



CERTIFICATE OF CLEARANCE
Application Process & Instructions

The **Certificate of Clearance** is for individuals seeking clearance for entry in a public-school setting (observation, field experience, or student teaching). The Certificate of Clearance is verification that you have completed the Commission on Teacher Credentialing fingerprint process.

- I. **Complete LiveScan Service (Fingerprinting).** The attached form **MUST** be used. Any location offering LiveScan fingerprinting is permissible; while not exhaustive, the list below includes suggested locations pending availability:
 - San Luis Obispo County Office of Education (805-543-7732) Appointments are required.
 - University Police – LiveScan Office (805-756-6663) Appointments requested; walk-ins possible.
 - SLO County Sheriff (805-781-4575) Appointments are required.
 - UPS Store – Foothill Boulevard (805-541-9333) Appointments requested; walk-ins possible.Additional optional location information: <https://oag.ca.gov/fingerprints/locations>

- II. **CTC Online Direct Application** (to be completed after fingerprinting)
(PRIOR TO STARTING THIS STEP, DISABLE POP-UP BLOCKER)
 - 1.) Go to CTC website: <http://www.ctc.ca.gov>
 - 2.) Click on **Apply for a New Document**, then click **Submit an Online Application**, and finally, click **Submit your Application Online**. Click on the **Create User ID and Password**. Enter your Social Security Number (SSN) and Date of Birth (DOB), then click **OK**. *If you have a file already created with the Commission on Teacher Credentialing, you will see your name and personal information. If so, skip to Step 4, otherwise enter your SSN and DOB again and proceed to Step 3.*
 - 3.) Click on **Add or Change Personal Information**. Fill in your personal information and click **Save**. Then click on **Add or Change Address** below your personal information to enter your current address. Once completed, click **Save**. After you have entered your name and address, click the **Next** button on the bottom right.
 - 4.) On the next page click on **Create New** under the heading: **Apply for a Certificate of Clearance**.
 - 5.) Select **Certificate of Clearance/Activity Supervisor Clearance Certificate** on the dropdown next to **General Application Category**.
 - 6.) Then select **Certificate of Clearance** on the dropdown menu next to **Document/Authorization Title**.
 - 7.) The Certificate of Clearance Checklist will appear on this page and is for your reference only, you **DO NOT** need to print this page or send any supporting materials to the Commission on Teacher Credentialing (CTC), *unless* you are submitting information as required for the Personal and Professional Fitness Questions.
 - 8.) Scroll to the bottom of the page and click **Next**.
 - 9.) On the next screen you will be prompted to complete the **Professional Fitness Review Questions**. Answer the Personal and Professional Fitness Questions and complete the affidavit to proceed to pay the application fee of \$52.50 with a Visa or MasterCard. *If you get to the payment portion and it is more than \$52.50, the incorrect online application was selected. Go back and ensure you selected **Certificate of Clearance**.*

If you have additional questions please contact the Credential Office at soe@calpoly.edu, or by phone at 805.756.2126.

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 06/13

Applicant Submission

ORI: _____		Type of Application: _____	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: _____			
Agency Address Set Contributing Agency:			
_____		_____	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
_____		_____	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
_____	_____	_____	
City	State	Zip Code	Contact Telephone No.
_____	_____	_____	_____
Name of Applicant: _____			
(Please print) Last First MI			
Alias: _____		Driver's License No: _____	
Last First			
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____	
		Agency Billing Number	
Height: _____	Weight: _____	Misc. Number: _____	
Home Address:			
Eye Color: _____		Hair Color: _____	
		Street No. Street or PO Box	
Place of Birth: _____		_____	
		City, State and Zip Code	
Social Security Number (full): _____			
Your Number: _____		Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
OCA No. (Applicant Social Security No.)			
If resubmission, list Original ATI Number: _____			
Employer: (Additional response for agencies specified by statute)			

Employer Name			

Street No.		Street or PO Box	
_____		_____	
		Mail Code (five digit code assigned by DOJ)	

		()	
City	State	Zip Code	Agency Telephone No. (optional)
_____	_____	_____	_____
Live Scan Transaction Completed By: _____			
Name of Operator		LSID	Date
_____		_____	_____
Transmitting Agency		ATI No.	Amount Collected/Billed
_____		_____	_____