

Office of Christine Lizardi Fraizer
Kern County Superintendent of Schools
1300 17th Street –CITY CENTRE/Bakersfield, CA 93301-4533
(661)636-4000
Advocates for Children

EMERGENCY 30 DAY SUBSTITUTE TEACHER PERMIT
APPLICATION PROCESS

The Emergency 30-Day Substitute Teaching Permit authorizes the holder to serve as a day-to-day substitute teacher in any classroom, including preschool, kindergarten, and grades 1-12 inclusive. The holder may serve as a substitute for no more than 30 days for any one teacher during the school year, except in a special education classroom, where the holder may serve for no more than 20 days for any one teacher during the school year. This permit is valid for one year and is renewable.

Schedule a Live Scan (fingerprint) appointment by calling 661-636-4672.

Please note that if you hold any of the following **valid** credentials or certificates: Preliminary, Clear, Life, Certificate of Clearance or Activity Supervisor Clearance Certificate you are exempt from the Commission on Teacher Credentialing fingerprint process and will only need to obtain employment prints. Holders of a valid teaching credential **are exempt** from having to obtain an emergency 30 day substitute teacher permit and are encouraged to inquire about a modified substitute packet.

Bring the following documents/items with you to the KCSOS Credential Services Office:

- Completed Fingerprint Clearance Form (usually received by mail within 2-10 days after fingerprint appointment has been completed)
- Official** college / university transcripts or **original diploma** verifying degree *
- Official** basic skills requirement passage (CBEST) – **Online Results Not Accepted** *
- Completed Certification of Tuberculin Skin Test or Chest X-Ray *
- Completed Certificate of Medical Examination of Applicants *
- Completed Substitute Information Form (this form is usually left with fingerprint technician on the day of fingerprinting)
- Completed Recommendation Information Form
- Credit Card with the VISA or MASTERCARD Logo to apply and pay for permit online

*** ORIGINALS WILL BE SCANNED AND RETURNED TO YOU**

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Fingerprint clearance through the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) is required from every applicant for any credential, permit, or certificate, unless fingerprint clearance is already on file with the Commission on Teacher Credentialing.

Appointment Scheduling

To schedule an appointment contact the Human Resources Department at (661) 636-4672.

Fees

- First Time Substitute Teacher, Credential, Permit and Certificate of Clearance**
\$51.00 DOJ/FBI fee (certification) (effective October 1, 2007)
\$12.00 Processing fee (effective June 1, 2003)
\$63.00 Total

- Employment for Substitute Teaching (Certificated)**
\$32.00 DOJ/FBI fee (certification) (effective October 1, 2007)
\$12.00 Processing fee (effective June 1, 2003)
\$44.00 Total

Note: If fingerprints are dropped for any reason a new fee will need to be paid.

Payment Method

Cash (correct change is appreciated)
Money Order/Cashier's Check payable to KCSOS.

Required Documents

Unexpired government issued picture identification.

Process

1. A. receipt and copy of the live scan forms are provided. The live scan copy verifies that fingerprints for the Commission on Teacher Credentialing have been filed, and is required if prints do not submit properly. It is important that you retain the original for your records. Your copy may not be replaced.
2. Fingerprints are scanned and submitted electronically to the Department of Justice/FBI.
3. Fingerprint clearance is reported to The Human Resources Department electronically within ten working days.
4. Verification of fingerprint clearance is mailed to the address provided.

INFORMATION NECESSARY FOR SUBSTITUTE TEACHING

Please type or print your answers to all questions in ink and return to Human Resources.

Applicant Name: Mr. Mrs. Miss Ms. _____
Last First Middle

Social Security Number: XXX-XX- _____ E-Mail: _____
(Last four (4) only)

Mailing Address: _____
Street City State Zip

Telephone Numbers: () _____ () _____ () _____
Home Cell Message

For questions 1-2 answered "Yes," please explain on a separate piece of paper and attach.

1. Has any teaching credential you have held ever been suspended or revoked? Yes No
2. Have you ever been dismissed or asked to resign from any teaching or administrative position? Yes No
3. Are you retired from the California State Teachers Retirement System? Yes No

 Type of Credential/Permit Expiration Date: _____

I am willing to substitute teach in the following areas: *(Limit your selection to no more than two areas. Please refer to Page 3 for Area Definitions.)*

BAKERSFIELD N. KERN W. KERN E. KERN DESERT KERN VALLEY EL TEJON

I will substitute in grades: K-8 K-12 Other ___ - ___

For questions 4-7 answered "Yes," please provide explanation on Criminal Records Response.

4. Have you ever been convicted of a misdemeanor? Yes No
5. Have you ever been convicted of a felony? Yes No
6. Have you ever entered a plea of No Contest or Guilty to a misdemeanor? Yes No
7. Have you ever entered a plea of No Contest or Guilty to a felony? Yes No

A conviction will not necessarily disqualify you from employment. Each prospective employee must undergo a background clearance through the Department of Justice prior to employment. Fingerprint clearance is pursuant to Education Code Section 45125(a) as amended by AB 1610, Stats 1997.

I hereby certify that all statements made in this application are true. I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application and (b) forfeiture on my part to any employment or payment as an employee in the service of the school districts in Kern County. I further agree to be fingerprinted, to submit to a complete medical examination, and upon employment, to furnish such proof of age and citizenship as may be directed.

 Applicant Signature (Mandatory) Date

KCSOS Office Use Only	
Medical Exam Form:	DOJ Live Scan Date:
TB Expiration Date:	DOJ Clearance Date:
TCC Issuance Date:	Eligible to substitute teach on:
Verified by:	Kern County Superintendent of Schools
<input type="checkbox"/> Scanned <input type="checkbox"/> Updated in LF <input type="checkbox"/> Entered on Sub List <input type="checkbox"/> Entered on System	

AREA DEFINITIONS

Select no more than two (2). Your selection **does not** keep you from applying to any district. Please mark your selections on the *Information Necessary for Substitute Teaching* form.

BAKERSFIELD:

All districts with a Bakersfield (city) address, including North/River (NW), Edison and Fairfax

NORTH KERN:

Cities of Shafter, Wasco, McFarland and Delano

WEST KERN:

Cities of Lost Hills, Maricopa, Taft, Belridge, Buttonwillow, McKittrick

EAST KERN:

Cities of Arvin, Lamont, Vineland, DiGiorgio, Tehachapi, Caliente

DESERT:

Mojave, Muroc, Southern Kern (Rosamond), Sierra Sands (Ridgecrest)

KERN VALLEY:

Blake (Woody), Linns Valley (Glennville), Kernville, South Fork (Weldon)

EL TEJON USD:

Lebec, Frazier Park, Pine Mountain Club

TUBERCULOSIS EXAMINATIONS

Freedom from active tuberculosis (TB) is required for employment in a California school district. Volunteers are also required to submit proof of TB clearance. The Credentials Office at the Kern County Superintendent of Schools must receive verification of TB clearance at the time of employment, and every four (4) years thereafter.

TB screening consists of an intradermal skin test (which must be read within 48 hours) or a chest X-ray (for those individuals who have had a positive skin test).

The following facilities offer TB testing (you may use other facilities):

Location	Hours (walk-ins)	Cost (prices are subject to change)
Kern County Public Health Dept. 100 Flower Street, Bakersfield (661) 868-0503	Monday – Friday, 8 am – 4 pm (except Thursday) *chest X-ray by appointment	\$15.00/skin test \$57.00/X-ray
Physicians Automated Lab (PAL) 2801 H Street, Bakersfield (661) 325-0744	Monday – Thursday, 6:30 am – 6:30 pm Saturday, 8:00 am – noon	\$17.00
Central Valley Occupational 4100 Truxtun Avenue #200, Bakersfield (661) 632-1540	Monday – Friday, 7:30 am – 5:30 pm (except Thursday)	\$10.00

MEDICAL EXAMINATIONS

Education Code Section 44839 requires a person employed in a certificated position for the first time in a California school district or county superintendent of schools office to undergo a physical examination to determine freedom from any disabling disease unfitting the person to instruct or associate with children.

The following facilities offer medical exams (you may use other facilities):

Location	Hours (walk-ins)	Cost (prices are subject to change)
Central Valley Occupational 4100 Truxtun Avenue #200, Bakersfield (661) 632-1540	Monday – Friday, 7:30 am – 4:30 pm	\$40.00
Clinica Sierra Vista (refer to phone book for various locations)		\$30.00 – \$140.00

You can also check with the medical services facility at your local university.

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Kern County Superintendent of Schools
Advocates for Children

CERTIFICATION OF TUBERCULIN SKIN TEST OR CHEST X-RAY

Name: _____ Address: _____

This is to certify that the above named individual has submitted to an examination by means of a Tuberculin Skin Test or Chest X-Ray as required by Education Code Section 49406. A negative result indicates that the individual appears to be free from active tuberculosis.

T.B. Skin Test:

Negative Date Read: _____
 Positive Date Read: _____

Chest X-Ray:

Negative Film Date: _____
 Positive Film Date: _____

Name of Physician (print)

Signature

Address

City

License Number

The examination is a condition of employment and the expense shall be borne by the applicant.

Return to: Human Resources Department
 Kern County Superintendent of Schools Office
 1300 17th Street - CITY CENTRE, Bakersfield, CA 93301-4533

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS
Advocates for Children

TO THE PROSPECTIVE TEACHER:

Education Code Section 44839 requires a person employed in a certificated position for the first time in a California school district or County Superintendent of Schools Office to undergo a physical examination to determine freedom from any disabling disease unfitting the person to instruct or associate with children.

Because you have expressed an interest to teach, we have accepted the responsibility of having the record of your medical exam on file in this office. Attached is a medical form for use by your physician or clinic to comply with this requirement.

If you feel you should be exempt from this requirement, or have any other questions, please call Human Resources at (661) 636-4750.

TO THE PHYSICIAN:

The person presenting this "Certificate of Medical Examination of Applicants for First Employment in California" wishes to make themselves available for employment as a teacher in K-12 classrooms throughout Kern County.

Depending on the assignment, the person will be required to perform the following functions:

1. Maintain classroom control conducive to productive learning.
2. Guide students in assigned school work.
3. Follow written and verbal instructions to comply with school district policies and procedures.
4. Maintain a safe and comfortable classroom environment.
5. Supervise playground activities and otherwise act as the teacher in charge of assigned students.

**CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS
FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT
OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE**

Summary of Legal Provisions
(Education Code Section 44839)

A medical certificate, in a form prescribed by the State Board of Education, showing that a person employed for the first time in a California school district or County Superintendent of Schools Office in a position requiring certification qualifications, is free from any disabling disease unfitting the applicant to instruct or associate with children is required. The Education Code also provides that:

- ◆ The medical certificate shall be submitted directly to the governing board or County Superintendent by a physician and surgeon licensed under the Business and Professions Code.
- ◆ The medical examination shall have been conducted not more than six months before the submission of the certificate.
- ◆ The pre-employment medical examination shall be at the expense of the applicant.
- ◆ The medical certification shall become a part of the personnel record of the employee and shall be open to the employee or his designee.

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS
Advocates for Children

**CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS
FOR FIRST EMPLOYMENT IN CALIFORNIA**

Name: _____
Last First Middle

Address: _____
Street City Zip Code

To The Physician:

The medical examination required of a person employed in a certificated position for the first time in a California school district or County Superintendent of Schools Office should be evaluated on the basis of the functions which will be required of the applicant upon employment. A description of the job functions is attached to this form.

Please indicate whether there is any evidence of infectious disease in a communicable state.
Yes____ No_____ If so, please describe in detail below:

On the basis of my medical examination, the above-named individual is capable of performing the functions of the job subject to the following restrictions:

Date of Examination: _____
Signature of Physician

Name of Physician (print) License No.

To be returned by the prospective employee to the Office of the Kern County Superintendent of Schools, 1300 17th Street, Bakersfield, California 93301-4533.

Office of Christine Lizardi Frazier
Kern County Superintendent of Schools

RECOMMENDATION INFORMATION FORM

PERSONAL INFORMATION (please print legibly)

Applicant's Full Legal Name

First	Middle	Last

Applicant's Address

Street	City & State	Zip Code

Applicant's E-Mail Address (currently CTC cannot accept AOL e-mail addresses)

Phone #

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Applicant's Date of Birth

Applicant's Social Security Number

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I am applying for a: _____ See Reverse for Document Titles →
Type of Permit / Credential

Please read the information below carefully. Your signature is required, acknowledging your agreement to follow the online recommendation process.

The Kern County Superintendent of Schools (KCSOS) Credentials Dept. will submit the online recommendation to the Commission on Teacher Credentialing (CTC). Following the online submission, CTC will send you an e-mail with further instructions on how to complete the online process and pay the appropriate fee(s).

Substitutes: you are not eligible to seek employment until you have completed the online application process, and have completed a TCC or provided *proof of document issuance* to the KCSOS Credentials Dept. via e-mail to camelton@kern.org. Employment fingerprint clearance (DOJ) is also required.

KCSOS is not responsible if you DO NOT complete the online process in a timely manner.

COMPLETING THE ONLINE RECOMMENDATION

You will receive an e-mail from CTC with instructions on how to complete the application process. The subject line on the e-mail will state "Application for New Teaching Credential." The e-mail will contain the link "Credential Recommendation – Applicant," which will direct you to the CTC's website for completion.

Please follow the step-by-step instructions (provided on the right side of screen) to complete your part of the online application. The current fee is \$57.00 (\$55.00 application fee & \$2.00 credit card service fee). VISA, MasterCard and debit cards with a logo are the only accepted forms of payment.

NOTE: Please indicate "Kern" when asked for County of Employment.
Professional Fitness Questions are mandatory.
Name and billing address must match credit card.
Print a copy of the Confirmation of Payment for your records.

CTC will send you another e-mail stating that your fees have been accepted. CTC has 14 business days to verify your information and grant your credential/permit. Any "yes" answers in the Professional Fitness questions may delay issuance. CTC will send a final e-mail stating that your application has been granted. Upon receipt, open the link and print the **detailed** version of your document.

I have read and understand the information provided hereinabove. I agree to follow the instructions provided regarding the online recommendation/application process.

Applicant's Signature

Date: _____

Credentials Dept./Accepted by _____

Date: _____

Direct Online Applications:

30 Day Substitute Teaching Permit (day to day substitute teaching)
Activity Supervisor Clearance Certificate (avail. Spring 2010) (fingerprint clearance for employment)
Administrative Services Credential (administrators including principal and superintendents)
Certificate of Clearance (fingerprint clearance for student teaching)
Certificate of Completion of Staff Development (teaching English learners)
Clinical or Rehabilitative Services Credential (Audiology and Orientation & Mobility)
Crosscultural, Language and Academic Development Certificate (teaching English learners)
Education Specialist Instruction Credential (special education)
Multiple Subject Teaching Credential (elementary general education)
Pupil Personnel Services Credential (school counseling, social work, psychology, and child welfare & attendance)
School Nurse Services Credential
Single Subject Teaching Credential (middle/secondary general education)
Specialist Instruction Credential (agriculture specialist)
Specialist Instruction Credential (reading specialist)
Speech-Language Pathology Services Credential (speech/language services)
Teacher Librarian Services