



CSUMB ID # \_\_\_\_\_

**INFORMATION COVER SHEET**

All information below is **REQUIRED**. Attach this form to the front of your application packet. All items listed on the Application Checklist should be submitted to the CSUMB Credential Analysts as a complete packet.

**FULL NAME:** \_\_\_\_\_

**Full Social Security Number:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PERMANENT email address:** \_\_\_\_\_

(IMPORTANT: Check to be sure the CTC has a PERMANENT email address on file for you at [www.ctc.ca.gov](http://www.ctc.ca.gov) by logging in on the Educator Login button and updating your information if needed. The CTC sends all emails regarding your credential to the email address they have on file.)

**JOIN THE ALUMNI CLUB:** Check this box to receive information from Dr. Erin Ramirez about our new Alumni Club! Participants will receive information regarding various events (professional development, networking, social events) at the permanent email address provided above.

**Level of credential:**  Intern  Preliminary  Clear  Certificate of Eligibility  Added Auth.

**Program:**  Multiple Subject  Single Subject  Special Education  Mild/Mod  Mod/Severe  
Single Subject Area \_\_\_\_\_  
 School Psychology  School Social Work  Administrative Services  
 Bilingual Authorization  Other Authorization \_\_\_\_\_

Is this your first credential?  YES  NO, I already hold a Preliminary or Clear credential.

Were you an intern or co-teacher?  Intern  Co-teacher

How did you satisfy the Basic Skills Requirement (Check one):

CBEST  CSET plus Writing  Out of State exam  CSU EAP English & Math  SAT or ACT

How did you satisfy Subject Matter Competency (Check one):

CSET Which CSET did you pass? \_\_\_\_\_

OR

Subject Matter Program (A copy of your signed waiver letter must accompany this application.)

Did you receive a  B.A. OR  B.S. degree? List major: \_\_\_\_\_

College where you obtained your Bachelor's degree: \_\_\_\_\_

Have you already accepted a teaching job offer?  No  Yes Where? \_\_\_\_\_

Privacy Act Information Release: (Please check one)  I wish  I do NOT wish to have information released to prospective/current employers, school districts, or county Offices of Education concerning my application packet. (No personal information is released.)

**Electronic or written signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do not write below this line.

Recommended Credential: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expire date: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> CMS	<input type="checkbox"/> Rec Log
<input type="checkbox"/> Title II	
<input type="checkbox"/> Check # _____	
Revised 10/14/2019	