State Of California
Commission on Teacher Credentialing
Certification, Assignment and Waivers Division

VERIFICATION OF PROGRAM COMPLETION
For General Education Teaching Credentials (Multiple and Single Subject)

Name: _____

This verifies that the individual named above has completed all program requirements, including all standards, (except student teaching) on

_____ for the   Preliminary _____
       Date of Completion   *Type of Credential*

                                            Clear _____
                                                            Type of Credential

General/Single Subject Teaching Credential	Requirements Completed to Institution's Satisfaction	
Baccalaureate or Higher Degree	Yes	No
CBEST	Yes	No
Professional Preparation Program, with the exception of student teaching	Yes	No
Student Teaching Component	Yes	No
Subject Matter Equivalence or Examination *Name of Subject:* _____	Yes	No
Foundational Computer Education	Yes	No
Developing English Language Skills, including Reading	Yes	No
Reading Instruction Competence Assessment (RICA) (Multiple Subject Teachers only)	Yes	No
U.S. Constitution	Yes	No
CTEL Program or Examinations	Yes	No
Induction or Clear Credential program including	Yes	No
Health Education and CPR	Yes	No
Individuals with Exceptional Needs (Special Education)	Yes	No
Advanced Computer Technology	Yes	No
This institution has determined that this individual has the personal qualities and preprofessional experiences necessary for professional success and effectiveness as a teacher. Refer to Title 5, California Code of Regulations, Section 80413(a)&(b)	Yes	No
This institution is unable or unwilling to provide supervision of the current assignment to meet the student teaching requirement.	Yes	No

Explanation:

Reviewed by

| _____ | _____ | _____ |
| IHE Name | Authorized Signature | Title |

| _____ | _____ |
| Telephone Number | Date |