



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"/> ACCESS DATA ENTRY
<input type="checkbox"/> CMS DATA ENTRY

1/4/2021