

# WHAT IS A CHILD DEVELOPMENT PERMIT?

A Child Development Permit is a certificate which confirms you have fulfilled specific education and work experience requirements. It authorizes you to teach or supervise in a child development program. Child Development Permits are issued by the State of California Commission on Teacher Credentialing.

## SHOULD I APPLY FOR A CHILD DEVELOPMENT PERMIT?

**YES!** 😊 If you wish to apply for a higher paying positions as a teacher, supervisor or director in centers funded by the Child Development Division of the California Department of Education, you need a permit. Other types of ECE programs may require permits as well.

**DON'T WAIT!** Apply as soon as you qualify for the Assistant Teacher or Associate Teacher permit level. The first time permit application takes the longest to be issued due to the Live Scan fingerprint processing. Once the application is received, a first-time permit application takes 6 weeks to 3 months to process. Once you are awarded a lower level permit, you can easily upgrade to a higher level permit once you complete the required qualifications.

## HOW DO I APPLY FOR A FIRST-TIME OR UPGRADE PERMIT?

Applications are available at <https://www.childdevelopment.org/> and completed applications can be submitted on-line. Visit <https://www.childdevelopment.org/> and thoroughly read the permit application instructions. See the handwritten notes on the attached documents for tips on how to successfully complete the application. (The notes are helpful tips, you will submit a digital application.)

## DO I NEED TO PAY A PERMIT APPLICATION FEE?

**NO!** 😊 The Child Development Training Consortium (CDTC) Permit Stipend Program pays the permit application fee to the California Commission on Teacher Credentialing (CTC) for eligible applicants. For first time permit applicants, the Child Development Training Consortium (CDTC) will reimburse \$49 of the on-time Live Scan fingerprint fee. The CDTC currently pays for the permit application (\$100) for the following:

- **Assistant** (first-time)
- **Associate Teacher** (first time & upgrade)
- **Teacher** (first-time, renewal & upgrade)
- **Upgrades** from any of the 3 lower level permits to Master Teacher, Site Supervisor & Program Director



## Child Development Permit Matrix - with Mt SAC Specific Courses

Permit Title	Education Requirement	Mt SAC Child Development Classes	Experience Requirement
<b>Assistant (Optional)</b>	<b>Option 1:</b> 6 units of Early Childhood Education (ECE) or Child Development (CD)	6 units of any of the following: CHLD 1, CHLD 5, CHLD 6, CHLD 11	None
<b>Associate Teacher</b>	<b>Option 1:</b> 12 units ECE/CD including core courses**	CHLD 1, CHLD 5, CHLD 6, CHLD 11	50 days of 3+ hours per day within 2 years
<b>Teacher</b>	<b>Option 1:</b> 24 units ECE/CD including core courses**  plus 16 graduation level General Education (GE) units*	CHLD 1, CHLD 5, CHLD 6, CHLD 11, Any 12 units of the following: CHLD 50, CHLD 51, CHLD 61, CHLD 62, CHLD 63, CHLD 64, CHLD 68, CHLD 66/66L, CHLD 67/67L OR CHLD 86/87	175 days of 3+ hours per day within 4 years (Does not include lab days from CHLD 67L)
<b>Master Teacher</b>	<b>Option 1:</b> 24 units ECE/CD including core courses**  plus 16 graduation level GE units*  plus 6 specialization units plus 2 adult supervision units	CHLD 1, CHLD 5, CHLD 6, CHLD 11 Any 12 units of the following: CHLD 50, CHLD 51, CHLD 61, CHLD 62, CHLD 63, CHLD 64, CHLD 68, CHLD 66/66L, CHLD 67/67L OR CHLD 86/87 See green packet for specific information CHLD 75	350 days of 3+ hours per day within 4 years (Does not include lab days from CHLD 67L)
<b>Site Supervisor</b>	<b>Option 1:</b> AA (or 60 units) which includes: • 24 ECE/CD units with core courses**  plus 6 administration units plus 2 adult supervision units	CHLD 1, CHLD 5, CHLD 6, CHLD 11 Any 12 units of the following: CHLD 50, CHLD 51, CHLD 61, CHLD 62, CHLD 63, CHLD 64, CHLD 68, CHLD 66/66L, CHLD 67/67L OR CHLD 86/87 CHLD 71A & CHLD 71B CHLD 75	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults (Does not include lab days from CHLD 67L)
<b>Program Director</b>	<b>Option 1:</b> BA or higher (does not have to be in ECE/CD) including: • 24 ECE/CD units with core courses**  plus 6 administration units plus 2 adult supervision units	CHLD 1, CHLD 5, CHLD 6, CHLD 11 Any 12 units of the following: CHLD 50, CHLD 51, CHLD 61, CHLD 62, CHLD 63, CHLD 64, CHLD 68, CHLD 66/66L, CHLD 67/67L OR CHLD 86/87 CHLD 71A & CHLD 71B CHLD 75	One year of Site Supervisor experience (Does not include lab days from CHLD 67L)

**NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better from a regionally accredited college.**

\*One graduation level course in *each* of four general education categories, which are degree applicable: English/Language Arts (ENGL 1A); Math (MATH 71, 71B or 71X) OR Science (B. Physical Universe and Life); Social Sciences (D. Social, Political and Economic Institutions); Fine Arts or Humanities (C. Arts and Humanities). Total of 16 GE units. \*\*Core courses include CHLD 1, CHLD 5, CHLD 6, CHLD 11.

**For specific information regarding the CA Child Development Permit Matrix, go to [childdevelopment.org](http://childdevelopment.org) or call (209) 572-6080.**

# CDTC Permit Application Cover Sheet

## Application #00000



Follow the instructions below for each document in the application.

Applicant Name:

Applicant Address:

Application Type:

	Document Name	Instructions
<input type="checkbox"/>	CDTC Permit Stipend Cover Sheet	<ul style="list-style-type: none"> <li>• Print the application cover sheet; hard copy is required for mailing.</li> <li>• Check off each document requested when preparing to mail application to the CDTC.</li> <li>• <b>Include cover sheet with any documents mailed to CDTC.</b></li> </ul>
<input type="checkbox"/>	Form 41-4 Application for Credential	<ul style="list-style-type: none"> <li>• Print Form 41-4 and <b>verify that all pre-typed information is correct.</b></li> <li>• <b>Sign the form on page 5.</b></li> <li>• Mail form to CDTC with application.</li> </ul>
<input type="checkbox"/>	CDTC eTranscript Form	Transcripts cannot be uploaded to the application. They must be etranscripts sent from the college/transcript provider directly to CDTC, or mailed in hard copy with application.
<input type="checkbox"/>	CDTC Live Scan Reimbursement	
<input type="checkbox"/>	CTC Live Scan Form	<ul style="list-style-type: none"> <li>• Download live scan form and print.</li> <li>• <b>Complete Section 3 only.</b> Items with a * are required. (Leave Misc. No BIL and Misc. Number fields blank.)</li> <li>• Take form to an authorized live scan agency.</li> <li>• Live scan agency will fill out Section 6. <b>ATI number and amount collected/billed must be completed.</b></li> <li>• Include completed form with mailed application.</li> </ul>
<input type="checkbox"/>	Verification of Experience	<ul style="list-style-type: none"> <li>• Download form and type directly into form or print and complete all required fields except supervisor signature.</li> <li>• Print completed form and have supervisor sign.</li> <li>• Include signed form with mailed application.</li> </ul>

When completed, mail ALL documents to:

**CDTC**

**PO BOX 3603**

**Modesto, CA 95352**

Applications will not be processed until application documents are mailed and received at the CDTC.

Keep a copy of all application documents for your records. Do not send payment.

Please contact the CDTC for help

# 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

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; margin-top: -10px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			
All Former/Maiden Name(s): _____			
<del>County of Employment (CA only): _____</del>			
<del>School District of Employment (CA only): _____</del>			
*Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____		Work Phone: _____	
Mobile Phone: _____			
*Email Address: _____			
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage:	
		Asian Groups: _____	Pacific Islander Group: _____
		Other Groups: _____	

**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.

Choose 1:

<del>TEACHING CREDENTIALS:</del>	<del>SERVICES CREDENTIALS:</del>	<del>EMERGENCY PERMITS*:</del>	<del>SUBSTITUTE PERMITS:</del>	<del>CHILD DEVELOPMENT PERMITS:</del>
<del>Single Subject</del>	<del>Administrative</del>	<del>Limited Assignment*</del>	<del>30-Day Substitute</del>	<del>Assistant</del>
<del>Multiple Subject</del>	<del>Pupil Personnel</del>	<del>Short-Term Staff*</del>	<del>Career Substitute*</del>	<del>Associate Teacher</del>
<del>Education Specialist</del>	<del>Speech-Language</del>	<del>Provisional Internship*</del>	<del>Prospective Substitute</del>	<del>Teacher</del>
<del>Career Technical (CTE)</del>	<del>Pathology</del>	<del>EM CLAD*</del>	<del>Teaching Permit for Statutory Leave*</del>	<del>Master Teacher</del>
<del>Adult Education</del>	<del>Teacher Librarian</del>	<del>EM Bilingual*</del>	<del>30-Day CTE Substitute</del>	<del>Site Supervisor</del>
<del>Other:</del>	<del>School Nurse</del>	<del>EM Teacher Librarian*</del>		<del>Program Director</del>
_____	<del>Other:</del>	<del>EM Resource Specialist*</del>		<del>Children's Center Permit</del>
	_____			<del>School-Age Emphasis</del>

**4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)**

<del>Multiple Subject (Elementary Teaching)</del>	<del>English Learner Authorization</del>	<del>Supplementary Authorization/ Subject Matter Authorization:</del>
<del>Single Subject (Secondary Teaching):</del>	<del>CLAD Certificate</del>	
<del>(Specify World Language-if applicable)</del>	<del>Bilingual Authorization:</del>	
<del>(Specify Language)</del>	<del>(Specify Language)</del>	
<del>Special Education Specialty Areas:</del>	_____	
<del>CTE Industry Sector:</del>	<del>Pupil Personnel Services:</del>	<del>CTC Use Only</del>
<del>Adult Education Subjects:</del>	_____	



## 5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

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.

Leave blank if you are a first-time or upgrade permit applicant

### ~~DECLARATION:~~

~~I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:~~

~~I have completed \_\_\_\_\_ hours of professional growth activities~~

~~My Professional Growth Advisor is \_\_\_\_\_  
Advisor's Name Advisor's Phone Number~~

## 6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

Answer ALL questions on the next page accurately. If you answer "yes" to any questions, you MUST complete the Personal Fitness Explanation Form OA-EF

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**WARNING:** You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand 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.

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 \***

This is a legal document. Double-check to assure all information is accurate

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





# 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)

- Transcript Agency: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
College: \_\_\_\_\_
- Transcript Agency: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
College: \_\_\_\_\_

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

CDTC Electronic Transcript Policies	
<b>A. Transcripts emailed to the applicant will not be accepted.</b> Do not forward emails, the transcripts must come directly from the authorized transcript agency.	
<b>B. CDTC is not responsible for any costs associated with errors in ordering electronic transcripts,</b> including sending transcripts to the wrong agency or transcripts without grades/degrees. <ul style="list-style-type: none"> <li>Do NOT send etranscripts to the Commission if you apply for the CDTC permit stipend.</li> <li>Do not order transcripts before your courses are complete and grades are posted.</li> </ul>	
<b>C. CDTC cannot help with billing, ordering or corrections to etranscripts.</b> 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".



First-time permit applicants **MUST** complete a Live Scan regardless if you previously completed a Live Scan for employment.

### 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 \_\_\_\_\_ Leave blank  
Number \_\_\_\_\_  
(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: The Live Scan Operator will complete  
\*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 \_\_\_\_\_ Leave blank~~

~~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: Live Scan Operator will complete this section

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_ MUST show ATI fees paid

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

## Live Scan Locations

Below is a list of local Live Scan agencies available to the public. Applicants are encouraged to contact the Live Scan agencies in advance to verify their current operating hours, fees, and method of payment. You may visit the California Department of Justice website for additional Live Scan agency locations at <https://oag.ca.gov/fingerprints/locations>

Agency Contact Information	Hours	Fees
Cal Poly Pomona University Police Dept. 3801 W. Temple Avenue, Bldg. 109 Pomona, CA 91768 (909) 869-3061	Monday – Friday: 9:00 am – 4:00 pm Appt. only	Rolling \$20 DOJ \$32 <u>FBI \$17</u> Total Fees \$69
Mail And More / Certifix 385 S Lemon Ave, Ste E Walnut, CA 91789 (909) 468-1511 <a href="mailto:mailandmore1@gmail.com">mailandmore1@gmail.com</a>	Monday – Friday: 9:00 am – 6:00 pm Walk-ins Saturday: 10:00 am – 4:00 pm Walk-ins	Rolling \$30 DOJ \$32 <u>FBI \$17</u> Total Fees \$79
UPS Store (next to Stater Bros) 20687 Amar Rd. #2 Walnut, CA 91789 (909) 444-1303 / (909) 345-1252 <a href="http://certifixlivescan.com/fingerprinting-service-locations/the-ups-store-4029">certifixlivescan.com/fingerprinting-service-locations/the-ups-store-4029</a>	Monday – Friday 9:00 am – 6:30 pm Walk-ins Saturday 9:00 am – 4:30 pm Walk-ins Sunday 11:00 am – 3:30 pm Walk-ins	Rolling \$38 DOJ \$32 <u>FBI \$17</u> Total Fees \$87
UPS Store 1142 S. Diamond Bar Blvd Diamond Bar, CA 91765 (909) 861-2401 / (909) 345-0959 <a href="mailto:support@certifixlivescan.com">support@certifixlivescan.com</a>	Monday – Friday: 8:00 am - 6:00 pm Walk-ins Saturday: 9:00 am – 3:30 pm Walk-ins Sunday: 10:00 am – 2:30 pm Appt. only	Rolling \$30 DOJ \$32 <u>FBI \$19</u> Total Fees \$79
US Live Scan 143 E. Rowland St, Suite 1 Covina, CA 91723 (626) 967-0473 <a href="http://uslivescan.com">uslivescan.com</a>	Monday – Thursday: 9:00 am – 5:00 pm Walk-ins Friday: 9:00 am – 4:00 pm Walk-ins	Rolling \$25 DOJ \$32 <u>FBI \$17</u> Total Fees \$74
West Covina Live Scan Fingerprinting 2820 E Garvey Ave S West Covina, CA 91791 (626) 851-9723	Monday – Friday: 11:00 am – 5:00 pm Appt. only Saturday/Sunday: Call for availability	Rolling \$30 DOJ \$32 <u>FBI \$17</u> Total Fees \$79

### Disclaimer of Endorsement

Mt. San Antonio College does not endorse or affirm the quality of products or services provided by the above referenced companies. The information provided is believed to be reliable and while every effort is made to assure that the information is as accurate as possible, Mt. San Antonio College at no time endorse nor recommends any specific commercial products, process, or services by trade name, trademark, manufacturer, or otherwise, and does not necessarily constitute or imply its endorsement, recommendation, or favoring by Mt. San Antonio College.



# CDTC Live Scan Reimbursement Request Form 2023-2024

1. * Legal Name (First and Last): _____ / _____		
2. * Birthdate (mm/dd/yyyy): _____	3. * Last Five Digits of Social Security Number: _____	
4. * Applicant Email: _____		
5. * Issue Live Scan Reimbursement Check to <b>ONE</b> of the options below:		
<input type="checkbox"/> Permit Applicant (check will be issued using name above)		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Or		
<input type="checkbox"/> Employer/Agency (only complete if reimbursement is to be issued to employer)		
Name of Employer/Agency: _____		
Employer/Agency Email: _____		
Employer/Agency Phone: <span style="background-color: #4a7ebb; color: white; padding: 2px 10px; border-radius: 5px;">Leave blank</span>		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
6. 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 Live Scan 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 Scan Reimbursement Request Form with your permit application packet.**

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

\*Required Fields

For CDTC Staff Use Only	
Staff Initials:	Approved Payment:



# 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 during COVID restrictions. Form may be signed, scanned and printed.**

**\*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:** \_\_\_\_\_ **\*End Date:** \_\_\_\_\_  
(Month/Year) (Month/Year or Present)

**\*In the position of:** \_\_\_\_\_  
(Job Title)

**\*With children ages:** \_\_\_\_\_

<b>*Seeking Permit Level:</b>	<b>Has the required days of experience:</b>	<b>Within the last:</b>
<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:**

<b>*School/Agency Name:</b>
<b>*Address:</b>
<b>*City:</b> _____ <b>*Zip:</b> _____ <b>*Phone:</b> _____

**My signature verifies the named individual has completed the experience checked and initialed above.**

<b>*Signature:</b> _____ <b>*Date:</b> _____
<b>*Name</b> (please print): _____
<b>*Title:</b> _____ <b>*Phone:</b> _____