## **Application Deadlines:**

Fall Admission - March 1st Spring Admission - September 30th



California State University, Stanislaus Credential Services (DBH 303) One University Circle Turlock, CA 95382 Phone: (209) 667-3534 | Fax:(209) 664-7058

credentials@csustan.edu

# Application for Credential Programs Multiple Subject & Education Specialist ITCO AND LIBS EARLY START APPLICANTS ONLY

Legal Name				
Last	First	Mid	dle	Maiden/Former Name
Date of Birth	Mailing Addres	ss		
		Street	City	State Zip
Home Phone ()		Cell Phone ()		<u> </u>
Emergency Contact Name:		Phone Number ()		
CSU Stan E-mail		Other Email		
Please indicate your undergraduate pro		Regular Liberal St	udies (Early Start a	applicant)
School Site: Choose preferred one only Please select your program pathway: Please select the Credential Program yo	Full-time Pa		ISCP Only)	
Multiple Subject	Mild/Modorato	Extensive Support Need	de (ESNI)	
Education Specialist - Select one:	Mild/Moderate	Extensive Support Need	15 (L3N)	
Concurrent Program: Select one:	Mild/Mod & Multi	iple Subject ESN &	Multiple Subject	
Please select program choice (Multiple Credential without a language speci Credential with a Spanish Bilingual A Credential with a Southeast Asian B Please indicate language	ialization (no special a Authorization (for studil ilingual Authorization	authorization) – for studer dents who speak, read, ar I (for students who speak,	nd write Spanish).	
List EVERY Junior/ Community College a	and University you h	nave ever attended inclu	ding Stanislaus St	tate. Start with most recent.
Name/City/State of I	Institution Attende		es Attended	
		Fron		То
		Fron	1 	То
VERIFICATIONS/AUTHORIZATIONS I certify that I have read all the information in the program for the program. I agree to inform Credential Services of a email. I authorize CSUS to release any information from n determine my fitness and/or eligibility to teach. I certify the contract of t	any information pertinent to ny records, which is needed b	my status as a student in the crede by the California Commission on Te	ntial program, including on aching Credentialing (CCT	change of name, address, phone number, C), and/or school district where I might te
Printed Name	Signature		Date	

# **Credential Program Recommendation Form**

The person named below is an applicant to the CSU Stanislaus' Teacher Education Credential Program. Please provide a statement based on your judgment of the applicant's qualifications for the teaching profession. This letter of recommendation will be seen by the applicant and will be used by the Selection and Review Committee as part of the criteria for admission to the Program.

Applicant's Name:					
Name of Reference (please print)	<u>:</u>				
Contact Phone Number:					
Please check items that apply:		taught candidate candidate well	e I ha	ve supervised ca	ındidate
Characteristics	Have No Information	Top 10% Excellent	Top 25% Good	Top 50% Fair	Bottom 50% Poor
General Attitude					
Initiative/Enthusiasm					
Flexibility					
Responsibility					
Verbal Skills					
Writing Skills					
Academic Competence					
Rapport With Peers					
Rapport with Instructors/Supervisors					
Overall Rating					
teacher? Please explain your resp	oonse. (Please pro	ovide additional j	page if you run ou	t of space.)	
Reference Signature		Dat			_
Organization or affiliation	Pos	ition			

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Rapport with Instructors/Supervisors					
Overall Rating					
teacher? Please explain your resp	oonse. (Please pro	ovide additional j	page if you run ou	t of space.)	
Reference Signature		Dat			
Organization or affiliation	Pos	ition			

# **Prerequisite/Co-requisite Requirements**

Please complete the following table indicating prerequisite/co-requisite course information for the program you are applying for. Please note most classes are <u>not</u> prerequisites. Fill in completed required courses or an **APPROVED** equivalent.

To request an equivalency for a course that is <u>not</u> an approved equivalent, download the Selection and Review Petition from our website, and complete the form according to directions and submit to <u>teachered@csustan.edu</u>

View Approved Equivalencies List | Download Fillable PDF of Selection & Review Petition

This section to be completed by ALL applicants

COURSE REQUIREMENT	School where Taken	Course Name	Grade	If Completed: Semester/ Year Taken	If Not Completed: Semester/Year to be Completed
Upper Division English Composition (CSUS - WP Course or CBEST Writing Score 41 or higher)					
American Government/Constitution (CSUS - PSCI 1201)					

Multiple Subject & Concurrent Applicants Only

COURSE REQUIREMENT	School where Taken	Course Name	Grade	If Completed: Semester/ Year Taken	If Not Completed: Semester/Year to be Completed
Child Development (CSUS – PSYC/CDEV 3140 <b>OR</b> NURS 1040)					
Second Language Experience (3 semester units of the same language or equivalent experience)					
EDMS 4100 Foundations of Ed in Diverse Society <b>OR</b> LIBS 3200					
EDMS 4150 Methods of Education Multilingual OR ENGL/LIBS 4800 taken in Fall 2016 or after. Non-Bilingual Students ONLY.					
EDUC 4460 - Cultural Views of Bilingualism (Spanish Bilingual Students Only)					
EDIT 4170 <b>OR</b> LIBS 4170					
KINS 4165 <b>OR</b> EDMS 4165					
EDSE 4160 <b>OR</b> EDSE 4310					

Education Specialist & Concurrent Applicants Only

COURSE REQUIREMENT	School where Taken	Course Name	Grade	If Completed: Semester/ Year Taken	If Not Completed: Semester/Year to be Completed
PSYC/CDEV 3140 <b>OR</b> PSYC/CDEV 3240) <b>OR</b> approved equivalent.					
Introduction to Special Education (CSUS - EDSE 4310)					



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### **Basic Skills Requirement (BSR) Form**

The California Basic Skills Requirement can be fulfilled in a number of ways. Coursework, exam scores, or a combination of coursework/exam scores can be used.

#### Coursework must meet the following criteria to be accepted:

- Must be worth 3 or more semester units (or equivalent quarter units)
- Must have a grade of B- or higher (or "CR" if class was taken as Credit/No Credit)
- Must be degree applicable (remedial coursework is not accepted)
- **READING** can be fulfilled by classes in the subjects of critical thinking, literature, philosophy, reading, rhetoric, or textual analysis
- **WRITING** can be fulfilled by classes in the subjects of composition, English, rhetoric, written communication, or writing
- MATH can be fulfilled by classes in the subjects of algebra, geometry, mathematics, quantitative reasoning, or statistics

Please see list of approved stan state and local community college courses on our website: https://www.csustan.edu/credentials/application-forms

# Exams you may use in combination with coursework include:

#### **CBEST**

• Minimum score of 41 on any section used

#### **CSET 142**

For Writing portion of BSR

#### **CSET 101**

• For Reading portion of BSR

#### CSET 103 & 214

• For Math portion of BSR

### CSU Early Assessment Program (EAP)

• English/Math with a "College Ready" or "Exempt" score

# CSU Placement Exam

- EPT score of 151
- ELM score of 50

College Board AP Exam

- English score of 3
- Math score of 3

#### ACT Exam

- English score of 22
- Math score of 23

# College Board SAT Exam *taken after March* 2016

- Evidence Based Reading and Writing score of 560
- Math score of 570

# College Board SAT Exam *taken before March* 2016

- Critical Reading (or Verbal) score of 500
- Math score of 550



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### College Board SAT Exam taken after March 2016

- Evidence Based Reading and Writing score of 560
- Math score of 570

## College Board SAT Exam taken before March 2016

- Critical Reading (or Verbal) score of 500
- Math score of 550

# PROCESSING INSTRUCTIONS

COMPLETE ALL SECTIONS BELOW.

Appropriate course or exam MUST be indicated for each section.

MSCP, SSCP, and ESCP APPLICANTS: Upload your BSR form to your credential program application on Cal State Apply. It will be evaluated when your application is processed.

PPS APPLICANTS: Email your completed BSR form to <u>credentials@csustan.edu</u>. If you are NOT a Stan State graduate, please include your college transcripts with your BSR form.

Last Name:	Name: First Name:		Student ID:		
Date of Birth:	Student Email:	Program:			
READING					
Course Name	School Where Taken	Semester and Year Completed	Grade		
OR Exam:		EXAM SCORE REPORT WITH FORM	I		
OR Exam:		EXAM SCORE REPORT WITH FORM	I		
OR Exam:		Semester and Year Completed	I Grade		
OR Exam:	School Where Taken		Grade		

# **ETHNIC IDENTITY FORM**

Name:	Gender:
Please enter a number from the list below	w:
American Indian or     Alaska Native	6. Native Hawaiian or Other Pacific Islander
Black or African     American	7. White
3. Hispanic/Latino of any race	8. Two or more Races
5. Asian	9. No Response

### **Certificate of Clearance Instructions**

Applicants must submit fingerprints via "livescan" and be "cleared" before working with students. The clearance is processed through the California Commission on Teacher Credentialing (CCTC). Background checks are conducted by the California Department of Justice and the Federal Bureau of Investigations (FBI). When "cleared," a student will receive an email verifying the "Certificate of Clearance" (which may take several months to arrive).

#### NOTE:

- \*Applicants with a <u>valid</u> Emergency Teaching Credential/Permit, Child Center Permit OR any document previously issued by the California Commission on Teaching Commission (CCTC) DO NOT need to reapply for the "clearance."
- \* Liberal Studies majors and others who have been fingerprinted, but do not have a "Certificate of Clearance" or a valid document from the California Commission on Teacher Credentialing, must be fingerprinted again.

# To apply for a Certificate of Clearance online simply follow these steps:

- 1) Complete the Live Scan 41-LS form available on the Credentials Services website at https://www.csustan.edu/sites/default/files/u17721/2019-2020/live scan form 41-ls.pdf.
- 2) Take your form to a Live Scan station to have your fingerprints taken. Your fingerprints will be electronically forwarded to the Commission. **Keep a copy for your records.**
- 3) Go to the California Commission on Teacher Credentialing online at <a href="http://www.ctc.ca.gov">http://www.ctc.ca.gov</a>. Make sure there are no pop-up blockers in your computer before beginning this process.
  - CLICK ON "Apply for a New Document" logo
  - CLICK ON "Submit your application online"
  - CLICK ON "Submit your application online" Again. You will then be asked to enter your User ID and Password and follow the instructions for a new document by selecting Certificate of Clearance. If you are a first time user then,
  - CLICK ON "Create Educator Account" Enter the requested information. Once a profile has been created follow the instructions for a new document by selecting Certificate of Clearance.
  - Using a VISA or MasterCard debit or credit card, pay the authorized transaction fee of \$52.50 (paying a higher fee indicates incorrect process). Immediately following the successful submission of the online application, an e-mail will be sent to you containing a confirmation number and a link to the Track Payment web page. PRINT OUT THIS EMAIL AND ATTACH IT WITH YOUR APPLICATION TO VERIFY THAT YOU HAVE COMPLETED THIS STEP!

The normal processing time for the fingerprint, character and identification process is one to three days. If the individual must be reviewed by the Commission's Division of Professional Practice, the process will take longer to allow for the review process, typically over three months due to backlog. The online file will indicate that the application is pending additional evaluation.

Certificates of Clearance are valid for five years. Individuals may view the status of their Certificate of Clearance application on the search for an educator page at <a href="http://www.ctc.ca.gov">http://www.ctc.ca.gov</a>.



# RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

In consideration for being allowed to participate in the Teacher Education Program as part of the coursework, on behalf of myself and my next of kin, heirs, and representatives, I release from liability and promise not to sue the State of California, the Trustees of The California State University, California State University, Stanislaus, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic loss or emotional loss I may suffer because of my participation in the Teacher Education Program, including travel to, from and during the Teacher Education Program.

I am voluntarily participating in the Teacher Education Program. I am aware of the risks associated with traveling to/from and participating in the Teacher Education Program, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Teacher Education location(s) or facilities. Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Teacher Education Program, including travel to, from and during the Teacher Education Program.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, which may occur as a result of my participation in the Teacher Education Program, including travel to, from and during the Teacher Education Program. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I am required to carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Teacher Education Program, including travel to, from and during the Teacher Education Program.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Name of Credential Student (PRINT):	
Student Signature:	_Date:

College of Education, Kinesiology & Social Work | Department of Teacher Education

One University Circle | DBH 330 | Turlock, CA 95382 | **T** 209.667.3357 | **F** 209.667.3358 | csustan.edu/teacher-education A proud member of the 23-campus California State University system.