



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 [CL-889](#), accompanied by a completed application [form 41-4](#) and [processing fees](#). The employing agency must have an annual Declaration of Need for Fully Qualified Educators ([form CL-500](#)) on file with the Commission.

Applicant's Name: _____

Social Security Number: _____

Verification of Completion of Renewal Requirements

(To be completed by the Commission-approved program sponsor with each renewal)

Please check the box that applies, sign this form, and **return it to the applicant** for submission with the application. Verification of the renewal requirements completed as applicable to the additional authorization(s) must be provided by the person designated by the program sponsor. Renewal requirements must have been completed by the applicant after the issuance date of the last Special Education Limited Assignment Permit and prior to the requested date of renewal.

Specialty Area: _____

Renewal

Six semester units (or nine quarter units) of coursework

90 hours toward program completion

Authorized Signature

Name of Authorized Signer

Title

Program Sponsor Agency

Authorized Signature

Date