

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: _____

First five digits of SSN: _____

Birthdate Year: _____

PERMANENT email address: _____

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

Your mailing address: _____

Phone: _____

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

Program: Multiple Subject Single Subject list subject Special Education

Single Subject Area _____ Mild/Mod Mod/Severe

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: _____

CMS Rec Log
 Title II
 Check # _____

Revised 12/4/2018