



Date Received: _____

TPAC Initial: _____

**SINGLE SUBJECT CREDENTIAL PROGRAM (SSCP)
 APPLICATION**

Teacher Preparation Advising Center, EED-67
 Phone: 562-985-1105

www.csulb.edu/sscp

Applicants must complete the entire application, except where indicated. Please type or print clearly, in blue or black ink. California State University, Long Beach, does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the programs or activities it conducts.

Credential Subject Area: _____ Application for: _____
 semester/year

CSULB Campus ID #: _____ Social Security # _____ Date of Birth ____ / ____ / ____
 mm dd yyyy

Name _____
 Last First M.I. Other Names

Address _____
 Number/Street Apt# City Zip Code

Phone (____) _____ Preferred Email: _____

CSULB Email: _____ @student.csulb.edu
 (Please be sure to check both addresses regularly. The program will use your preferred email however, the university will use your CSULB email.)

Bachelor's Degree Major: _____ Institution: _____

Highest Degree Earned: N/A Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree

Class Standing at Time of Admission to SSCP: Jr. Sr. Grad

Subject Matter Competence: Met In Progress *via* CSET Exam Degree Program Waiver Program

Field Experience Assignments in EDSS 300: Semester: _____ Year: _____

District	School	Cooperating Teacher	Subject
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your field experience activities (e.g., tutoring, correcting papers, leading discussions, etc.):

PREVIOUS EXPERIENCE WORKING WITH CHILDREN:

Indicate grade level, district, school, duration, subject, public or private school, etc. (e.g., teaching, subbing, tutoring, etc.). Include quasi-teaching experience (e.g., camp counselor, Sunday school teacher, scout leader, etc.):

APPLICANTS CURRENTLY TEACHING:

Please indicate your current teaching status: District Permit Substitute Permit Private School

<hr/> District	<hr/> School	<hr/> Subject Taught
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NOTE: To student teach in your classroom, you must teach at least three (3) classes in the subject that will be on your teaching credential (at least 1 class must be a different preparation from the other two), and you must be located within the CSULB service area. These do require approval from your subject area coordinator and from the Single Subject Credential Program University Coordinator. Visit the Teacher Preparation Advising Center, ED1-67, for more information.

APPLICATION CHECKLIST
Incomplete Applications Will NOT Be Accepted

The items listed below should be submitted as the "application packet" to your EDSS 300 instructor. You will create two (2) packets; one packet will include all of the originals and the second packet will be a copy of the original packet. Both packets must be submitted to your EDSS 300 instructor. We also strongly encourage you to keep a copy of the entire packet for your own records.

Use the Checklist below to ensure all items are included

Office Use Only

<input type="checkbox"/> Program Application pages 1-4 – Completed and signed on page 3 by the candidate	<input type="checkbox"/>
<input type="checkbox"/> Advisement Confirmation/ Program Planner – Completed and signed by the candidate and Advisor	<input type="checkbox"/>
<input type="checkbox"/> Written Statement of Professional Goals and Philosophy of Education	<input type="checkbox"/>
<input type="checkbox"/> Two (2) Applicant Recommendation Forms – completed and signed by the candidate and the recommender.	<input type="checkbox"/> Recommendation Form 1 <input type="checkbox"/> Recommendation Form 2
<input type="checkbox"/> GPA Review and Unofficial Transcripts	<input type="checkbox"/> Date: _____ Overall GPA: _____ Last 60 unit GPA: _____
<input type="checkbox"/> Photocopy of current TB Test taken within the last 4 years or clear chest x-ray taken within the last 8 years.	<input type="checkbox"/> Skin Test / X-Ray (circle one) Expiration date: _____
<input type="checkbox"/> Proof of Basic Skills (circle one) CBEST EAP EPT/ELM ACT AP SAT <i>We do not receive test scores from the testing agency. Please provide a copy of your official test scores. Unofficial score report printout from CBEST website will not be accepted. For information on required official documentation go to http://www.ced.csulb.edu/tpac/basic-skills-requirement.</i>	<input type="checkbox"/> Attempted / Passed (circle one): Basic Skills Type: CBEST EAP EPT/ELM ACT AP SAT
<input type="checkbox"/> Proof of Subject Matter Competence CSET Exam Pass Date or Date of Future Exam _____ Or Subject Matter Program Completed or in Progress at _____	<input type="checkbox"/> SMPP / CSET (circle one) Subtest I Passed: _____ Subtest II Passed: _____ Subtest III Passed: _____ Subtest IV Passed: _____
<input type="checkbox"/> Certificate of Clearance <i>(Attach a copy of a valid Certificate of Clearance OR a current CA Sub Permit printed from the CTC website showing the document number, issuance date and expiration date. The email and printer friendly version are NOT acceptable.)</i>	<input type="checkbox"/> C of C / Sub Permit (Circle one) Expiration date: _____
<input type="checkbox"/> College of Education Self-Assessment of Professional Dispositions	<input type="checkbox"/>
<input type="checkbox"/> EDSS 300 Instructor Assessment – will be included by your EDSS 300 Instructor Attended EDSS 300 SSCP Orientation: _____	<input type="checkbox"/>
<input type="checkbox"/> Fieldwork Evaluation Form – will be included by your EDSS 300 instructor	<input type="checkbox"/>
<input type="checkbox"/> Candidate Interview Report – Will be included by your EDSS 300 Instructor	<input type="checkbox"/>
<input type="checkbox"/> EDSS 300 Completed or In Progress (Requires "B" or better) <i>Highlight this course on your transcript or indicate enrolled this semester</i>	<input type="checkbox"/> Semester/Year/Grade _____/_____/_____

I certify that the information in this application is true, complete and accurate. I understand that my misrepresentation will be cause for denial of admission. I certify that all required items are enclosed with this application. Incomplete applications will be denied.

Signature of applicant: _____ Date: _____

APPLICANTS: DO NOT WRITE IN THIS BOX

