

**CALIFORNIA STATE UNIVERSITY, STANISLAUS
TURLOCK, CALIFORNIA**

**Department of Advanced Studies in Education
Reading/Language Arts Specialist Credential**

Name _____
Address _____
School Site Name _____
School Site District _____
School Site Address _____
Telephone (School) _____ (Home) _____
Basic Skills Requirement: Verification upon admission Yes No
Three (3) years of verified teaching experience: Yes No

Reading Specialist Credential

EDMA 5000 (3) _____
EDMA 5100 (3) _____
EDMA 5110 (3) _____
EDMA 5120 (3) _____
EDMA 5130 (3) _____
EDMA 5140 (3) _____
EDMA 5150 (3) _____
EDMA 5160 (3) _____
EDMA 5170 (3) _____
EDMA 5300 (3) _____

(All of the above)

Date Completed: _____
Credential

Signed by: _____
Coordinator

*This is to certify that _____ passed his/her
Print Name

RSCP orals on _____
Date

He/She should be granted the Reading/Language Arts Specialist Credential.

Dr. Susan M. Neufeld, RSCP Coordinator