



State of California
Commission on Teacher Credentialing
Certification Division

Email: credentials@ctc.ca.gov

Website: www.ctc.ca.gov

RECOMMENDATION FORM AMERICAN INDIAN LANGUAGE AND CULTURE CREDENTIAL

Recommendation for Preliminary/Clear Credential

This form is to be completed by a federally recognized tribal government to recommend applicants for the American Indian Language and Culture credential. Submit this form with application Form 41-4 and appropriate fees.

Recommending Tribe: _____

Name of Applicant: _____ SSN: _____

First	Middle	Last
Tribal language	Tribal Culture	

Subject Area: _____

Term of Credential: Two-Year Three-Year Clear

Date Assessment Passed: _____

As the authorized representative of the tribal government, I certify that the applicant has completed the required language/culture assessment and meets the standards for this certification.

Signature of authorized agent: _____ Date _____

Print Name and Title: _____

Contact Phone Number: _____ Email Address _____

Adding Authorizations

For an applicant who already holds an American Indian Language and Culture Credential and is adding a new component (holds the language component and is adding the culture component, or vice versa), the new component is to be: (tribal governments should refer to [Credential Leaflet CL-893](#) for additional information before checking a box)

Added to existing credential

Issued as a new 2-year preliminary credential

For Clear credential

Verification of Employing Agency

Employing school agency: _____

Signature of authorized agent: _____

Print Name of authorized agent: _____

