# **<u>CERTIFICATE OF CLEARANCE INSTRUCTION SHEET (Antelope Valley)</u>**

# Part I and Part II <u>MUST</u> BE COMPLETED TO BE GRANTED A CERTIFICATE OF CLEARANCE

A two-part fee is required: 1) Live Scan fee and 2) CTC fee.

## <u> Part I: Obtain a Live Scan</u>

If you have completed an electronic Live Scan within the last 18 months specifically for CTC but do not hold a Certificate of Clearance, California Credential, or Permit proceed to **Part II**.

## Step 1: Obtain a Live Scan form

Complete 'Request for Live Scan Service 41-LS form' (attached) or available on the CTC website at <a href="http://www.ctc.ca.gov/credentials/leaflets.html">http://www.ctc.ca.gov/credentials/leaflets.html</a> and print one copy.

## Step 2: Schedule an appointment to Live Scan

- Contact a Live Scan location on reverse side
- Students who will be working with Antelope Valley Union High School District, Westside Union School District, Eastside School District, Lancaster School District or Southern Kern School District need to be fingerprinted as a volunteer at that District Office. Please call (661) 952-5080 or <u>avted@csub.edu</u> for further information.

# Step 3: Report to Live Scan Station of your choice

**Required Documents:** 

- 1. Valid Photo identification
- 2. Live Scan Service 41-LS form (see step 1)
- 3. Fee (check with your Live Scan location for current fee and acceptable payment types)

Your fingerprints are submitted electronically to DOJ and FBI. <u>Keep a copy of your receipt and live scan form for</u> <u>your records.</u> You are now ready to proceed to **Part II**. <u>Part II must</u> be completed in order to obtain a Certificate of Clearance through the Commission on Teacher Credentialing and for admission into the credential program.

# Part II: Apply for the Certificate of Clearance through the Commission on Teacher Credentialing (CTC). Click here for current CTC fees: <u>CTC Fees</u>

# **<u>DO NOT</u>** apply for a Certificate of Clearance if you hold a valid California Credential or Permit.

# --TURN OFF ALL POP-UP BLOCKERS BEFORE BEGINNING THIS STEP--

- ➢ Go to: <u>www.ctc.ca.gov</u>/ and select the 'Credential Information' button
- Click the **'Educator Login'** button on the far right.
- ▶ If this is your first application with CTC, you will be prompted to create a username and password.
- > If you have an existing profile, continue with the instructions.
- Print a copy of your receipt for your records.
- Processing time may take up to several weeks.
- > CTC will notify you by email once the document has been issued.

# \*\*NOTE: Answering 'Yes' to any of the Professional Fitness Questions requires submission of supporting documents to the Commission on Teacher Credentialing per instructions provided. This may delay the processing time of your application.

# Looking Up and Printing Your Certificate of Clearance, Credential or Permit

- Go to <a href="http://www.ctc.ca.gov/">http://www.ctc.ca.gov/</a> select 'SEARCH FOR AN EDUCATOR'
- Select 'Secured Search'; enter your Social Security Number and Date of Birth
- Click on the Document Number 'hyperlink' next to the Certificate of Clearance
- Print this page and submit a copy along with your program application

# LIVE SCAN FINGERPRINT LOCATION

Students who will be working with Antelope Valley Union High School District, Westside Union School District, Eastside School District, and Southern Kern School District should have a volunteer fingerprinting done at that District Office. If you have questions or concerns, please call (661) 952-5080.

#### LOS ANGELES COUNTY

American Post N Parcel 43759 15th Street West Lancaster, CA 93534 (661) 942-1150 carol.apnp@verizon.net

AV Mail N More 2851 W Avenue, L Lancaster, CA 153055 (661) 722-4555 Fax (661) 722-4733 avmailnmore@gmail.com

Certifix dbw The UPS Store #2531- Temporarily Unavailable 2010 West Avenue, K Lancaster, CA 93536 1 (661) 726-9135 / 1 (800) 710-1934 ext. 1 info@certifixlivescan.com

Certifix dbw The UPS Store- Temporarily Unavailable 38713 Tierra Subida Avenue Palmdale, CA 93551 1 ( 661) 273-8877 / 1 (800) 710-1934, Ext 1 info@certifixlivescan.com

Leslie Fingerprinting 521 East Palmdale Blvd. Palmdale, CA 93550 (661) 274-9915

#### KERN COUNTY

Kern County Sherriff's Dept. Mojave Substation 1771 Hwy. 58 Mojave, CA 93501 (661) 827-2471

**Ridgecrest Police Dept.** 100 W California Ave. Ridgecrest, CA 93555 (760) 371-3711

#### **District Offices**

Antelope Valley Union H.S. District 44811 Sierra Hwy Lancaster, CA 93534 (661) 948-7655

**Palmdale School District** 39139 N. 10<sup>th</sup> St. East Palmdale, CA 93550 (661) 947-7191 x 7224

Southern Kern School District 3082 Glendower St. Rosamond, CA 93560 (661) 256- 5000

Westside Union School District Educational Services 41914 50<sup>th</sup> St. West Lancaster, CA 93536 (661) 722-0716

William S. Hart Union H.S. District 21515 Redview Dr. Santa Clarita, CA 91350 (661) 259-0033 ext. 0

Lancaster School District 44711 Cedar Ave. Lancaster, Ca 93534 661-948-4661



# **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission			
ORI (Code assigned by DOJ)	Authorized Applican	Туре	
Type of License/Certification/Permit OR Working Title (Maximum 30 chara	acters - if assigned by DOJ, use exact title	assigned)	
Contributing Agency Information:			
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit co	de assigned by DOJ)	
Street Address or P.O. Box	Contact Name (manda	tory for all school submissions)	
City CA ZIP Code	Contact Telephone Nu	nber	
Applicant Information:		*Required Fields	
*Last Name	*First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
*Last Name	*First Name		Suffix
*Date of Birth       Sex       Male       Female         *Height       *Weight       *Eye Color       *Hair Color         *Place of Birth (State or Country)       *Social Security Number	*Driver's License Number Billing Number		
*Home Address Street Address or P.O. Box	City	State ZIP Cod	e
I have received and read the included Privacy Noti	ce, Privacy Act Stateme	nt, and Applicant's Privacy Rights.	
*Applicant Signature		*Date	
Your Number: *OCA Number (Agency Identifying Number)	 (If the Level of Service criminal history record i	DOJ FBI ndicates FBI, the fingerprints will be used to che nformation of the FBI.)	ck the
If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number			
Employer (Additional response for agencies specified by state	ute):		
Employer Name			
Street Address or P.O. Box	Tel	ephone Number (optional)	
City State	ZIP Code Ma	Code (five digit code assigned by DOJ)	
Live Scan Transaction Completed By:			
Name of Operator	Date		
Transmitting Agency LSID	ATI Number	Amount Collected/Billed	



## **Privacy Notice**

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at <u>keeperofrecords@doj.ca.gov</u>, or by mail at:

Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170



### **Privacy Act Statement**

**Authority**. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose**. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



# **REQUEST FOR LIVE SCAN SERVICE**

# Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification1 that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. 2
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. 3

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. 4

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

<sup>&</sup>lt;sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

<sup>&</sup>lt;sup>3</sup> See 28 CFR 50.12(b)

<sup>&</sup>lt;sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



# How to apply for the Certificate of Clearance (COC) or Activity Supervisor Clearance Certificate (ASCC)

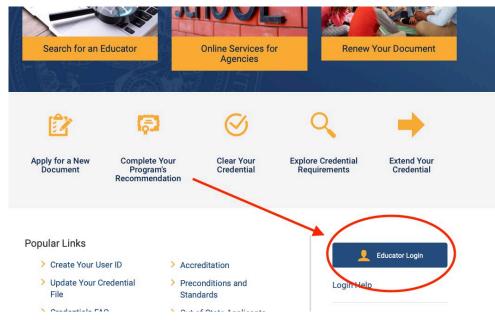
The Web Application process is only available at this time for persons who need fingerprint clearance. For directions on how to complete applications for new teaching credentials submitted by a Commission-approved program sponsor, <u>click here</u>. Applicants from outside California seeking their first teaching credential must mail their applications to the Commission using Form 41-LS. Individuals who must submit fingerprint cards with their application must not <u>use this online process!</u> See <u>Credential Leaflet CL-900</u> for more information on the COC and <u>Credential Leaflet CL-891</u> for more information on the ASCC.

For video instructions on how to submit your fingerprint clearance application, click here.

- 1. If not already completed, fill out the CTC-specific <u>Form 41-LS</u> and take 3 copies to a <u>Live Scan</u> <u>station</u> for your fingerprints to be taken.
- Apply for your document using the Web Application Process at the CTC website. (<u>www.ctc.ca.gov</u>)
  - a. Click the Credentialing Information navigation button



b. Select the Educator Login button to begin your application.



Create/log in to your personal profile on the secure Educator Page by creating a User ID and Password. You will then be asked to create challenge questions in the event you forget your username or password. If this is your first application and you are creating a new profile, you will be prompted to enter this information twice.

Commission on Cov Teacher Credentialing
A Login Search
CTC Online
You can no longer log in with your SSN and date of birth. You must be a registered user to access the CTC Online system. Register your User ID by clicking the "Create Educator Account" link below.
Login Educator Login Help
Forgot Your Password?
Forgot Your User ID?
Create Educator Account
Caution: User accounts are locked after 5 unsuccessful login attempts.

If this is your first application and information must be added, <u>click here</u> for directions on completing your profile first.

When your personal profile is complete, click 'Next.

nmission <sub>on</sub> Icher Credentialing	
Today is Monday, March 14, 20	22.
	oformation section, including your full legal name, all former names, and your maiden name, if applicable. Additionally, you are required to pr

e all the pertinent spaces in the Personal Information section, including your full legal name, all former names, and your maiden name, if applicable. Additionally, you are required to pr N) or Individual Tax Identification Number (ITIN) on your application pursuant to 42 USC §666 and California Family Code §17520. If this information is not furnished, your application Correspondence 13-14 on the Commission's website for more information.

e Commission of any address change pursuant to 5 CCR §80412. Address changes can be completed during the online application process.

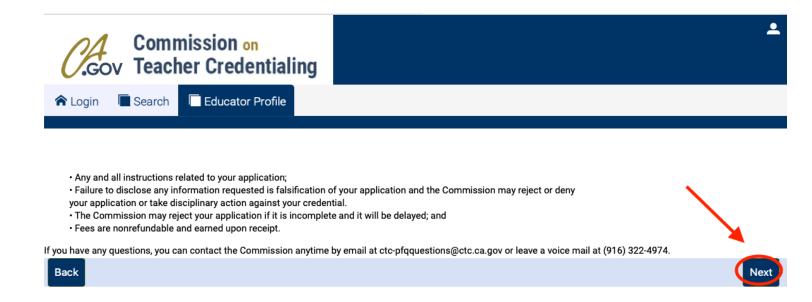
Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Your name, former names, St

Click on the "Create New" button underneath the heading "**Web Applications**" to start your application for the Certificate of Clearance (COC) or Activity Supervisor Clearance Certificate (ASCC).

🎓 Login 🛛 🔳 Sear	rch 🔲 Educator Pro	ofile							
Back									
Note: If you have any que	estions, please view the C	TC Online - Written Instructions	for Application and Pa	<u>ayment</u> page.					
1	Last Name:						Incomplete: Action	Required by Educator. Email	Fin: Note: Information of
	First Name:			Adverse and C	ommission Ac	tions Indicator :			
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Last Known County of Er	mployment:								
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Complete Retu	Irn Application to Aut	norized Agency Click the 'Do	ocument Title' to view	detailed inform	ation. Select "Y	'es" next to the D	ocument Title and	either "Complete", or "Return	Application to Auth
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Choole Ves to apply	Document Title		Application Statu	s					

Select which document you wish to apply for (COC or ASCC) from the drop down menus; you will be prompted to review and print the checklist (see below-comes up in separate window); then click Next.

Commission on Cov Teacher Credentialing	۸
☆ Login Search Control Control	
Back	
Note: If you have any questions, please view the CTC Onlin	e - Written Instructions for Application and Payment page.
Last Name:	Fingerprint Status: Incomplete: Action Required by Ed
First Name:	Adverse and Commission Actions Indicator :
Middle Name:	
Last Known County of Employment:	
Document/Authorization Pick	
	1 of 1+
General Application Category: Select	✓ Instructions
Document/Authorization Title:	First, select a General Application Category from the drop down menu.  First, select a Document/Authorization Title from the drop down menu.  Third, review the information on the selected checklist to verify you met the requirement
Back	Next

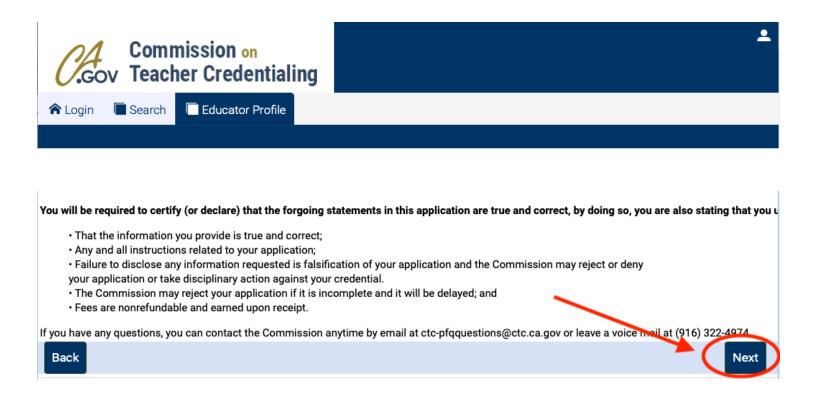


Read the entire Disclosure page for the Professional Fitness questions. Pay particular to the last part before continuing:

#### Warning:

- You will be required to certify (or declare) that the forgoing statements in this application are true and correct, by doing so, you are also stating that you understand:
- That the information you provide is true and correct;
- 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; and
- Fees are nonrefundable and earned upon receipt.
- If you have any questions, you can contact the Commission anytime by email at ctc-pfqquestions@ctc.ca.gov

Once you have read the entire disclosure click "next".



Answer each of the Professional Fitness Questions. If you need assistance completing the Professional Fitness Questions, <u>click on this link for help</u>

Complete the Oath and Affidavit and click "complete submission".

* Required Field
Before you proceed to payment, you must indicate (by selecting the box) that you agree and understand the duties required of the Child Abuse and Neglect and Reporting Act and the Oath and Affidavit:
Child Abuse and Neglect Reporting Act
"As a document holder 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 document holder, I will fulfill all the duties required of a mandated reporter."
I have read and understand my required duties under the Child Abuse and Neglect Reporting Act 📄 (Penal Code §11164ff.) *
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. Oath and Affidavit*:
Date: 12/01/2014
City*:
County (or N/A)*:
State/Province/Region (or N/A)*:
Country*: -Select-
Back Cancel Submit Payment

On the next page, click the Process Payment button to move forward.

$\mathbf{X}$	Agency User Search Educator Page
	Please do not use the BACK or REFRESH buttons.
	Click the button below to Process your Payment.
	Process Payment

The display shows the document applied for and the amount to pay. Click the Continue button.



Complete the billing verification information for LexisNexis. Choose to pay with credit card (can also use debit card with Visa or MasterCard logo). Click Continue button when finished.

_	Ensuring Edu	icator Excellence
	Total Amount:	\$72.50
ling Address ddress Type Domestic (US and Pu Military (APO/FPO) International (includi		Payment Information Payment Type Credit Card
Cardholder First Name: * Cardholder Last Name: * Zip Code: * Address: * Address Continued: City: *		Card Number: * Expiration Date: * Security Code: * We've provided this sample credit card to assist you in finding the security code. MasterCard, Visa, Discover Card None * 3-digit security
State: * Email Address: * Phone: *	(999-999-9999)	

NOTE: The application fee is earned upon receipt and is <u>not refundable</u>. (Reference: Title 5, California Code of Regulations, Section 80487)

Verify all the payment information is correct, including email address. Click Complete Payment button. **Do** not click the Complete Payment button more than once! After clicking Complete Payment, do not use the Back button in the web browser. Wait for the Confirmation page to be displayed.

	Total Amount:	\$72.50
illing Address		Payment Information
Cardholder First Name :	nancy	Card Number: *********0248
Cardholder Last Name:	passaretti	
Zip Code:	99999	Expiration Date: 01/2015
	1900 capitol avenue	By checking this box, you are authorizing the payment of the bill amount.
Address Continued: City:	sacramento	
State:	CA	
Country :	United States of America	
Email Address:	npassaretti@ctc.ca.gov	
	999-999-9999	

On the Confirmation page, use the 1<sup>st</sup> link provided to obtain a printable receipt for your reference. After printing your receipt, you can return to CTC Online with the 2<sup>nd</sup> link "please click <u>HERE</u>."

A https://demo.paymentsolutions.lexi	<pre>snexis.com/pages/billing_info_confirmation_unskinned.xhtml</pre>	☆ マ C 8 - 0	Google 🔑 -
C	ommission on Teacher Cred	lentialin	9
	Receipt		
	Payment Date: 12/01/2014 02:42 PM PST	Payment Statu	S: AUTHORIZED
	Confirmation Number: 50024330		
	Payment Method: Credit Card (MASTERCARD) *************0248		
	Bill To: nancy passaretti 1900 capitol avenue		
and a second	sacramento, CA - 99999 United States of America	a	
	Payment Towards CTC Document	<b>Amount</b> \$72.50	ID 1-2FJSJX Activity Supervisor Clearance Certificate
	Agency Amount Total Amount Click here for a printer friendly receipt	\$72.50 <b>\$72.50</b>	
-	To return to the CTC application, please click <u>HERE</u> .		
	Your payment was made through paymentsolutions.lexisnexis.com, one of the Lexis	Nexis VitalChek Networ	k Inc. portals.
	For payment support, please send an email to paymentsolutions@lexisnexis.com.		
	For CTC Assistance, please send an email to CTCOnline@ctc.ca.gov		
CexisNexis*	Home   Payment Solutions   Contact Us   Terms and Conditions   Privacy Policy		
	Copyright © 2008-2014 LexisNexis Risk Solutions. All rights reserve		

The final landing page provides directions back to the Educator page or to log out of CTC Online.

(	COMMISSION ON TEACHER CREDENTIALING Ensuing Educator Excelence	Home   FAQ   Glossary
1	Agency liser Search Educator Page	
	Your payment has been accepted and your application has been electronically submitted to the Commission.	
	You will receive (1) a payment receipt email; and (2) an application receipt email (with a confirmation coversheet attachment if your application requires additional documentation).	
	The status of your application is available to you by clicking on the Educator Page tab above, and to employers from the Commission's Search Page.	
К	The Commission's website is the official record for Educator credentials.	
	Help is available at the Commissions website at http://www.ctc.ca.gov/help/default.html If you have additional questions regarding the online system, email CTConline@ctc.ca.gov	
	For questions regarding credentialing requirements or your application, email credentials@ctc.ca.gov	
	To ensure the highest level of security, click on the "Home" link at the top right of your screen and then exit your web browser.	
Done	√ Trusted sites	Fa - \$100% -

**Note**: If you answered "yes" to any of the Personal and Professional Fitness questions you must send the required supporting materials to the Commission as per the instructions provided.