

Applicant's Name:

Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

SPECIAL EDUCATION LIMITED ASSIGNMENT PERMIT RENEWAL VERIFICATION FORM (CL-469-SELAP)

This form should be completed and submitted with each application packet for renewal as specified in Commission leaflet <u>CL-889</u>, accompanied by a completed application <u>form 41-4</u> and <u>processing fees</u>. The employing agency must have an annual Declaration of Need for Fully Qualified Educators (form CL-500) on file with the Commission.

Social Security Number:		
	of Completion of Renewal Reommission-approved program s	-
Please check the box that applies, the application. Verification of the authorization(s) must be provided requirements must have been compediated assignment Period.	renewal requirements completed by the person designated boleted by the applicant after the	ted as applicable to the additional y the program sponsor. Renewal e issuance date of the last Special
Specialty Area:		
Renewal		
Six semester units (or nir	ne quarter units) of coursework	
90 hours toward program	completion	
Authorized Signature		
Name of Authorized Signer	Title	Program Sponsor Agency
Authorized Signature	Date	-