

Credential Preparation Center P.O. Box 6868 Fullerton, CA 92834-6868

EDUCATION SPECIALIST ADDED AUTHORIZATION

CREDENTIAL APPLICATION

Last Name:	_First Name:	Middle Name:	
Maiden Name:	CWID:		
Last Four Digits of SSN: XXX-XX-	Date of Birth:		
Address:	City/State:	Zip:	
Home/Cell Phone:	Work Phone:		
Email:			
Online credential recommendation will be sent to the email address associated with your CTC account.			

TYPE OF CREDENTIAL HELD:

EARLY CHILDHOOD SPECIAL EDUCATION

MILD/MODERATE

MODERATE/SEVERE

____ PRELIMINARY/LEVEL I ____CLEAR/LEVEL II

TYPE OF AUTHORIZATION FOR WHICH YOU ARE APPLYING:

AUTISM SPECTRUM ADDED AUTHORIZATION

EARLY CHILDHOOD SPECIAL EDUCATION ADDED AUTHORIZATION

OFFICE USE ONLY:	DATE STAMP
Completion Date:	
Issuance Date: CTC Submittal Date:	
ACCESS DATA ENTRY	
CMS DATA ENTRY	
	1/4/2021

THE CALIFORNIA STATE UNIVERSITY

Bakersfield / Channel Islands / Chico / Dominguez Hills / East Bay / Fresno / Fullerton / Humboldt / Long Beach / Los Angeles / Maritime Academy Monterey Bay / Northridge / Pomona / Sacramento / San Bernardino / San Diego / San Francisco / San Jose / San Luis Obispo / San Marcos / Sonoma / Stanislaus