



**Los Angeles County  
Office of Education**

Serving Students • Supporting Communities • Leading Educators

**Division of School Financial Services  
Certification Section, Room 132  
9300 Imperial Highway, Downey, CA 90242-2890**

**Read information on  
Back of this form before  
completing application.**

**APPLICATION FOR TEMPORARY COUNTY CERTIFICATE (EC44332)**

Submit completed form, in duplicate, to above address. Nonpublic schools submit completed form in duplicate.

**For County Office Use Only**

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT OR NONPUBLIC SCHOOL Los Angeles Unified School District 333 South Beaudry Avenue; Los Angeles, CA 90017	DISTRICT 5-DIGIT CODE 64733
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REGISTRATION DATE
REGISTRATION NO.

**Section I - Applicant Information (To be completed by applicant.)**

TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)		ALL FORMER NAMES	
SOCIAL SECURITY NUMBER	BIRTHDATE	MOST RECENT CALIFORNIA TEACHING EXPERIENCE (COUNTY)	(YEAR)

**Information About Your Application For Credential Or Permit Sent To CTC**

APPLICATION IS FOR (PLEASE CHECK) <input type="checkbox"/> Cred. <input type="checkbox"/> Permit <input type="checkbox"/> Cert.	CHECK ONE <input type="checkbox"/> Initial <input type="checkbox"/> New Type	<input type="checkbox"/> Adding Subj. Matter Auth. <input type="checkbox"/> Adding other auth.	<input type="checkbox"/> Adding district/agency <input type="checkbox"/> Extension/Appeal
TERM (CL, P5, EM, C8...)	TITLE OF CREDENTIAL PERMIT OR CERTIFICATE APPLIED FOR (MULTIPLE SUBJECT, SINGLE SUBJECT, EDUCATION SPLST. ETC.)		<b>For County Office Use Only</b>
LIST SUBJECT(S)			TYPE/TITLE CODE
DOCUMENT EFFECTIVE DATE IS (MONTH/DAY/YEAR)			<input type="checkbox"/> Restricted

**The application was filed: (Check one.)**

<input type="checkbox"/> On-Line to CTC	<input type="checkbox"/> Paper Application
<input type="checkbox"/> by IHE (name) _____ Date: _____	<input type="checkbox"/> by IHE (name) _____ Date: _____
<input type="checkbox"/> by District (name) _____ Date: _____	<input type="checkbox"/> by District (name) _____ Date: _____
<input type="checkbox"/> by Applicant _____ Date: _____	<input type="checkbox"/> by Applicant _____ Date: _____
<input type="checkbox"/> by LACOE Certification Section _____ Date: _____	<input type="checkbox"/> by LACOE Certification Section _____ Date: _____
<input type="checkbox"/> by Other County (name) _____ Date: _____	<input type="checkbox"/> by Other County (name) _____ Date: _____
<input type="checkbox"/> by Other Agency (name) _____ Date: _____	<input type="checkbox"/> by Other Agency (name) _____ Date: _____

**CTC APPROVED BASIC SKILLS VERIFICATION**

CBEST Pass Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Other Exam Name: \_\_\_\_\_ Pass Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Information for Applicant - Please read prior to completing application.**

**Applicant Affidavit --** This section is **not** to be completed by the applicant if any of the following apply:

1. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
2. I have a Temporary County Certificate (TCC) pending with the Los Angeles County Office of Education. The TCC has not cleared as the application is being reviewed by the Division of Professional Practices/status of the application is "pending additional evaluation"
3. Applicant has an appeal currently pending from prior denial of this credential by the Commission on Teacher Credentialing, or the Committee of Credentials.
4. Applicant's credentials are currently under disciplinary suspension or revocation.
5. Applicant is aware he does not meet minimum requirements for the credential sought.

**Applicant Affidavit (Read reverse side.)**

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 the 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 along with the required fee.** I am aware that such application may be denied on any of the grounds provided by Education Code Section 44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this credential, certificate, or permit.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, City of \_\_\_\_\_, California

**X** \_\_\_\_\_

Signature of Applicant

**Section II - Employment Information (To be completed by the authorized official of the employing school district.)**

1. Was credential application reviewed by employer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did applicant answer "yes" to Personal and Professional Fitness questions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach explanation)
2. <b>If application was not reviewed by employer</b> , the applicant has stated in writing that his/her answers to Character and Fitness questions on the credential application are:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach explanation)
3. Has applicant taken and passed a CTC approved Basic Skills test? <input type="checkbox"/> N/A <input type="checkbox"/> On file	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach certified copy)
4. I have determined that the applicant has all qualifications required by law for the performance of service requiring certification.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
THE BEGINNING DATE OF EMPLOYMENT AUTHORIZED BY THIS TCC IS: (MONTH/DAY/YEAR)		
ORIGINAL SIGNATURE OF AUTHORIZED EMPLOYING SCHOOL OFFICIAL OR DESIGNEE		DATE SIGNED

Name of Applicant: \_\_\_\_\_

**Section III - AB681 Affidavit as it pertains to issuance of Temporary County Certificates**

COC, ASCC, CREDENTIAL OR PERMIT IS REQUIRED FOR TCC ISSUANCE	COC NOT REQUIRED FOR TCC ISSUANCE
<p><b>Employer has confirmed that a valid CTC issued COC, ASCC, Credential or Permit was granted by the CTC with an effective date of:</b> _____</p> <p>A valid CTC issued COC, ASCC, Credential or Permit indicates that an individual has completed the CTC's fingerprint character and identification process, whose moral and professional fitness has been shown to meet the standards established by law.</p> <p><input type="checkbox"/> New employee to our district/agency with an initial CA credential/permit application filed with but not yet issued by the CTC</p> <p><input type="checkbox"/> New employee to our district/agency, formerly a current employee of another district/agency, who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> Current and continuous employee of our district/agency with an initial CA credential/permit application filed by but not yet issued by the CTC.</p> <p><input type="checkbox"/> Current and continuous employee of our district/agency who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> Returning employee to our district/agency, who has allowed his/her credential/permit to expire.</p> <p><input type="checkbox"/> None of the above scenarios apply and the employer is unable to mark one box in each of the categories (A, B, C and D) in the section to the right.</p>	<p>The County Board of Education may issue a TCC to an employee currently and continuously employed by a school district/agency within the county who is serving under a valid credential/permit and has applied for a renewal of that credential/permit or for an additional credential/permit without obtaining a Certificate of Clearance from the commission for that employee.</p> <p>The employer must be able to select at least one statement below in each of the categories (A, B, C and D). If not, the employer must complete the section to the left of this form</p> <p>A. <input type="checkbox"/> New Employee  <input type="checkbox"/> Continuing employee  <input type="checkbox"/> Returning employee</p> <p>B. <input type="checkbox"/> Holds a valid (non-expired) credential/permit AND fingerprint status reads "Complete" on the CTC website.</p> <p>C. <input type="checkbox"/> Has applied for a renewal of that credential/permit  <input type="checkbox"/> Has applied for an additional credential/permit</p> <p>D. <input type="checkbox"/> Is currently and continuously employed by this district/agency while serving under a valid credential/permit.  <input type="checkbox"/> Has been continuously employed in one or more districts/agencies in this county while serving under a valid credential/permit.</p>

I certify that a CTC application has been mailed, or has been submitted online and fees have been paid by the applicant to the CTC.

**I certify that the foregoing is true and accurate and this affidavit is signed under penalty of perjury.**

SCHOOL DISTRICT/AGENCY NAME Los Angeles Unified School District		
PRINT OR TYPE NAME AND TITLE OF AUTHORIZED EMPLOYING OFFICIAL	CONTACT EMAIL ADDRESS	
SIGNATURE OF AUTHORIZED EMPLOYING OFFICIAL	CONTACT PHONE NUMBER	DATE SIGNED