APPLICATION FOR AWARD OF CREDENTIAL

1. PERSONAL INFORMATION (all information is required)

Applicant’s Full Legal Name: ____________________________

SFSU ID#: ____________________________

First [ ] Middle [ ] Last [ ]

( ) ( ) ( )

Home Phone [ ] Work Phone [ ] Mobile Phone [ ]

Email address: ____________________________

* The Commission on Teacher Credentialing (CTC) will use this email address to send you notification with instructions for completing their online application for issuance of your credential. Please write clearly!

County of Employment (if applicable): ____________________________

2. SELECT TYPE OF CREDENTIAL

SELECT ONE

- Internship
- Preliminary
- Clear
- Certificate of Eligibility

SELECT ONE IF APPLICABLE

- Adding Bilingual Auth.

(Subject/s)

- Special Education

(Subject/s)

- Adding Added Auth. in OI (Orthopedic Impairment)

SELECT ONE

TEACHING CREDENTIALS

- Multiple Subject
- Single Subject

(Subject/s)

- Special Education

(Subject/s)

- Adding Added Auth. in OI (Orthopedic Impairment)

SPECIALIST CREDENTIALS

- Reading Literacy Added Authorization
- Reading & Literacy Leadership Specialist
- Early Childhood Special Education Certificate

- Adding Adapted PE

SERVICES CREDENTIALS

- Administrative Services
- Clinical/Rehabilitative Svcs.
- Orientation & Mobility
- Speech-Language Pathology Services: Language, Speech & Hearing (SLSH)
- Pupil Personnel Services
- School Counseling
- School Psychology
- School Social Work

3. SIGNATURE

Applicant Signature ____________________________ Date ____________________________

Revised 7/11/19