



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

SINGLE 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.		

TYPE OF CREDENTIAL FOR WHICH YOU ARE APPLYING:

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

SINGLE SUBJECT – SUBJECT(S): _____

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: _____
☐ 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