



*Application for Certificate Differential*

Send this application with attached verifications to:  
Los Angeles Community College District  
770 Wilshire Boulevard, HR-SES Unit  
Los Angeles, CA 90017

**Print**

Name \_\_\_\_\_  
*Last*
*First*
*Middle*
Employee No. \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_  
*City*
*State*
*Zip Code*
Telephone No. \_\_\_\_\_

College assigned \_\_\_\_\_ Subject area assigned \_\_\_\_\_

- See Personnel Guide B308 at [http://www.laccd.edu/personnel\\_guides/numerical\\_index.htm](http://www.laccd.edu/personnel_guides/numerical_index.htm)
- See Board Rule 10535 at [http://www.laccd.edu/board\\_rules/documents/Chapter%20X/Ch.%20X/Ch.%20X%20-%20Article%20VI.doc](http://www.laccd.edu/board_rules/documents/Chapter%20X/Ch.%20X/Ch.%20X%20-%20Article%20VI.doc)  
AFT College Faculty Guild contract Appendix A—A a. to b.

- I certify that I have, and have attached the following verifications:
  - A certificate issued by State Department of Professional and Vocational (one of the authorized entities listed on PG B308)  
 Name of Entity \_\_\_\_\_  
 Date of original issuance and number \_\_\_\_\_  
 Expiration of date of current registration \_\_\_\_\_  

OR
  - Have been admitted to the State Bar of California  
 Date admitted and membership number \_\_\_\_\_
- I have completed satisfactorily **70 or more semester units of upper division or graduate study** ABOVE MINIMUM requirements as defined in Board Rule 10535.14.  
 Transcripts must be submitted for any course work for which point credit has not been granted if needed to meet this requirement.
- I am either assigned or available for service in the area of my certificate.  
 Yes     No

**FOR OFFICE USE ONLY**

---

Name of Certificate \_\_\_\_\_

Upper Division \_\_\_\_\_

Graduate Study \_\_\_\_\_

Total \_\_\_\_\_

Approved

Denied

By \_\_\_\_\_

Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Email     Home Address

Copy Sent \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Email Address