



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

READING AND LITERACY LEADERSHIP SPECIALIST
CREDENTIAL APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ CWID: _____

Last Four Digits of SSN: XXX-XX- _____ 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: _____

ACCESS DATA ENTRY

CMS DATA ENTRY

Updated 1/5/2021

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