

All CSULB credential candidates are required to open a file with the College of Education Credential Center, a Commission on Teacher Credentialing-approved program sponsor.

**To open your credential file and receive an initial credential evaluation, please submit the following items to the Credential Center, EED-42:**

- Credential Evaluation Request Form (page 2 of this handout).
- \$25.00 check or money order made payable to “CSU, Long Beach”.
- Credential Request for Recommendation Form (page 3 of this handout).
- CPR – Include a photocopy of both sides of your valid, signed CPR card.
- Official Transcripts (current and sealed) **except CSULB**.
  - Transcripts from institution(s) where coursework was taken for the Clear credential, except CSULB. These transcripts must verify completion of 30 upper-division post-graduate semester units and CTC-approved coursework in Technology/Computer Education, Health Education, and Special Education. You may also be required to complete the Advanced English Learner class.
- Preliminary Credential – CTC printout of your preliminary credential, showing authorizations and issuance/expiration dates.

**Please Note:**

- We cannot make copies for you. A photocopy machine is available for your use in the EED Lobby.
- CSULB financial holds must be cleared prior to submitting your application.



Upon completion of all credential requirements, submit this form (as well as any outstanding items) 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 (may not use CSULB email address) | CSULB ID#  |

**Please read and initial the following statements.**

- The above email address is on file with the CTC and will be valid for at least 90 days. \_\_\_\_\_
- I will watch for an email from the CTC ( [donotreply@ctc.ca.gov](mailto:donotreply@ctc.ca.gov) ) containing directions and deadline to log in to my CTC Educator Profile and pay for my credential document. \_\_\_\_\_
- I am able to pay for my credential document with a credit card. \_\_\_\_\_
- I understand if I do not pay by the designated deadline, I may be subject to a new Credential Center fee. \_\_\_\_\_
- 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   | Service Credentials  |
|--|--|
| <input type="checkbox"/> Preliminary Education Specialist-Mild/Mod<br><input type="checkbox"/> Preliminary Education Specialist-Mod/Severe<br><input type="checkbox"/> Preliminary SB2042 Multiple Subject<br><input type="checkbox"/> Preliminary SB2042 Single Subject in:<br>_____<br><br><input type="checkbox"/> Clear Education Specialist<br><input type="checkbox"/> Ryan Clear Multiple Subject<br><input type="checkbox"/> Ryan Clear Single Subject | <input type="checkbox"/> Clear Administrative Services<br><input type="checkbox"/> Preliminary Administrative Services ( <i>must have offer of employment, otherwise Certificate of Eligibility will be issued</i> )<br><input type="checkbox"/> PPS-School Counseling<br><input type="checkbox"/> PPS-School Psychology<br><input type="checkbox"/> PPS-School Social Work & Child Welfare & Attendance<br><input type="checkbox"/> Speech-Language Pathology Services<br><input type="checkbox"/> Teacher Librarian Services |
| Authorizations   |  |
| <input type="checkbox"/> Adapted Physical Education<br><input type="checkbox"/> Autism Spectrum Disorders<br><input type="checkbox"/> Bilingual Authorization-Korean<br><input type="checkbox"/> Bilingual Authorization-Mandarin<br><input type="checkbox"/> Bilingual Authorization-Spanish<br><input type="checkbox"/> Bilingual Authorization-Vietnamese   | <input type="checkbox"/> Reading and Literacy<br><input type="checkbox"/> Special Class Authorization – Digital Literacy<br><input type="checkbox"/> Supplementary/Subject Matter Authorization in:<br>_____<br>_____  |

Signature \_\_\_\_\_ Date \_\_\_\_\_