

LAST NAME (print or type)

FIRST NAME

APPLICATION FOR TEMPORARY COUNTY CERTIFICATE

SS# _____ - _____ - _____

I certify that I have filed an application for the credential(s) described below:

_____ Type of Credential(s)

Subject Area: _____

New _____ Renewal _____ Permits: Subst. _____ PIP _____ STSP _____ Pro. Clear _____ Clear _____

This credential was applied for on: _____

Date

Application was made through the following agency:

- _____ 1. Direct to Commission for Teacher Preparation and Licensing Mail On-line
- _____ 2. Kern County Superintendent of Schools Office
- _____ 3. College or school district: _____

Name of College or School District

1. **EMPLOYEE AFFIDAVIT** - *Not to be completed by applicant if any of the following apply:*

- a. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
- b. Applicant has an appeal currently pending from prior denial of this credential by the Commission or Committee of Credentials.
- c. Applicant's credentials are currently under disciplinary suspension or revocation.
- d. 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 performance of service requiring certification; and that I have submitted my complete application for Credential Authorizing Public School Service to the Commission on Teacher Credentialing together with the required fee. To the best of my knowledge no reason exists why I should not be issued this certificate or permit.

Signature of Applicant: _____ Date: _____

2. **EMPLOYER AFFIDAVIT** - *To be completed by employing official.*

I certify (or affirm) under penalty of perjury that I have made diligent inquiry into the qualifications and fitness of this applicant, and based on his/her statements and documents which I believe to be true and accurate, I have determined that he/she has all qualifications required by law for the performance of service requiring certification except actual possession of a certificate, and that he/she submitted his/her complete application for a Credential Authorizing Public School Service, together with the required fee.

Based upon such information and belief, and by authority of my office and Education Code Section 44332, I hereby request issuance of a temporary certificate for the purpose of authorizing salary payment to this applicant for his/her services to be performed pending issuance of a regular certificate.

Signature of Authorizing Officer

School District

Title

County

3. **CERTIFICATE** - *To be completed by County Superintendent*

This is to certify that a temporary _____ certificate is issued to the person named above under the authority of Section 44332 of the Education Code. This certificate is valid for service in the schools of this county from _____ for a period of one calendar year or until the credential applied for is either granted or denied by the Commission on Teacher Credentialing, or the application is withdrawn by the applicant. Under no circumstances will this certificate be valid for longer than the term of the credential.

Starting 7/1/08 KCSOS will implement the following:

If the California Commission on Teacher Credentialing (CTC) returns a Substitute or Credential packet for additional information and the County Office of Education is notified or we find out that it has been returned, we will cancel any Temporary County Certificate (TCC) that we have issued until the information requested is provided and returned to CTC. When the packet is returned to CTC, through us or the employing school district (and they notify us), we will reactivate the TCC for the remainder of the year. This will make us complaint under Ed Code § 44332(b).

Signature _____

County Superintendent of Schools