



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

**EARLY CHILDHOOD SPECIAL EDUCATION ADDED 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:

- EARLY CHILDHOOD SPECIAL EDUCATION
 MILD/MODERATE
 EXTENSIVE SUPPORT
 PRELIMINARY/LEVEL I
 CLEAR/LEVEL II

OFFICE USE ONLY:

DATE STAMP

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

Updated 3/4/2026

THE CALIFORNIA STATE UNIVERSITY