

## **RECOMMENDATION FORM (41-REC)**

This form is to be completed by a college or university with a Commission-approved Teacher or Services Preparation Program *(other than Multiple Subject, Single Subject, or Education Specialist).* Submit it to the CTC with the 41-4 application form, appropriate fees, and supporting documentation as needed.

Recommending Instit	ution			
Name of Applicant			SSN:	
	First	Middle	Last	
Type of Credential/Ce	ertificate			
Term of Credential	Clear		Certificate of Elig	gibility
	Preliminary		Intern	
Completion Date of P	rogram			
Intern: Beginning Da	te of Service			
Employing District			CDS Code:	
Employing District		CDS Code:		

## As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant:

o has completed the requirements checked below for the credential/certificate named above:

Baccalaureate or higher degree

CBEST

Professional Preparation Program

Authorized Signature	Date
Name and Title	
Contact Phone Number	Email Address