


**OAKLAND UNIFIED SCHOOL DISTRICT**  
Office of the Superintendent of Schools

August 27, 2014

<b>Legislative File</b>	
File ID Number:	14-1670
Introduction Date:	08/27/2014
Enactment Number:	14-1583
Enactment Date:	8-27-14
By:	

TO: Board of Education

FROM: Antwan Wilson, Superintendent  
Brigitte Marshall, Chief Talent Officer, Human Resources Services and Support



SUBJECT: Application for One (1) Provisional Internship Permit Education Specialist: Moderate/Severe

**ACTION REQUESTED**

Approval by the Board of Education of Resolution No. 1415-0025 in support of one application to the Commission on Teacher Credentialing recommending approval for One (1) Provisional Internship Permit Education Specialist: Moderate/Severe.

**BACKGROUND**

According to Title 5 Sections 80021-80021.1, the Provisional Internship Permit (PIP) was created in response to the phasing out of emergency permits and became effective on July 1, 2005. It allows an employing agency to hire an individual who has not yet met the subject matter competence requirement needed to enter an internship program. Prior to requesting a PIP, the employing agency must verify that a diligent search has been made, and a fully credentialed teacher cannot be found.

The PIP is only available at the request of an employing agency. Individuals may not apply directly to the Commission for this document. Holders of the PIP are restricted to service with the employing agency requesting the permit. An employing agency is defined as a California public school district, county office of education, nonpublic school, charter school, or statewide agency.

The PIP is available in the areas of Multiple Subject, Single Subject, and Education Specialist. Individuals who were issued four or fewer emergency permits may be issued three PIPs as long as the employer requirements have been met. Individuals who were issued five emergency permits do not qualify for the PIP.

The PIP will allow the candidate time to pass the subject matter competence requirement needed to enter an Internship program.

**DISCUSSION**

The Board of Education, exercising the power of the Governing Board, may approve an application seeking a Provisional Internship Permit from the Commission on Teacher Credentialing, as may be necessary for certain certificated employees of the District so they may work in the District for the 2014-2015 school year, as follows:

The current request is for One (1) Provisional Internship Permit.

- Julian Lucas, Provisional Internship Permit Education Specialist, Oakland Technical High School, 9-12.

The permit will allow the candidate time to pass the subject matter competence requirement needed to enter an Internship program.

**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT  
Resolution No. 1415-0025**

- Application for One (1) Provisional Internship Permit Education Specialist: Moderate/Severe -

**WHEREAS**, the Board of Education, may approve an application to the California Commission on Teacher Credentialing seeking a Provisional Internship Permit as may be necessary for a certificated employee of the District for a specific period of time, and

**NOW, THEREFORE, BE IT RESOLVED** that approval is given supporting applications to the California Commission on Teacher Credentialing for One (1) Provisional Internship Permit to be issued to the following individual:

The current request is for One (1) Provisional Internship Permit.

- Julian Lucas, Provisional Internship Permit Education Specialist: Moderate/Severe, Oakland Technical High School, 9-12

Passed by the following vote:

AYES: Jody London, Jumoke Hinton Hodge, Roseann Torres, Christopher Dobbins, Vice President James Harris and President David Kakishiba

NOES: None

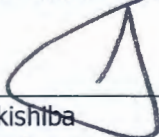
ABSTAINED: None

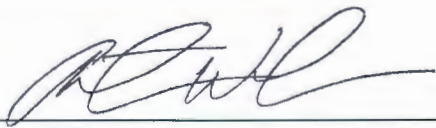
ABSENT: Anne Washington

I hereby certify that the foregoing is a full, true and correct copy of a Resolution passed at a Regular Meeting of the Board of Education of the Oakland Unified School District held August 27, 2014.

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**OAKLAND UNIFIED SCHOOL DISTRICT**

  
\_\_\_\_\_  
David Kakishiba  
President, Board of Education 8/28/14

  
\_\_\_\_\_  
Antwan Wilson  
Superintendent and Secretary, Board of Education 8/28/14

**FISCAL IMPACT**

None.

**RECOMMENDATION**

Approval by the Board of Education of Resolution No. 1415-0025 in support of an application to the Commission on Teacher Credentialing recommending approval for One (1) Provisional Internship Permit Education Specialist: Moderate/Severe.

**TEMPORARY COUNTY CERTIFICATE FOR ALAMEDA COUNTY**

**REQUEST (To be completed by Applicant)**

Name: Lucas Julian  
Last First Middle

All Former Names: \_\_\_\_\_

Social Security Number: [REDACTED] Date of Birth: 06/16/1952

Address: 1374 Trestle Glen Rd  
Dakland, 94610 Phone: 510-332-3190

Credential Being Applied for: Provisional Intern Permit  New  Renewal

Subject Area(s): \_\_\_\_\_  Emergency

Filed through one of the following:  CTC Direct  College \_\_\_\_\_

County \_\_\_\_\_  District Dakland

Date Application sent to CCTC: \_\_\_\_\_ Issue Date 08/15/2014

**EMPLOYEE AFFIDAVIT - Not to be completed by applicant if any of the following apply:**

- 1) The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
- 2) Applicant has an appeal currently pending from prior denial of this credential by the Commission or Committee of Credentials.
- 3) Applicant's credentials are currently under disciplinary suspension or revocation.
- 4) Applicant is aware he/she does not meet minimum requirements for credential sought.

I certify (or affirm) under penalty of perjury that I have provided true and accurate statement of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that I have submitted my complete application for Credential Authorizing Public School Service to the California Commission on Teacher Credentialing together with the required fee. I am aware that such application may be denied on any of the grounds provided by EC§44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this certificate or permit.

Signature of Applicant: Julian Lucas Date: 7/30/14

**EMPLOYER AFFIDAVIT - To be completed by employing Official**

I certify (or affirm) under penalty of perjury that I have made diligent inquiry into the qualifications and fitness of this applicant, and based upon his/her statements and documents, which I believe to be true and accurate, I have determined that he or she has all qualifications required by law for the performance of service requiring certification, except actual possession of a certificate, and further that he/she has submitted to the California Commission on Teacher Credentialing his/her complete application for a Credential Authorizing Public School Service, together with the required fee.

Based upon such information and belief, and by authority of my office and Section 44332 of the Education Code, I hereby authorize issuance of a temporary certificate for the purpose of authorizing salary payments to this applicant for his/her services to be performed pending issuance of a regular certificate.

Arturo Wilson Superintendent  
Authorizing Officer Title

Oakland Unified School District  
School District, Charter School or Preschool Center

510-879-0202  
Print Contact name if Charter or Preschool Phone #

1000 Broadway, Suite 295, Oakland, CA 94607  
Address of Charter or Preschool

**CERTIFICATE - To be completed by County Superintendent**

This is to certify that a temporary certificate for (type of certification) \_\_\_\_\_  
Has been issued to the person named above in the applicant section under the authority of Section 44332 of the Education Code.

This certificate is valid for service in the schools of this county from \_\_\_\_\_ to \_\_\_\_\_  
or until the credential applied for is either granted or denied by the California Commission on teacher Credentialing, or the application is withdrawn by the applicant.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
County Superintendent or Deputy

f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

**Before submitting, please review the application for completeness:**

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 2 and 3
- 4) Payment (check or money order attached to the front of this form). See Credential Leaflet CL-659 for fee schedule.

Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications that are submitted incomplete or without the appropriate fee included will not be processed and will be returned.

#### 5. OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date \_\_\_\_\_ City Oakland County Alameda State CA

SIGNATURE OF APPLICANT

*Julian Lucas*

#### 6. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code 01 School District CDS Code 61259

Charter School/Non-Public School or Agency/Statewide Agency Name \_\_\_\_\_

Applications for Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Comments/Additional Subject Requests:

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired or,
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



# APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see [Application Instructions](#))

Mail application and payment  
(check or money order) to:  
Commission on Teacher Credentialing  
Certification Division  
1900 Capitol Avenue  
Sacramento, California 95811-4213

Appeal: \_\_\_\_\_

Route to: \_\_\_\_\_

IHE/County/District Use Only

Martin

Issuance Date: **08/15/2014**

Email Address: susan.martin@ousd.k12.ca.us

**Commission Use Only: Fee Information**

APP      FP      Other

**1. PERSONAL INFORMATION** (type or print)

CTC Use Only

Social Security or Individual Tax ID Number: XXXXXXXXXX

Date of Birth: (mm/dd/yyyy) **06/16/1952**

Applicant's Name: **Julian**  
First

**Lucas**  
Last

All Former/Maiden Name(s): \_\_\_\_\_

County of Employment: **Alameda**

Address: **1374 Trestle Glen Road**

City: **Oakland**

State: **CA**

Zip: **94610**

Home Phone: **510-332-3190**

Work Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

Email Address: **julian@launchnet.com**

**2. CREDENTIAL TYPE** (choose only one type below)

OPTIONS:

**I AM APPLYING FOR AN ANOTHER CREDENTIAL TYPE**

<p><b>Substitute Permits (PT)</b> _____</p> <p><b>Single Subject (Secondary Teaching)</b> _____</p> <p>Specify Subject (If you are requesting more than one subject, enter it in Comments.) _____</p> <p>Specify World Language other than English (if applicable) _____</p> <p><input type="checkbox"/> English Learner Authorization    Term _____ <b>BILINGUAL AUTHORIZATION - Specify Language</b> _____</p> <p><b>Multiple Subject (Elementary Teaching)</b> _____</p> <p><input type="checkbox"/> English Learner Authorization    Term _____ <b>BILINGUAL AUTHORIZATION - Specify Language</b> _____</p> <p><b>Education Specialist (Special Education)</b> (If you are requesting more than one specialty area, enter it in Comments.) <b>PROVISIONAL INTERNSHIP PERMIT (PP)</b> Specify Specialty Area <b>MODERATE/SEVERE</b></p> <p><input checked="" type="checkbox"/> English Learner Authorization    Term _____ Other Specialist Credentials _____</p> <p><input type="checkbox"/> Added Authorizations (AASE) _____</p>	<p><b>English Learner Authorizations</b> _____</p> <p><b>BILINGUAL AUTHORIZATION - Specify Language</b> _____</p> <p><b>Services Credentials</b> _____</p> <p style="text-align: right;">Term _____</p> <p><b>Specify Other Health Services</b> _____</p> <p><b>Child Development Permits (PK)</b> _____</p> <p><input type="checkbox"/> School-Age Emphasis</p> <p><b>Designated Subjects (PW)</b> _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>Subject(s)</b></td> <td style="width: 30%;"><b>Term</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p><b>Supplementary Authorization(s) (PJ)</b> _____</p> <p><b>Subject Matter Authorization(s) (PJ)</b> _____</p> <p style="text-align: center;">CTC Use Only</p>	<b>Subject(s)</b>	<b>Term</b>	_____	_____
<b>Subject(s)</b>	<b>Term</b>				
_____	_____				

