

AFFIDAVIT FOR CERTIFICATE OF CLEARANCE

(See reverse for Title 5 §80028 and refer to the Character and Identification Clearance form, 41-CIC, for more information.)

A. To be completed by the student teaching candidate:

NAME (print or type): _____ (Last, First, MI)
DATE OF BIRTH: _____ (XX/XX/XXXX)
SOCIAL SECURITY NUMBER: _____ (XXX-XX-XXXX)

(PLEASE READ CAREFULLY)

1. I am the undersigned applicant for a Certificate of Clearance admitting me to student teaching pursuant to Education Code, Section 44320 as amended.
2. I am free from any contagious and communicable disease or other disabling disease or defect which would unfit me to instruct or associate with children.
3. I have not been determined to be a sexual psychopath under the provisions of Article 1 (commencing with Section 6300) Chapter 2, Part 2, Division 6 of the Welfare and Institutions Code, or under similar provisions of law of any other state.
4. I have never been convicted of any sex offense as defined in Education Code, Section 44010.
5. I have never been convicted of a controlled substance offense as defined in Education Code, Section 44011.
6. I have never been convicted of any offense defined in Education Code 44424.
7. I am not presently under indictment or complaint for any matter specified in (3), (4), (5) or (6).

I understand that my fingerprints will be checked by the State Department of Justice and the Federal Bureau of Investigation to determine if I have any record or criminal conviction. I further understand that any materially false statement in this affidavit or the accompanying application may lead to my prosecution for perjury and/or the revocation of this Certificate and/or the denial of any future teaching or service credential, certificate, or permit.

I hereby certify under penalty of perjury that the foregoing is true and correct.

DATED: _____
AT (City/County/State): _____
SIGNATURE: _____

B. To be completed by the Dean/Director of Teacher Education or the Chief Campus Officer of the institution accepting the candidate into student teaching:

NAME OF INSTITUTION (Print or type): _____
DATE THAT CANDIDATE WILL BEGIN STUDENT TEACHING ASSIGNMENT: _____
NAME OF CREDENTIAL TOWARD WHICH THIS STUDENT ASSIGNMENT IS REQUIRED: _____

(PLEASE READ CAREFULLY)

I am the Dean/Director of Teacher Education or the Chief Campus Officer at the above institution of higher education. I have personally examined the identification documents of this applicant and know that he/she is in fact the person he/she represents himself/herself to be. I have personally interviewed the candidate and explained to him/her the very serious consequences of any concealment or falsification of his/her identity or fitness.

I certify under penalty of perjury that the foregoing is true and correct.

DATED: _____
AT (City/County/State): _____
NAME (Print or type): _____
TITLE: _____
SIGNATURE: _____