



CALIFORNIA STATE UNIVERSITY

FULLERTON

Credential Preparation Center, CP-540
(657) 278-3205 / Fax (657) 278-2868

**SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL-PRELIMINARY
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.								

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