



BILINGUAL AUTHORIZATION
CREDENTIAL APPLICATION

Last Name: _____			First Name: _____			Middle Name: _____		
Maiden Name: _____						CWID: _____		
Last Four Digits of SSN: <u>XXX-XX-</u> _____				Date of Birth: _____				
Address: _____			City/State: _____			Zip: _____		
Home/Cell Phone: _____				Work Phone: _____				
Email: _____								
Online credential recommendation will be sent to the email address associated with your CTC account.								

TYPE OF CREDENTIAL HELD:

- EDUCATION SPECIALIST (CHOOSE ONE):
- MULTIPLE SUBJECT
- SINGLE SUBJECT

___ PRELIMINARY

___ CLEAR

Language: _____

OFFICE USE ONLY:

DATE STAMP

Completion Date: _____
Issuance Date: _____
CTC Submittal Date: _____

- MyCOE DATA ENTRY
- CMS DATA ENTRY

Updated 3/4/2026