Plan to Complete Credential Requirements

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

***Candidate Must Complete This Section***

# Name:

**Credential Goal (type):**

 **If Special Education, what 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:**

**School Site applying to:**

**Position applying for:**

* **Have you met Basic Skills Requirement (BSR) by Coursework or Exam(s)?**

Exam Options include, but not limited to: CBEST/SAT/ACT/AP/EAP/EPT, Coursework Option requires Official Transcripts with a 3-semester unit English course, 3-semester unit Reading course and a 3-semester Math all with grades of B or better.

* + **Yes** **[ ]** If yes, how?
	+ **No [ ]** If no, when?
* 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:      and Phone Number:

***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):

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University’s Credential Analyst Signature Phone Date

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Candidate Signature Date

Form HR-CR1 Rev 1/24/2022