant Teacher      | <input type="checkbox"/> Site Supervisor               |
| <input type="checkbox"/> Associate Teacher      | <input type="checkbox"/> Program Director              |
| <input type="checkbox"/> Teacher                | <input type="checkbox"/> Children's Center Instruction |

### Employment Information

*If you are not currently employed, please skip to question #12.*

4. What is your city of employment? \_\_\_\_\_

5. What is your county of EMPLOYMENT? \_\_\_\_\_

6. Does your program, that you primarily work in, receive a CCDF subsidy? ☐ Yes ☐ No ☐ Don't Know

7. Which best describes the setting or program you primarily work in? *Please check only one answer.*

- ☐ Licensed child care center/early childhood program (including Head Start, after-school programs, etc.)
- ☐ License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- ☐ Informal provider (family, friend, neighbor)
- ☐ Licensed family child care home

**8. If you work in a center or school-based program, which best describes your primary position?**

***(If working as a substitute, please specify position type in which you most frequently work.)***

- |   |   |
|---|---|
| <input type="checkbox"/> Assistant/teacher aide/associate   | <input type="checkbox"/> Assistant Director   |
| <input type="checkbox"/> Teacher/lead teacher/associate   | <input type="checkbox"/> Director-single site |
| <input type="checkbox"/> Teacher-director   | <input type="checkbox"/> Director-multi site  |
| <input type="checkbox"/> Site Supervisor  | <input type="checkbox"/> Executive Director   |
| <input type="checkbox"/> Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor) |   |
| <input type="checkbox"/> Professional support (e.g. curriculum specialist, mental health consultant)                    |   |
| <input type="checkbox"/> Other (please specify) _____   |   |

**9. If you work in a family child care home, which best describes your primary position?**

- ☐ Owner/operator of the family child care  
☐ Assistant in the family child care  
☐ Other

**10. Do you currently care for children who are dual language learners?**

- ☐ Yes      ☐ No      ☐ Don't Know

**11. Is the program where you are employed participating in Quality Counts California (QCC or local QRIS program)?**

- ☐ Yes      ☐ No      ☐ Don't Know

**Demographic Information**

**12. Are you Hispanic?** ☐ Yes      ☐ No

**13. How do you identify your race/ethnicity? Please check ONLY ONE answer.**

- |  |   |
|--|---|
| <input type="checkbox"/> Bi-racial or Multi-racial | <input type="checkbox"/> Native American or Alaskan   |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Pacific Islander             |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> White or Caucasian           |
| <input type="checkbox"/> Latino or Hispanic        | <input type="checkbox"/> Other (please specify) _____ |

**14. What is the primary language you speak at home?**

- |  |   |
|--|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Tagalog                      |
| <input type="checkbox"/> Spanish                   | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Other (please specify) _____ |

**15. Please check all the languages you speak fluently.**

- |  |   |
|--|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Tagalog                      |
| <input type="checkbox"/> Spanish                   | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Other (please specify) _____ |



## CDTC Live Scan Reimbursement Request Form 2022-2023

1. * Legal Name (First and Last):		/	
2. * Birthdate (mm/dd/yyyy):		3. * Last Five Digits of Social Security Number: _____	
4. * Applicant Email:			
5. * Issue Check to:			
Permit Applicant (check will be issued using name above)			
Employer/Agency		Name of Employer/Agency:	
		Employer/Agency Email:	
		Employer/Agency Phone:	
6. * Mail Check to:		Address:	
		City:	State: Zip code:
7. I hereby certify that this Live Scan Reimbursement Request Form is true and correct, and that an acceptable receipt is attached, documenting the actual costs.			
* Applicant's Signature:		* Date:	

**Include ORIGINAL RECEIPT or Livescan Form 41-4\* showing the paid Live Scan fees.**

\*Form 41-LS form must show amount paid in Section 6 of the form.

- A. Only first-time permit applicants that have not had CTC prints done before are eligible to apply for the Live Scan fee reimbursement.
- B. Only FBI and DOJ fees (currently \$49) are reimbursed. Additional agency fees are not eligible for reimbursement.
- C. Only the permit applicant, their employer, or other agency can receive reimbursement payments.
- D. The reimbursement request form must be submitted as part of a complete permit application packet.
- E. Reimbursement payments are processed on a first come, first served basis. Funding is limited; submission of this request form does not guarantee a reimbursement payment.
- F. Please allow 4-6 weeks for processing; check will be issued from the Yosemite Community College District.

(See more detailed CDTC Stipend Permit policies at [www.childdevelopment.org](http://www.childdevelopment.org).)

**Submit this completed Live Reimbursement Request Form with your permit application packet.**

For assistance, email [CDTC-Permit@yosemite.edu](mailto:CDTC-Permit@yosemite.edu)

For CDTC Staff Use Only	
Staff Initials:	Approved Payment:

\*=Required Fields



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City CA State ZIP Code

Contact Telephone Number

### Applicant Information:

\*Required Fields

\*Last Name

\*First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

\*Last Name

\*First Name

Suffix

Sex ☐ Male ☐ Female

\*Date of Birth

\*Driver's License

Number Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

\*Height \*Weight \*Eye Color \*Hair Color

\*Place of Birth (State or Country) \*Social Security Number

\*Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\*Applicant Signature

\*Date

Your Number:

\*OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



# 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
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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: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <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: <div style="display: flex; justify-content: space-between; font-size: small;"> <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 Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	Limited Assignment* Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist* ETK Permit*	30-Day Substitute Career Substitute* Prospective Substitute <b>Teaching Permit for Statutory Leave*</b> 30-Day CTE Substitute	Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director 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)  Special Education Specialty Areas:  CTE Industry Sector:  Adult Education Subjects:	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language)  _____ Pupil Personnel Services:	Supplementary Authorization/ Subject Matter Authorization:  <hr/> <p style="text-align: center;">CTC Use Only</p>
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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.

My Professional Growth Advisor is \_\_\_\_\_

Advisor's Name

Advisor's Phone Number

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:

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





## 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\*\*; form may be signed, scanned and printed. *Signature may not be typed.*

\*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: \*Verified by (initials):

<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: _____



## CDTC eTranscript Form

2022-2023 Program Year

CDTC will accept electronic or official paper transcripts required to complete the permit application. Use this form ONLY if you have ordered etranscripts so CDTC staff can retrieve them.

**Please carefully read the policies below before ordering electronic transcripts.**

Etranscripts must be sent to:

**CDTC-etranscripts@yosemite.edu**

**\*\*\*Transcripts sent to applicant email addresses will not be accepted\*\*\***

<b>Applicant Name:</b>
<b>All Former/Maiden Names:</b>
<b>Applicant Email:</b>
<b>Total # of transcripts ordered:</b> _____ (List <u>all</u> orders below)

1. Transcript Agency: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
College: \_\_\_\_\_
2. Transcript Agency: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
College: \_\_\_\_\_

*\*Use a second form if transcripts are coming from more than two colleges*

### CDTC Electronic Transcript Policies

- A. Transcripts emailed to the applicant will not be accepted.** Do not forward emails, the transcripts must come directly from the authorized transcript agency.
- B. CDTC is not responsible for any costs associated with errors in ordering electronic transcripts,** including sending transcripts to the wrong agency or transcripts without grades/degrees.
  - Do NOT send etranscripts to the Commission if you apply for the CDTC permit stipend.
  - Do not order transcripts before your courses are complete and grades are posted.
- C. CDTC cannot help with billing, ordering or corrections to etranscripts.** You must contact your college or the transcript agency for assistance with an order.

Electronic Transcripts should be sent to:

**CDTC-etranscripts@yosemite.edu**

*Note:* If the transcript agency requires a name for the sender, use "CDTC Staff".



## 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 name 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](mailto:CDTC-Permit@yosemite.edu)