

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

## **EDUCATION SPECIALIST**

CREDENTIAL APPLICATION

ast Name:	me:First Name:		Middle Name:	
Iaiden Name:		CWID:		
ast Four Digits of SSN: XXX-XX-		Date of Birth:		
ddress:	C	ity/State:	Zip:	
ome/Cell Phone:		Work Phone:		
mail:				
nline credential recommendation will be sent to t	the email address as	ssociated with your CTC account		
TYPE OF CREDENTIAL FOR WH	ICH YOU ARE	APPLYING:		
☐ EARLY CHILDHOOD SPECIAL	EDUCATION	☐ MILD/MODERATE	☐EXTENSIVE SUPPORT NEED	
INTERNSHIP PRELIMINAF CLEAR				
BILINGUAL AUTHORIZATION:				
(If applicable)		Language		
OFFICE USE ONLY:			DATE STAMP	
Completion Date:				
Issuance Date:				
CTC Submittal Date:				
☐ ACCESS DATA ENTRY				
☐ CMS DATA ENTRY				

1/4/2021