

Application Deadlines:

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



CALIFORNIA STATE UNIVERSITY

Stanislaus

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 Middle Maiden/Former Name

Date of Birth _____ Mailing Address _____
Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact Name: _____ Phone Number (____) _____

CSU Stan E-mail _____ Other Email _____

Please indicate your undergraduate program: **ITCO** **Regular Liberal Studies (Early Start applicant)**

School Site: Choose preferred one only ☐ Turlock Campus ☐ Stockton Campus (MSCP Only)

Please select your program pathway: ☐ Full-time ☐ Part-time

Please select the Credential Program you are applying for:

Multiple Subject

Education Specialist - Select one: Mild/Moderate Extensive Support Needs (ESN)

Concurrent Program: Select one: Mild/Mod & Multiple Subject ESN & Multiple Subject

Have you ever been convicted or ever pleaded "nolo contendere" for any violation of the law other than minor offenses?

☐ No ☐ Yes - If yes, please contact the program coordinator.

Please select program choice (Multiple and Concurrent Applicants Only):

____ Credential without a language specialization (no special authorization) – for students who speak only English.

____ Credential with a Spanish Bilingual Authorization (for students who speak, read, and write Spanish).

____ Credential with a Southeast Asian Bilingual Authorization (for students who speak, read, and write Lao, Hmong or Cambodian).

Please indicate language _____

List EVERY Junior/ Community College and University you have ever attended including Stanislaus State. Start with most recent.

Name/City/State of Institution Attended	Dates Attended	
	From	To
	From	To
	From	To
	From	To
	From	To

VERIFICATIONS/AUTHORIZATIONS

I certify that I have read all the information in the program handbook for which I'm applying. I agree to abide by all the policies and procedures. I will attend all the orientation meetings required for the program. I agree to inform Credential Services of any information pertinent to my status as a student in the credential program, including change of name, address, phone number, or email. I authorize CSUS to release any information from my records, which is needed by the California Commission on Teaching Credentialing (CCTC), and/or school district where I might teach, to determine my fitness and/or eligibility to teach. I certify that all the information submitted in this application is correct. I acknowledge meeting the computer competency requirement.

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): _____

Contact Phone Number: _____

Please check items that apply: ☐ I have taught candidate ☐ I have supervised candidate
☐ I know candidate well

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					

Based on your knowledge of the candidate, why do you think this person will or will not become an effective teacher? Please explain your response. (Please provide additional page if you run out of space.)

Reference Signature

Date

Organization or affiliation

Position

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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 not prerequisites. Fill in completed required courses or an **APPROVED** equivalent.

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

[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 OR NURS 1040)					
Second Language Experience (3 semester units of the same language or equivalent experience)					
EDMS 4100 Foundations of Ed in Diverse Society OR LIBS 3200					
EDMS 4150 OR ENGL/LIBS 4800 taken Fall 2016 or after, Non-BILA Students Only OR EDUC/LIBS 4400 (BILA Only)					
EDUC 4460 - Cultural Views of Bilingualism (Spanish BILA Students Only)					
EDIT 4170 OR LIBS 4170					
KINS 4165 OR EDMS 4165					
EDSE 4160 OR 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 OR PSYC/CDEV 3240) OR approved equivalent.					
Introduction to Special Education (CSUS - EDSE 4310)					

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>

Acceptable exams 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

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 credentials@csustan.edu. If you are NOT a Stan State graduate, please include your college transcripts with your BSR form.

Last Name: _____ First Name: _____ Student ID: _____

Date of Birth: _____ Student Email: _____ Program: _____

READING

Course Name	School Where Taken	Semester and Year Completed	Grade

OR Exam: _____ ⇒ MUST INCLUDE EXAM SCORE REPORT WITH FORM

WRITING

Course Name	School Where Taken	Semester and Year Completed	Grade

OR Exam: _____ ⇒ MUST INCLUDE EXAM SCORE REPORT WITH FORM

MATH

Course Name	School Where Taken	Semester and Year Completed	Grade

OR Exam: _____ ⇒ MUST INCLUDE EXAM SCORE REPORT WITH FORM

Subject Matter Competency (SMC) Verification Form

Effective 7/9/2021, Assembly Bill (AB) 130 expanded the options available to fulfill Subject Matter Competency (SMC). SMC can now be fulfilled by completion of an academic major that is an exact match for the content area of the credential being sought.

For the **Multiple Subject Credential Program**, the major must be in:

- Liberal Studies

For the **Single Subject Credential Program**, the major must be in:

- Art, Business, English, Foreign Language, Health Science, Mathematics, Music, Physical Education, Social Sciences, Science, **OR** Theatre

For the **Education Specialist Credential Program**, the major may be any of the acceptable majors for Multiple Subject or Single Subject.

- If applying for **Concurrent Multiple Subject/Education Specialist**, the major must align with the requirements for the **Multiple Subject** credential.

PROCESSING INSTRUCTIONS

Complete SECTIONS 1-3 below. Upload your SMC form to your Cal State Apply application. Your form will be reviewed along with your other application materials.

If you are applying to the credential program prior to the issuance of your bachelor's degree (i.e. you are in your final undergraduate semester), your SMC form will be approved *after* your degree has posted.

Early Start Libs students should also email their graduation evaluation (GAF) documents to credentials@csustan.edu

SECTION ONE

Last Name: _____ First Name: _____ Student ID: _____

Date of Birth: _____ Student Email: _____ Alt Email: _____

SECTION TWO

Indicate credential program: _____ If Single Subject, indicate content area: _____

SECTION THREE

Degree Type: _____ Degree Major: _____

Institution: _____ Semester and Year of Graduation: _____

OFFICE USE ONLY

For Liberal Studies Majors, select one:

Student has completed CTC-Approved Elementary Subject Matter Preparation Program

Student has completed Liberal Studies major only (no ESM program)

Credential Analyst signature: _____ Date: _____

Credential Analyst name: _____

ETHNIC IDENTITY FORM

Name: _____

Gender: _____

Please enter a number from the list below: _____

1. American Indian or Alaska Native	6. Native Hawaiian or Other Pacific Islander
2. 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 valid 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 <http://www.ctc.ca.gov>. 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 <http://www.ctc.ca.gov>.

**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: _____