



**EDUCATION SPECIALIST 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    
 MODERATE/SEVERE  
 PRELIMINARY/LEVEL I  
 CLEAR/LEVEL II

**TYPE OF AUTHORIZATION FOR WHICH YOU ARE APPLYING:**

- AUTISM SPECTRUM ADDED AUTHORIZATION  
 EARLY CHILDHOOD SPECIAL EDUCATION ADDED AUTHORIZATION

**OFFICE USE ONLY:**

*DATE STAMP*

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

1/4/2021