

**DIVISION OF PROFESSIONAL PRACTICES
PROFESSIONAL FITNESS QUESTIONS
DOCUMENT SUBMISSION FORM**

Date: _____

To: Commission on Teacher Credentialing
Division of Professional Practices
651 Bannon Street, Suite 600 B Sacramento,
CA 95811
<https://educatortools.ctc.ca.gov/ContactUs>

From: Name: _____

Address: _____

Phone: _____

Email: _____

Re: **Document Submission Form**

SSN (last four): _____ DOB: _____ Maiden Name/AKA: _____

Application Submission Date: _____ Payment Conf. #: _____

Employing Agency/District (at time of discipline action): _____

Current Employing Agency/District: _____

I am submitting the following documents that pertain to my “yes” answers regarding the Professional Fitness Questions (please check the following documents that apply):

Notice of Intent to Dismiss/Suspend

District Investigation Report

Statement of Charges/Accusation

Copy of Signed Contract

Request for Hearing

Letter of Resignation/Retirement

Final Decision

Settlement Agreement

Board Acceptance

Explanation of Incident

CPS Report (other agencies)

Police, Sheriff's Report/Case # _____

Social Services Report

Court Records/Case # _____

Case Number(s) _____

Licensing Agency Report: _____

Other: _____