



OFFICE USE ONLY
Issuance Date: _____

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	SELECT ONE		
<input type="checkbox"/> Internship <input type="checkbox"/> Preliminary <input type="checkbox"/> Clear <input type="checkbox"/> Certificate of Eligibility <hr/> <p>SELECT ONE IF APPLICABLE</p> <input type="checkbox"/> Adding Bilingual Auth. <input type="checkbox"/> Adding Supp. Auth. _____ (Subject/s) <input type="checkbox"/> Adding Subject Matter Authorization _____ (Subject/s)	<p>TEACHING CREDENTIALS</p> <input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject _____ (Subject/s) <input type="checkbox"/> Special Education _____ (Area) <input type="checkbox"/> Adding Added Auth. in OI (Orthopedic Impairment)	<p>SPECIALIST CREDENTIALS</p> <input type="checkbox"/> Reading Literacy Added Authorization <input type="checkbox"/> Reading & Literacy Leadership Specialist <input type="checkbox"/> Early Childhood Special Education Certificate <input type="checkbox"/> Adding Adapted PE	<p>SERVICES CREDENTIALS</p> <input type="checkbox"/> Administrative Services <input type="checkbox"/> Clinical/Rehabilitative Svcs. <input type="checkbox"/> Orientation & Mobility <input type="checkbox"/> Speech-Language Pathology Services: Language, Speech & Hearing (SLSH) <input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> School Counseling <input type="checkbox"/> School Psychology <input type="checkbox"/> School Social Work

3. SIGNATURE

Applicant Signature _____

Date _____