

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

## INFORMATION COVER SHEET

This form is to be used for the following credential applications:  
Administrative Services, School Psychology, School Social Work

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: \_\_\_\_\_ (The state requires an SSN for processing all credentials.)

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

Permanent email address: \_\_\_\_\_  
(IMPORTANT: Check to be sure the CTC has this same email address on file for you. Login at [www.ctc.ca.gov](http://www.ctc.ca.gov) and update 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 about our Alumni Club.

Level of credential:  Intern (*School Psych only*)  Preliminary  Clear  Certificate of Eligibility (*Admin. Svcs. only*)

Program:  School Psychology  School Social Work  Administrative Services

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

Where did you obtain your Bachelor's degree? \_\_\_\_\_

Where did you obtain your Master's degree? \_\_\_\_\_

Have you already accepted a job offer in the field?  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: \_\_\_\_\_  
\_\_\_\_\_

CMS  Rec Log

Revised 12/10/2019