



CALIFORNIA STATE UNIVERSITY
FULLERTON
 Credential Preparation Center, CP-540
 (657) 278-3205 / Fax (657) 278-2868

EDUCATION SPECIALIST ADDED AUTHORIZATION
 CREDENTIAL APPLICATION

Last Name: _____			First Name: _____			Middle Name: _____		
Maiden Name: _____						CWID: _____		
Social Security Number: _____			-			Date of Birth: _____		
-			-			- 19		
Address: _____				City/State: _____			Zip: _____	
Home Phone: () _____			Work Phone: () _____					
Cell: () _____			Email: _____					
Online application requires a valid e-mail 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: _____
<input type="checkbox"/> ACCESS DATA ENTRY
<input type="checkbox"/> CMS DATA ENTRY

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