

State Of California *Telephone:* (888) 921-2682 Commission on Teacher Credentialing *E-mail:* credentials@ctc.ca.gov Certification, Assignment and Waivers Division *Website:* www.ctc.ca.gov Box 944270 Sacramento, CA 94244-2700

Verification of Unavailability of a Commission-Approved Induction Program

Employing Agency: _____

This form must be completed by an employing agency when a Commission-approved Induction Program is not available to a teacher. After this form is completed the teacher must provide it to an institution of higher education in advance of enrollment in a Commission-approved SB 2042 clear credential program. A copy of this form must be kept on file at the institution of higher education.

MIDDLE LAST

Name of Applicant: _____

Type of Credential:
Multiple Subject
Single Subject Subject(s)

FIRST

As the authorized representative of the employing agency listed above, I certify that the beginning teacher has earned a five-year preliminary multiple or single subject teaching credential issued on the basis of completion of an SB 2042 teacher preparation program with an issuance date of 8/30/04 or later and is either:

Required under the federal No Child Left Behind (NCLB) Act to com plete subject m atter course \Box work in relationship to the current teaching assignment **OR**

Eligible for induction, however, a Commission-approved induction program is not available within the employing agency, induction consortium or local university.

Signature:	Date:	
E-mail Address:		
Contact Phone Number:		
Name and Title:		

Note: For a district or county office of education, this form must be signed by the district or county superintendent or his or her designee.

For programs sponsored by a private K-12 school, non-public, non-sectarian school or agency, charter school, or a school operated under the direction of a California state agency, the individual legally authorized to sign documents on behalf of the organization or a designee will be responsible for signing this form.