

CERTIFICATE OF CLEARANCE INSTRUCTION SHEET (Bakersfield Campus)

The Certificate of Clearance is a document issued by the Commission to an individual who has completed the Commission's fingerprint character and identification process, whose moral and professional fitness has been shown to meet the standards as established by law. **The Certificate of Clearance provides no authorization to provide instruction or services in schools; its sole purpose is to provide verification that the holder has completed a professional fitness review.**

Part I and Part II MUST BE COMPLETED TO BE GRANTED A CERTIFICATE OF CLEARANCE

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

Part I: Obtain a Live Scan

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 <http://www.ctc.ca.gov/credentials/leaflets.html>; print one copy.

Step 2: Schedule an appointment to Live Scan

- Contact a Live Scan location in your area.
- Students who will be working with **Kern High School District** *should* complete their LiveScan through that district office. Contact Camille Halliwill at 661/827-3168 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. **Keep a copy of your receipt and live scan form for your records.** You are now ready to proceed to **Part II**. **Part II must** 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: [CTC Fees](#)

DO NOT 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: www.ctc.ca.gov/ and click the **Apply for a New Document** button
- Follow the instructions (attached or on screen) for existing or first time applicants
- Print a copy of your receipt for your records.
- Processing time may take up to several weeks and may be delayed if you answered yes to any of the Professional Fitness Questions.
- CTC will notify you by email once the document has been issued.

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

- Go to <http://www.ctc.ca.gov/> select 'EDUCATOR LOGIN'
- Enter your USERNAME AND PASSWORD
- Click on the Document Number 'hyperlink' next to the Certificate of Clearance
- **Print this page and submit a copy along with your program application**



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 _____ State CA 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 _____

*Height _____ *Weight _____ *Eye Color _____ *Hair Color _____
Number Billing _____
(Agency Billing Number)

*Place of Birth (State or Country) _____ *Social Security Number _____
Misc. Number _____
(Other Identification 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 _____



REQUEST FOR LIVE SCAN SERVICE

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 keeperofrecords@doj.ca.gov, or by mail at:

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



REQUEST FOR LIVE SCAN SERVICE

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>.*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b)

⁴ 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)

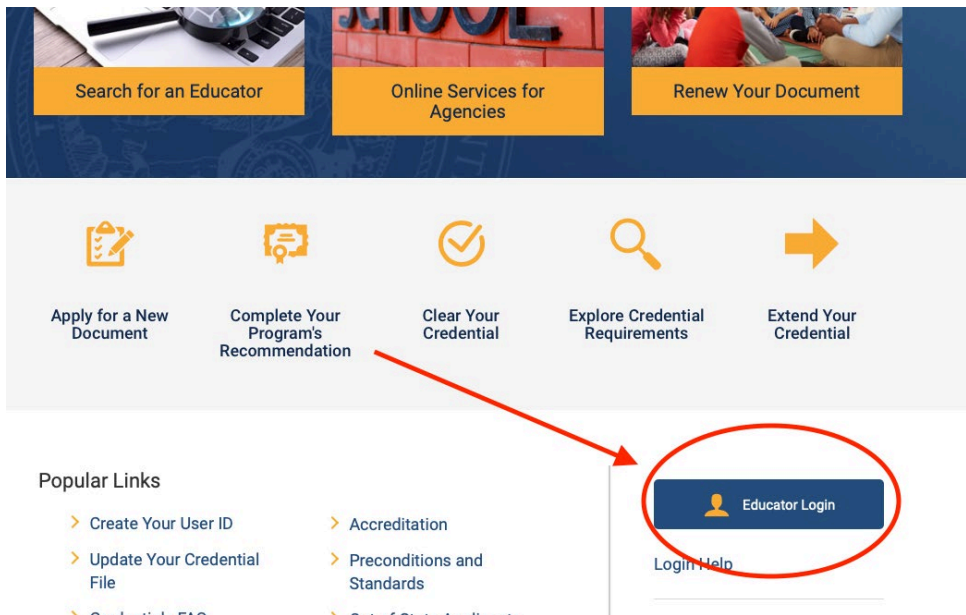
The Web Application process is only available at this time for persons who need fingerprint clearance. For directions on how to complete applications for new teaching credentials submitted by a Commission-approved program sponsor, [click here](#). Applicants from outside California seeking their first teaching credential must mail their applications to the Commission using [Form 41-LS](#). Individuals who must submit fingerprint cards with their application must not use this online process! See [Credential Leaflet CL-900](#) for more information on the COC and [Credential Leaflet CL-891](#) 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 [Form 41-LS](#) and take 3 copies to a [Live Scan station](#) for your fingerprints to be taken.
2. Apply for your document using the Web Application Process at the CTC website. (www.ctc.ca.gov)
 - 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.**

If this is your first application and information must be added, [click here](#) for directions on completing your profile first.

When your personal profile is complete, click 'Next'.

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).

CA.GOV Teacher Credentialing

Home Login Search Educator Profile

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Note: If you have any questions, please view the [CTC Online – Written Instructions for Application and Payment](#) page.

Last Name: [Redacted] Fingerprint Status: Incomplete: Action Required by Educator. Email Fin [Redacted] Note: Information on [Redacted]

First Name: [Redacted] Adverse and Commission Actions Indicator :

Middle Name: [Redacted]

Last Known County of Employment: [Redacted]

Document Application Adverse and Commission Actions

No Records

Document Number	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	Grade
Complete Your Programs Recommendation							
For those who have completed a program and were recommended for a credential by their college, university, district, or county office.							
Complete Return Application to Authorized Agency Click the 'Document Title' to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Auth							
Choose Yes to Complete Recommendation	Document Title	Term	Application Stat.	Issue Date	Return Reason		
Renew Your Document							
Options listed here are for those who already hold a document and are renewing.							
Complete Choose the record you are interested in by selecting ">". Then Select "Yes" next to the Document Title and click "Complete".							
Choose Yes to Renew	Document Title	Term	Status	Issue Date	Expiration Date	Original Issuance Date	
Apply for a Certificate of Clearance or Activity Supervisor Clearance Certificate							
This option is ONLY for those seeking background clearance.							
Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue.							
Choose Yes to Apply	Document Title	Application Status					

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.

CA.GOV Commission on Teacher Credentialing

Home Login Search Educator Profile

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Note: If you have any questions, please view the [CTC Online – Written Instructions for Application and Payment](#) page.

Last Name: [Redacted] Fingerprint Status: Incomplete: Action Required by Ed [Redacted]

First Name: [Redacted] Adverse and Commission Actions Indicator :

Middle Name: [Redacted]

Last Known County of Employment: [Redacted]

Document/Authorization Pick

General Application Category: Select Instructions 1 of 1+

Document/Authorization Title: [Redacted]

First, select a General Application Category from the drop down menu.
Second, select a Document/Authorization Title from the drop down menu.
Third, review the information on the selected checklist to verify you met the requireme

Back Next

- 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-pfquestions@ctc.ca.gov or leave a voice mail at (916) 322-4974.

[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-pfquestions@ctc.ca.gov

Once you have read the entire disclosure click “next”.

The screenshot shows the top navigation bar of the CA.GOV Commission on Teacher Credentialing website. The logo is on the left, and a user profile icon is on the right. Below the logo are three menu items: 'Login', 'Search', and 'Educator Profile'. The main content area contains a disclosure statement and a list of terms. At the bottom, there are 'Back' and 'Next' buttons. A red arrow points from the text '(916) 322-4974' to the 'Next' button, which is also circled in red.

CA.GOV Commission on Teacher Credentialing

Home Login Search Educator Profile

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 u

- 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
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If you have any questions, you can contact the Commission anytime by email at ctc-pfquestions@ctc.ca.gov or leave a voice mail at (916) 322-4974

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Answer each of the Professional Fitness Questions. If you need assistance completing the Professional Fitness Questions, [click on this link for help](#)

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-

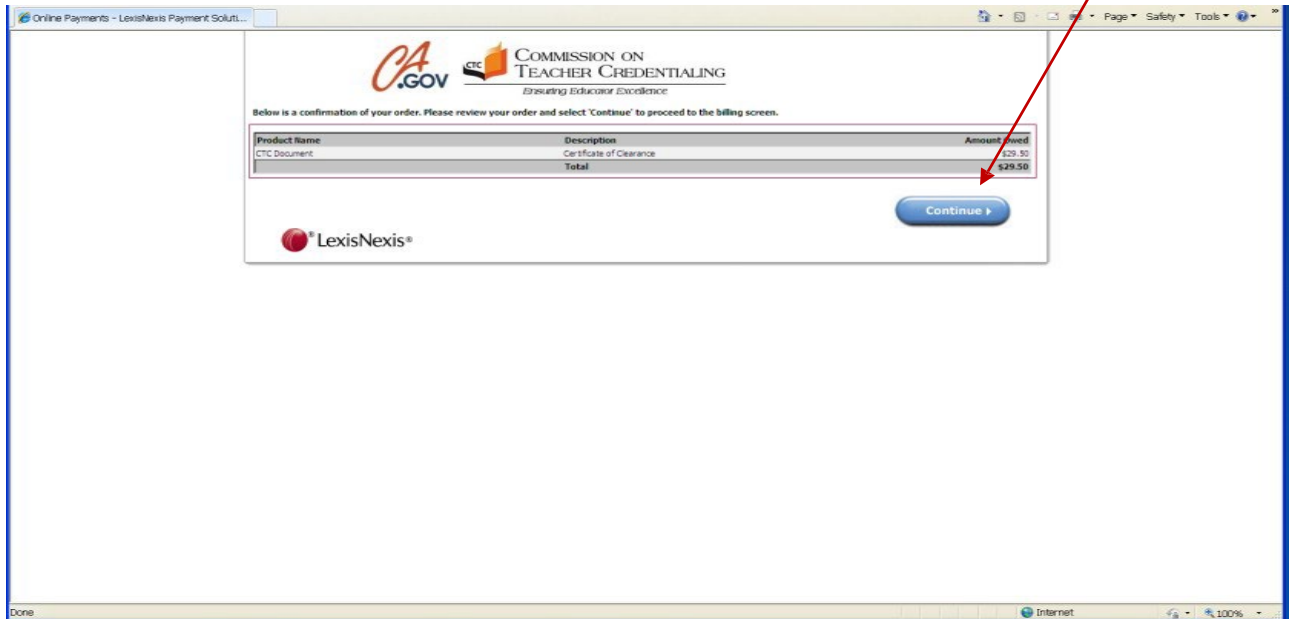
On the next page, click the Process Payment button to move forward.

Agency User Search Educator Page

Please do not use the BACK or REFRESH buttons.

Click the button below to Process your 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.

A screenshot of the LexisNexis billing verification form. At the top, it shows the "CA.GOV" and "COMMISSION ON TEACHER CREDENTIALING" logos. Below the logos, a grey bar displays "Total Amount: \$72.50". The form is divided into two main sections: "Billing Address" and "Payment Information".
Billing Address: Includes radio buttons for "Address Type" (Domestic (US and Puerto Rico), Military (APO/FPO), International (including Canada, Mexico)). Fields for "Cardholder First Name", "Cardholder Last Name", "Zip Code", "Address", "Address Continued", "City", "State" (set to "AL"), "Email Address", and "Phone" (with a placeholder "(999-999-9999)").
Payment Information: Includes a "Payment Type" dropdown menu with "Credit Card" selected. Fields for "Card Number", "Expiration Date", and "Security Code". A note states: "We've provided this sample credit card to assist you in finding the security code." Below this is an image of a sample credit card with logos for MasterCard, Visa, and Discover. A red arrow points from the top right towards the "Continue" button. A blue "Go Back" button is on the left, and a blue "Continue" button is on the right. The LexisNexis logo is at the bottom left.

NOTE: The application fee is earned upon receipt and is not refundable. (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.**

CA .GOV **CTC** **COMMISSION ON TEACHER CREDENTIALING**
Ensuring Educator Excellence

Total Amount: \$72.50

Billing Address
Cardholder First Name : nancy
Cardholder Last Name: passaretti
Zip Code: 99999
Address: 1900 capitol avenue
Address Continued:
City: sacramento
State: CA
Country : United States of America
Email Address: npassaretti@ctc.ca.gov
Phone: 999-999-9999

Payment Information
Card Number: *****0248
Expiration Date: 01/2015

By checking this box, you are authorizing the payment of the bill amount.

[Go Back](#) [Complete Payment](#)

LexisNexis

On the Confirmation page, use the 1st link provided to obtain a printable receipt for your reference. After printing your receipt, you can return to CTC Online with the 2nd link “please click **HERE**.”

Online Payments - LexisNexis Payment S...
https://demo.paymentsolutions.lexisnexus.com/pages/billing_info_confirmation_unskinned.xhtml

Commission on Teacher Credentialing

Receipt

Payment Date: 12/01/2014 02:42 PM PST **Payment Status:** AUTHORIZED
Confirmation Number: 50024330
Payment Method: Credit Card (MASTERCARD) *****0248

Bill To: nancy passaretti
1900 capitol avenue
sacramento, CA - 99999 United States of America

Payment Towards	Amount	ID
CTC Document	\$72.50	1-2FJSJX Activity Supervisor Clearance Certificate

Agency Amount \$72.50
Total Amount \$72.50

[Click here for a printer friendly receipt](#)

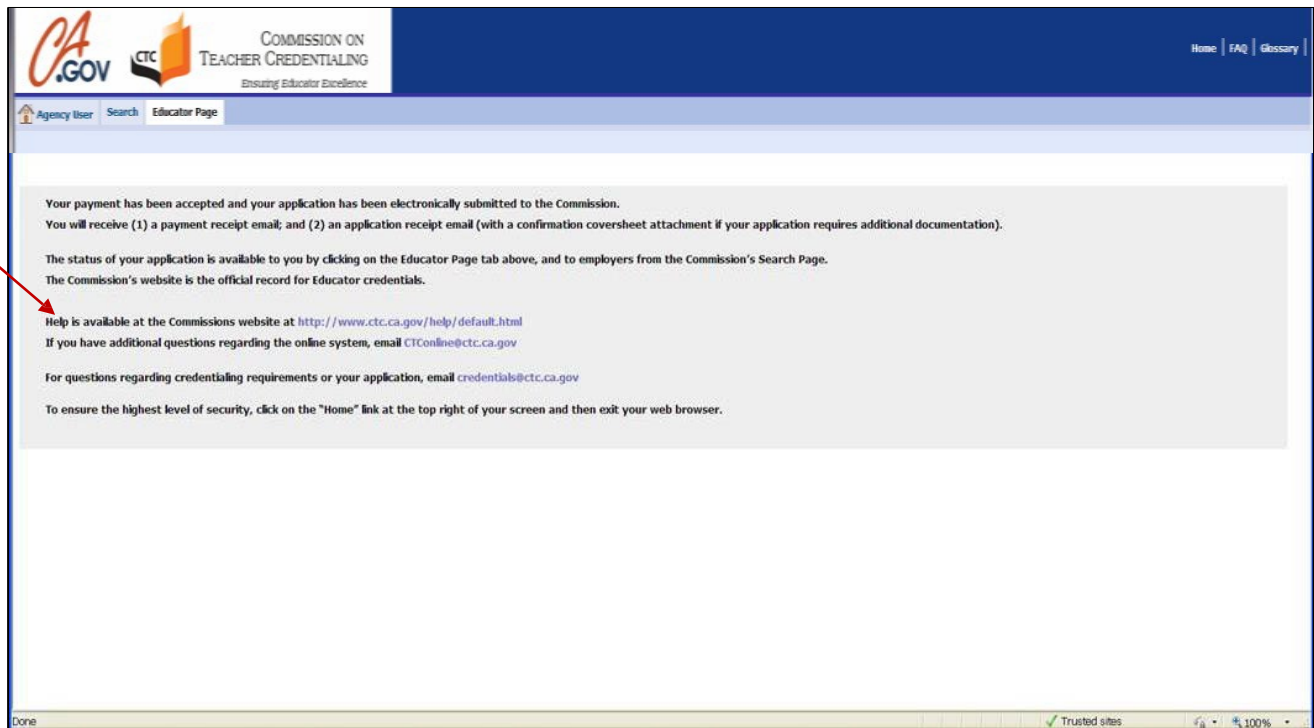
To return to the CTC application, please click **HERE**.

Your payment was made through paymentsolutions.lexisnexus.com, one of the LexisNexis VitalChek Network Inc. portals.
For payment support, please send an email to paymentsolutions@lexisnexus.com.
For CTC Assistance, please send an email to CTCOnline@ctc.ca.gov

LexisNexis Home | Payment Solutions | Contact Us | Terms and Conditions | Privacy Policy **TRUSTE** CERTIFIED PRIVACY

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



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.