



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: **Please identify which subject(s)** _____

Special Education: **Please identify which disability area(s)** _____

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: _____