CALIFORNIA STATE UNIVERSITY
FULLERTON

Credential Preparation Center
P.O. Box 6868
Fullerton, CA
92834-6868

EDUCATION SPECIALIST

CREDENTIAL APPLICATION

Last Name:_____First Name:_____ Middle Name: _____

Maiden Name: _____CWID: _____

Last Four Digits of SSN: XXX-XX-_____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 FOR WHICH YOU ARE APPLYING:

☐ EARLY CHILDHOOD SPECIAL EDUCATION ☐ MILD/MODERATE ☐ EXTENSIVE SUPPORT NEEDS

☐ INTERNSHIP
☐ PRELIMINARY
☐ CLEAR

BILINGUAL AUTHORIZATION: _____
(If applicable) Language

OFFICE USE ONLY: *DATE STAMP*

Completion Date: _____

Issuance Date: _____

CTC Submittal Date: _____

☐ **MyCOE DATA ENTRY**

☐ **CMS DATA ENTRY**

Updated 3/4/2026