CREDENTIAL REQUEST INSTRUCTIONS

Please submit the following:

- Credential Request Form- the form should contain an original signature. Do not copy nor fax the form!
- Items, not previously submitted, under the selected list(s) below.
- Copy of credential fee payment, see fee payment instructions on page 2.
- Required employment forms (all of which are in italics below) may be obtained from the CA Commission on Teacher Credentialing (CTC) website at www.ctc.ca.gov, or from our website at http://go.sdsu.edu/education/oss/forms.aspx. Forms must have an original signature from authorized personnel at the employing agency.

### BASIC PROGRAMS

- Multiple Subject (SB 2042)
  - RICA
  - CPR Certification- adult, child, and infant

- Single Subject (SB 2042)
  - CPR Certification- adult, child, and infant

- Clear Multiple Subject or Single Subject (SB 2042)
  - Copy of any course waivers or substitutions (only if applicable)

### ADMINISTRATIVE SERVICES

- Certificate of Eligibility
  - Verification of Experience on form CL41-Exp (5 years)
  - CBEST
- Preliminary
  - Verification of Employment as an Administrator Form CL 777 (only if employment is being offered)

- Clear
  - Verification of Experience Form CL 41-Exp (2 years of experience as an Administrator, while holding the Preliminary Admin. Credential)

### EDUCATION SPECIALIST

- Preliminary
  - RICA (not required for Early Childhood)
  - CPR Certification- adult, child, and infant

- Clear or Level II
  - CPR Certification- adult, child, and infant (Level II)
  - Verification of Experience Form CL 41-Exp (2 years of experience required for Level II only)
  - Copy of Final Program Clearance-PCIP (Level II)
  - Copy of Final Program Clearance- IIP (Clear)

### OTHER SERVICES AND SPECIALISTS

- Pupil Personnel Services
  - CBEST
  - Program Clearance signed by advisor

- Reading Certificate
  - Verification of Experience Form CL 41-Exp (3 years of teaching experience)
  - Program Clearance signed by advisor

- Reading & Language Arts Specialist
  - Verification of Experience Form CL 41-Exp (3 years of teaching experience)
  - Program Clearance signed by advisor

- School Nurse Services
  - Valid RN license
  - Program Clearance signed by advisor
  - Verification of Experience Form CL 41-Exp (2 years of experience as a school nurse)

- Speech Language Pathology Services
  - CBEST
  - Program Clearance signed by advisor

### OTHER AUTHORIZATIONS

- Autism Spectrum Disorder (ASD) Authorization
  - No additional items needed

- Emotional Disturbance Authorization
  - No additional items needed

- Early Childhood Authorization
  - No additional items needed

- Bilingual Authorization
  - Copy of CSET-LOTE exams, if applicable
FEE PAYMENT INSTRUCTIONS

The College of Education charges a $25.00 non-refundable fee for evaluation services. The following payment methods are available. Payments are not accepted at the Office of Student Services, EBA-259.

Online Payment:

- Go to the Student Account Services website at http://bfa.sdsu.edu/fm/co/sfs/
- Select Online Student Account Services and login to your account using your WebPortal login information
- Select Make Payment (at the top menu bar)
- Select College of Education Fees Menu and then select the preliminary teacher evaluation fee and Add to Basket to proceed
- Select your method of payment from the options (the Cashiers Office accepts electronic checks and credit cards) and then select Continue Checkout
- Complete the online payment and submit a copy of the receipt (or email verification) with your Credential Request Form

Payment in Person:

- If you are paying in person, fill out the bottom portion of this page and take it to the University Cashiers Office located in the Student Services West (SSW) building, room 2536.
- Submit this page, with Cashiers Office stamp, as proof of payment with your Credential Request Form.

Credential Request Fee Payment
CRED 12021

**Payments should be made payable to San Diego State University. The Cashiers Office accepts cash, checks, and debit cards.**

Student Name: __________________________________________ (Official name on record with the University)

Student RED ID Number: ________________________________

Phone Number: ________________________________

Date: ________________________________
## CREDENTIAL REQUEST FORM

Full Legal Name & Mailing Address as it Appears on Your SDSU Transcript (Please Print Clearly)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

RED ID #: __________________________ Email Address: __________________________

Social Security #: __________________________ Primary Phone #: (______)__________-__________

Date of Birth: _____ / _____ / ______ Secondary Phone #: (______)__________-__________

Please check (√) the appropriate box(es) in each applicable column.

<table>
<thead>
<tr>
<th>I am Applying for:</th>
<th>Type of Credential:</th>
<th>Other Authorizations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Eligibility</td>
<td>Multiple Subject:</td>
<td>Bilingual Authorization</td>
</tr>
<tr>
<td>Preliminary Clear Level II</td>
<td>Bilingual:</td>
<td>Language:______________</td>
</tr>
<tr>
<td>Clear</td>
<td>Single Subject:</td>
<td>Added Authorizations in Special Education</td>
</tr>
<tr>
<td>Level II</td>
<td>Subject(s):</td>
<td>Autism Spectrum Disorder (ASD)</td>
</tr>
<tr>
<td></td>
<td>Bilingual:</td>
<td>Emotion Disturbance</td>
</tr>
<tr>
<td></td>
<td>Education Specialist:</td>
<td>Early Childhood</td>
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<tr>
<td></td>
<td>Early Childhood</td>
<td>Mild/Moderate</td>
</tr>
<tr>
<td></td>
<td>Administrative Services</td>
<td>Moderate/Severe</td>
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<td></td>
<td>Pupil Personnel Services:</td>
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<td></td>
<td>School Counseling</td>
<td>School Psychology</td>
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<tr>
<td></td>
<td>School Social Work</td>
<td>Child Welfare &amp; Attendance</td>
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<tr>
<td></td>
<td>Reading Certificate</td>
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<td></td>
</tr>
</tbody>
</table>

Other Authorizations:

- [ ] Bilingual Authorization
- [ ] Language:______________
- [ ] Added Authorizations in Special Education
- [ ] Autism Spectrum Disorder (ASD)
- [ ] Emotion Disturbance
- [ ] Early Childhood
- [ ] Multiple/SINGLE Subject
- [ ] With Preliminary Application Only
- [ ] Supplementary Authorization
  - Subject(s):______________
  - Supplementary Authorization Subject(s):______________
- [ ] Subject Matter Authorization
  - Subject(s):______________
  - Subject Matter Authorization Subject(s):______________

**OFFICE USE ONLY:**

Student Signature: __________________________

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College of Education Credential Request Form--- Version 2.2013. This document contains level 1 protected data.

Last update: 9.18.13 by L. McCully--- San Diego State University