



## APPROVAL OF SERVICE RENDERED WITHOUT A VALID CREDENTIAL

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When an employing agency finds that an individual has rendered service in a position requiring certification during a period in which the individual did not hold the appropriate certification or a temporary county certificate pursuant to Education Code §44332 to cover the service, the employing agency may submit a validation of service request to the Commission. Lapsed clear teaching and services credentials may be reissued effective the date an application is filed. No California public school service is authorized between the date the credential expired and the date the reissued credential becomes effective unless a "Request for Validation of Service without a Credential" is filed by the employer.

### Instructions to the Employer

Complete all of pages 2 and 3 and submit the form to the Commission office. A copy of the request should be retained at the county office. Be sure all of the following have been completed:

1. The applicant has completed and signed the *Applicant's Statement* on page 2
2. The district superintendent has signed the *Employing Agency Statement of Reasons* on page 3 which explains why the applicant was employed without a valid credential
3. The county office has completed, and the county superintendent has signed, the approval on page 3 which verifies whether or not a Temporary County Certificate (TCC) was issued for the service

► ***If a TCC was issued to cover the period requested, it may serve as the legal document of record and the employing agency does not need to submit a validation of service request***

### Commission Responsibilities

Once the completed form has been received at the Commission office the following will occur:

1. The Commission determines if the applicant has satisfied **both** of the following:
  - Qualified for the necessary credential during the entire period of service in question (including satisfying the basic skills requirement, if necessary), and
  - An application has been submitted or a credential required for the position has been issued
2. The request for *Approval of Service Rendered Without a Valid Credential* is placed on the Commission agenda for the Commission to determine whether or not the rendering of service should be approved
3. When the Validation of Service is approved, the Commission notifies the applicant, the school district, and the county superintendent of schools via email that the service is fully legal for all purposes. *All parties must provide the Commission with a valid email address in order to receive this notification.*

Reference: Education Code Section 45036; Title 5, California Code of Regulations, Sections 80600, 80601, 80603, and 80604

## REQUEST FOR APPROVAL OF THE RENDERING OF SERVICES WITHOUT A VALID CREDENTIAL

### Applicant's Statement

I, the undersigned, approve this request by the employing agency listed above for the validation of the rendering of the service described above and request approval by the Commission on Teacher Credentialing. I declare under penalty of perjury that the following facts are true to the best of my knowledge.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

At all times during the period in question, I had, in fact, the necessary qualifications for the credential required by law for the position for which the service was rendered (including the basic skills requirement, unless exempt).

- |  |     |    |
|--|-----|----|
| • I have applied for a credential required for such position   | Yes | No |
| • The credential required for this position has been issued since the last day of the period specified above | Yes | No |

\_\_\_\_\_  
*Signature of Applicant/Person Rendering Service*

\_\_\_\_\_  
*Date*

## Employing Agency Statement of Reasons

School District: \_\_\_\_\_ County: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Certification Required for the Position (please be specific): \_\_\_\_\_

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

During this period, the applicant held the following credentials (if none, so state):

\_\_\_\_\_

*I declare under penalty of perjury that the reason for allowing this employee to serve without proper certification was:*  
(Use separate piece of paper if additional room is needed.)

\_\_\_\_\_

### Employing Agency Contact Information

Name (typed): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Chief Administrative Officer of Employing Agency*

\_\_\_\_\_  
*Date*

### County Approval

A Temporary County Certificate (TCC) has been issued to cover the period requiring validation.

Yes

No

\_\_\_\_\_  
*Signature of County Superintendent of Schools or Designee*

\_\_\_\_\_  
*Date*

Email: \_\_\_\_\_