



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

SCHOOL NURSE SERVICES – CLEAR
 CREDENTIAL APPLICATION INFORMATION

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:

- SCHOOL NURSE**
- SCHOOL NURSE WITH SPECIAL TEACHING AUTHORIZATION IN HEALTH**
- ADDING SPECIAL TEACHING AUTHORIZATION IN HEALTH**

OFFICE USE ONLY:

DATE STAMP

Completion Date: _____	
Issuance Date: _____	
CTC Submittal Date: _____	
<input type="checkbox"/> ACCESS DATA ENTRY	
<input type="checkbox"/> CMS DATA ENTRY	

Updated 11/2/2017