

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