



ADD OR CHANGE AUTHORIZED SUBMITTER

INSTRUCTIONS

1. APPROVED INSTITUTION OR AUTHORIZED AGENCY REQUESTOR

The Authorized Designee must identify Authorized Submitters for their Approved Institution or Authorized Agency. Authorized Designees must complete this CL-897 AUTHORIZED SUBMITTER form and email the form from their work email to ctconline@ctc.ca.gov with "Authorized Submitters" in the Subject line. Please complete one form per Submitter. **NOTE:** Authorized Submitters must be employees of the Approved Institution or Authorized Agency. No personnel other than those employed by the Commission-approved program sponsor may make online credential recommendations for Educators. This responsibility may not be delegated through contract nor MOU to individuals employed by other entities providing curriculum, management, or other services to the Commission-approved program sponsor.

2. AUTHORIZED SUBMITTER REQUIRED INFORMATION

The Authorized Designee must use the check box to verify the Authorized Submitter as an employee of the approved organization and provide the required information to ADD, CHANGE or REMOVE an Authorized Submitter.

3. AUTHORIZED SUBMITTER PROGRAMS

An Authorized Submitter may be assigned to recommend one or more approved programs. 3.1 You can request to copy the picklist of an existing Authorized Submitter **or** 3.2 list the credential programs needed for online recommendations.

(1) PROGRAM NAME; (2) PROGRAM TYPE; (3) DOCUMENT TITLE; (4) DOCUMENT TERM; (5) METHODOLOGY and (6) AUTHORIZATION CODE

Document Detail – Authorization / Subjects:

Edit

* = Required Field

Candidate Completion Date*: 4/20/2016	Subject Matter
Issue Date*: 4/20/2016	Qualification Route:
1 Program Name: SINGLE SUBJECT TEACHING CREDENTIAL	County of Employment:
2 Program Type: 2042 PRELIMINARY	
3 Document Title*: Single Subject Teaching Credential	
4 Document Term: Preliminary	
Document Category: New Credential Type	
5 Methodology: Art	

Authorization / Subjects

Save

Cancel

6 Authorization Code*: ELA1	Subject Code: NONE
Authorization Description: English Learner or CLAD Certificate	Subject Description:
Added Authorization Date:	Major/ Minor: MAJ

1. APPROVED INSTITUTION OR AUTHORIZED AGENCY REQUESTOR

ORGANIZATION NAME	AUTHORIZED DESIGNEE LAST NAME	AUTHORIZED DESIGNEE FIRST NAME

2. AUTHORIZED SUBMITTER REQUIRED INFORMATION

I CERTIFY THAT THE AUTHORIZED SUBMITTER LISTED BELOW IS AN EMPLOYEE OF THE ORGANIZATION ABOVE.

NEW, CHANGE OR REMOVE	LAST NAME	FIRST NAME	PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH

3. AUTHORIZED SUBMITTER PROGRAMS (Complete Section 3.1 or 3.2)

3.1 COPY THE PICKLIST OF AN EXISTING AUTHORIZED SUBMITTER

COPY PICKLIST USER ID	COPY PICKLIST LAST NAME	COPY PICKLIST FIRST NAME

3.2 IF SECTION 3.1 IS BLANK, LIST THE CREDENTIAL PROGRAMS NEEDED FOR ONLINE RECOMMENDATIONS

PROGRAM NAME	PROGRAM TYPE	DOCUMENT TITLE	DOCUMENT TERM	METHODOLOGY	AUTHORIZATION CODE