



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

EDUCATION SPECIALIST
 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 FOR WHICH YOU ARE APPLYING:

- EARLY CHILDHOOD SPECIAL EDUCATION
 MILD/MODERATE
 MODERATE/SEVERE

- ___ INTERNSHIP
 ___ PRELIMINARY
 ___ CLEAR

BILINGUAL AUTHORIZATION: _____
(If applicable) Language

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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 The California State University: Bakersfield / Chico / Dominguez Hills / Fresno / Fullerton / Hayward / 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