



**SCHOOL NURSE SERVICES – CLEAR**  
CREDENTIAL APPLICATION INFORMATION

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 FOR WHICH YOU ARE APPLYING:**

- SCHOOL NURSE
- SCHOOL NURSE WITH SPECIAL TEACHING AUTHORIZATION IN HEALTH
- ADDING SPECIAL TEACHING AUTHORIZATION IN HEALTH

**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*