



State of California
Commission on Teacher Credentialing
Division of Licensure Certification
651 Bannan St., Suite 601
Sacramento, CA 95811

Contact Form:
<https://educatortools.ctc.ca.gov/ContactUs>
Website: www.ctc.ca.gov

VERIFICATION OF REQUIREMENTS Independent Care Emphasis Authorization

This form must be completed by the employing agency and submitted with each application for the Independent Care Emphasis Authorization.

Name of Applicant: _____ SSN: _____

Name of Employing Agency: _____

County/District/CDS Code: _____

Verification of Requirements

By submitting this form, the employing agency named above verifies under penalty of perjury the following:

The permit holder has completed the following:

- 6 semester units in Child Development/Early Childhood Education coursework from a regionally accredited college/university
- The permit holder is currently enrolled in college coursework at a regionally accredited college/university to upgrade to a higher-level permit
- That an education plan has been created for the permit holder and is on file with the employing agency.

Employing Agency Certification

This form must be signed by the District/County Superintendent, Personnel Administrator, NPS/NPA Administrator, or Designee.

I certify under penalty of perjury that the information provided on this form is true and correct.

Signature _____

Title _____ Date _____