



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

SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL-PRELIMINARY
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.								

OFFICE USE ONLY:

DATE STAMP

Completion Date: _____
Issuance Date: _____
CTC Submittal Date: _____
☐ MyCOE DATA ENTRY
☐ CMS DATA ENTRY

Updated 3/4/2026

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