



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

Contact Form:  
<https://educatortools.ctc.ca.gov/ContactUs>  
Website: [www.ctc.ca.gov](http://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 \_\_\_\_\_