



# Plan to Complete Credential Requirements

(Complete and attach to Employment Application if a full credential is not held)

**Candidate Must Complete This Section**

Name: \_\_\_\_\_

School Site applying to: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Credential Goal (type):

- Multiple Subject
- Single Subject: \_\_\_\_\_
- Special Education, Ed. Specialist Disability Area \_\_\_\_\_

College or University attending for credential: \_\_\_\_\_

**When do you expect to complete your credential program? (month/year)** \_\_\_\_\_

Bachelor Degree – Date Conferred: \_\_\_\_\_ Subject Area: \_\_\_\_\_

Do you hold a Certificate of Clearance (COC) with Commission on Teacher Credentialing?  No  Yes

Do you hold a Sub Permit?  No  Yes – Expiration Date: \_\_\_\_\_

Do you have Subject Matter competency either through test or coursework: Yes  No

- If No, when: \_\_\_\_\_
- If Yes, how have you verified Subject Matter Competence?  
By Coursework  or By Test  Which Test: \_\_\_\_\_

If Multiple Subject or Special Ed., have you passed RICA? Yes  No  If no, when: \_\_\_\_\_

Program Contact - Adviser Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have Intern eligibility with your credential program? Yes  No

If yes, please ask your program to complete the section below, or ask them to provide you with other documentation that indicates you meet your program Intern eligibility requirements and attach to this form.

**Credential Program Office to complete this section if possible, and/or provide additional information on credential status eligibility.**

Memo of Understanding (MOU) on file with Clovis Unified S.D. for Intern Candidates: Yes  No

- Please list courses, including student teaching, and exams that must be completed toward recommendation for a credential and/or attach information provided by program and write in “see attached”.
- **Note: If credential program does not sign this form, but provides an eligibility letter, please also attach to this form.**

Course Name/Exams	Units	Date Taking

- Anticipated date of eligibility for an Intern credential: \_\_\_\_\_  
(Date)
- Anticipated date of eligibility for a full credential: \_\_\_\_\_  
(Date)

Additional Notes (if needed): \_\_\_\_\_  
\_\_\_\_\_

University’s Credential Analyst Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_