

Upon program approval, submit this form to the Credential Center, EED-42.

Type or print clearly, your name and email address as listed on your CTC Educator profile:

Last Name

First Name

Email as listed on your CTC Educator Profile (may not use CSULB email)

CSULB ID#

Please read and initial the following statements.

- I understand that this university internship document will only remain valid while I am enrolled in credential program coursework, maintain employment at the designated district, and remain in good standing with my program. _____
- I am able to pay for my credential document with a credit card. _____
- I understand that I must apply and complete payment for my intern credential, on the CTC website, within five business days of receiving my CTC Recommendation email. _____
- I authorize the Credential Center at CSULB to release information regarding the issuance of my credential to school districts and/or county offices of education for the purpose of my employment. _____

Check the credential(s) and/or authorization(s) you are applying for:

Teaching Credentials

- Preliminary Education Specialist (Mild/Moderate or Moderate/Severe): _____
- Preliminary SB2042 Multiple Subject
- Preliminary SB2042 Single Subject in: _____

Service Credentials

- PPS-School Counseling
- PPS-School Psychology

Signature _____ Date _____