

MARIN COUNTY TEACHER INDUCTION PROGRAM

REQUEST FOR EQUIVALENCY

To apply for an Equivalency for CA Teacher Induction requirements on a California-issued Preliminary Credential, submit the following items to the Marin County Teacher Induction Program. Attention Beth Kradepohl.

Candidate: _____ County: _____

Email: _____ Phone: _____

Check all that apply:

- General Education (Multiple Subjects Credential and/or Single Subject Credential) Education Specialist

Please note: If you have already completed a CA Teacher Induction Program/BTSA, and/or you already have a previously-cleared CA credential, you DO NOT need to complete this form. Instead, candidates can self-apply directly to the Commission on Teacher Credentialing for a Clear credential (contact your county credential analyst for assistance if needed).

PROGRAM REQUIREMENTS: Evidence of Completion

Any or all of these items need to be provided to show how your experience/education qualifies you for equivalency for Induction based on successfully demonstrating an understanding and application of CA Standards of the Teaching Profession (CSTP) in your teaching practice. Acceptable documentation may be letters from employers or Teacher Induction Program letters (original signatures are required).

- 1. REQUIRED: Equivalency for Clear Credential Request/Cover Letter - Letter should include the credential requested, and current contact information, including social security number and date of birth (which can be submitted separately)
2. REQUIRED: California English Language Authorization - Verification required
3. REQUIRED: Clear Credential Requirements & CSTP Alignment Page and Evidence - Based on specific credential (requires additional documentation)
4. Teaching Experience - Number of years must be documented along with assignment(s) - attach resume, verifications
5. Two certificated evaluations from current or previous employers - Copies acceptable
6. Experience as a Mentor Teacher/Support Provider in a CA Teacher Induction Program (CTIP) or BTSA Program - Program verification required

Date of Review: _____ Reviewed by: _____ Name, Role Signature

Date of Completion: _____ Evidence Attached & Verified: _____ Credential Analyst Signature

MCOE office use only

Equivalency Not Granted

Comments: _____

Equivalency Granted

- Letter of Equivalency issued
Recommendation of Clear Credential form attached - all other requirements (if any) have been met and documentation attached as needed.
Candidate has additional requirements to meet before clear credential recommendation can be made:

Coordinator Signature

Date