Application for Credential Recommendation

Credential Services • DBH 303
One University Circle, Turlock, CA 95382
Phone: (209) 667-3534 • Fax: (209) 664-7058
credentials@csustan.edu

NOTE: Please be sure to provide the same information contained in your CTC profile. We are no longer able to change/update names, email or address upon recommendation to CTC.

Student ID: _____ **Date of Birth:** _____

Applicant's Name: _____

Former/Maiden Names: _____

Cell or Home Phone: _____

E-mail (Same as provided in CTC profile)_____

PLEASE SELECT TYPE OF CREDENTIAL APPLYING FOR:

☐ **PRELIMINARY:**	☐ **INTERNSHIP:**	**ADDED AUTHORIZATIONS:**
☐ SB2042 Multiple Subject ☐ *BCLAD:* _____ Language	☐ SB2042 Multiple Subject ☐ *BCLAD:* _____ Language	To Multiple or Single Subject: ☐ Supplementary Authorization *Subject Area:* _____
☐ SB2042 Single Subject *Subject Area:* _____ ☐ *BCLAD:* _____ Language	☐ SB2042 Single Subject *Subject Area:* _____ ☐ *BCLAD:* _____ Language	☐ Subject Matter Authorization *Subject Area:* _____
☐ Education Specialist ☐ *Mild/Moderate* ☐ *Moderate/Severe*	☐ Education Specialist ☐ *Mild/Moderate* ☐ *Moderate/Severe*	***Note:*** *Students requesting to be evaluated for* ***Subject Matter*** *or* ***Supplementary*** *Authorizations* ***must*** *pay a* ***$10.00*** *processing fee for recommendation to California Commission on Teacher Credentialing. Please pay Cashiers (MSR 100) and submit receipt with this application.* ***Cashier code PS-1409****.* ***Note: Fee not required if BA/BS Degree is in the subject area.***
☐ Administrative Services	☐ Administrative Services	
☐ **CLEAR:** ☐ Reading & Language Arts Spec.	☐ Pupil Personnel Services	☐ Bilingual Authorization BCLAD: _____ Language
☐ Pupil Personnel Services	☐ **CERIFICATE OF ELIGIBILITY:** Administrative Services	

I authorize CSU Stanislaus to release any information from my records, which is needed by any school district or county office of education where I might teach to determine my fitness and/or eligibility to teach. I certify that all of the information submitted with my application is correct.

Signature _____ **Date** _____

Check off the student use line only, for requirements already completed. Leave blank if in progress.

	TPA	RICA	600 HRS	CPR	SMC			
Student Use:					N/A	N/A	N/A	N/A
OFFICE USE								

☐ F/T ☐ N/T ☐ PCD _____ ☐ Effective Date _____ ☐ Entered in PS _____