



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

MULTIPLE SUBJECT
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. | | | | | | | | |

BLOCK NUMBER: _____

TYPE OF CREDENTIAL FOR WHICH YOU ARE APPLYING:

- INTERNSHIP**
- PRELIMINARY**
- CLEAR**

BILINGUAL AUTHORIZATION _____
Language

SUBJECT MATTER AUTHORIZATION(S) _____
(NCLB Compliant)

SUPPLEMENTARY AUTHORIZATION(S) _____
(Non NCLB Compliant)

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