



*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

THE CALIFORNIA STATE UNIVERSITY

Bakersfield / Channel Islands / Chico / Dominguez Hills / East Bay / Fresno / Fullerton / 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