

CREDENTIAL REQUEST PROCESS

If you are in the last semester of your credential program and CSUN coursework is the only requirement left to complete, it is time to request your credential. Your recommendation will be submitted using the Commission on Teacher Credentialing online processing system, and requires an e-mail address and a credit card for payment. **Examination requirements, CPR Certification (if applicable) and coursework in progress at institutions other than CSUN must be completed prior to submitting the Credential Request.** Initiating this process at the beginning of your last semester of coursework will insure timely processing. **Note: *Individuals requesting the issuance of an Intern Credential*** will not necessarily be in their last semester of coursework.

Important! Eligibility for a credential recommendation is based upon **all** components of your program. **Being placed in an assignment or even completing student teaching will not guarantee recommendation for the credential if other requirements are not met.**

The Process:

- **Complete the attached *Credential Request Form* and submit it to the Credential Office.**
- **Include with your request the items specified in the appropriate checklist on the reverse side of this page.** Please note that there is no need to duplicate materials that have been previously submitted. (*Transcripts from institutions other than CSUN must be official and in sealed envelopes. Employment forms must have appropriate signatures. Exam and CPR documentation should be photocopied. For CPR, please provide a copy of the front and back of your card.*) We do not accept online CPR.
- **The CSUN Credential Office will check documents, verify eligibility and recommend for the credential.** Requests will be processed in the order in which they are received. Depending upon volume, it may take several weeks before your file is processed. (*Requests submitted with coursework in progress will be partially processed, then held. Processing will be completed at the end of the semester when grades are posted and verification of successful completion of the TPA has been provided to us by the appropriate department office.*) If additional documentation is required you will be informed by e-mail.
- **Once the Credential Office has submitted the online recommendation you will be notified by CTC to complete the personal and professional fitness, and payment portions of the process.** Within a day or two CTC will forward you a payment confirmation number. **Provided there are no extenuating circumstances, CTC will send you an e-mail confirming that the credential has been issued. You will receive one additional notice; it will provide the details of your credential. This final notice is the one you will use for employment purposes.**
- **Your credential and all information relating to it will appear on the Commission website as granted once processing by CTC is complete.**

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, CREDENTIAL OFFICE
CREDENTIAL REQUEST INSTRUCTIONS

Please submit the following to the Credential Office:

All Programs:

- Credential Request Form
- Items listed under appropriate checklist
- Official Transcripts documenting completion of approved coursework taken at institutions other than CSUN which have not previously been submitted and apply directly to the credential

Multiple Subject

- RICA
- CPR Certification - Adult, Infant & Child
(Ryan Clear & SB 2042 Prelim.)

Single Subject

- CPR Certification – Adult, Infant & Child
(Ryan Clear & SB 2042 Prelim.)

Level I Education Specialist

- RICA (Not applicable for Early Childhood)
- Verification of employment as an Ed. Specialist *
(Preliminary Level I)
- CPR Certification – Adult, Infant & Child
(ITEP only)

- Adding EL to Level I ONLY** (Approved EL Auth. Eval. must be on file with Credential Office)

Level II Education Specialist

- CPR Certification – Adult, Infant & Child
- Verification of 2 years Ed. Specialist experience *
- Program Evaluation signed by the Level II Coordinator

Certificate of Eligibility (Administration)

- Verification of 3 years teaching experience *

Preliminary Administrative Services

- Verification of 3 years teaching experience *
- Verification of employment as an Administrator *

Clear Administrative Services

- Verification of 2 years administrative experience *

Adapted Physical Education Certificate

- Updated Program Evaluation signed by your Advisor

Pupil Personnel Services (No additional items needed)

Speech-Language Pathology Services (No additional items needed)

Reading and Language Arts Specialist

- Verification of 3 years teaching experience *
- Updated Program Evaluation signed by your advisor

Reading Certificate

- Verification of 3 years teaching experience *
- Updated Program Evaluation signed by your advisor

Resource Specialist

- Verification of 3 years teaching experience *
(Regular Ed. & Special Ed.)
- Updated Program Evaluation signed by your advisor

School Nurse Services

- Valid RN License
- Verification of 2 years School Nurse experience *
- Updated Program Evaluation signed by your advisor

CLAD (CTEL) Certificate – (No additional items needed)

Intern Credentials

- Bachelor's Degree
- Subject Matter (Not required for Early Childhood and PPS)
- U.S. Constitution (Not required for PPS)
- BSR (Basic Skills Requirement verification)
- Fingerprint Clearance
- Intern Authorization for Employment Form*
- Preservice Component Form
(Multiple, Single & SPED only)

Change of Restriction on Intern Credential

- Intern Authorization for Employment Form*

Employment and experience verification forms must contain appropriate signatures.

*** Forms can be obtained at the CSUN Credential Office or at our website:**

www.csun.edu/coe/cred/forms

CREDENTIAL REQUEST FORM

Applicant's Full Legal Name (as it will be printed on your credential document) **and Mailing Address:** *(Please print clearly)*

(First) *(Middle)* *(Last)*

(Street) *(City)* *(State)* *(Zip Code)*

All Former/Maiden Name(s): _____

Social Security #: _____ - _____ - _____ **Date of Birth:** ____/____/____

CSUN ID#: _____ **E-Mail:** _____

Home Phone: () _____ **Work or Cell Phone:** () _____

✓ **Please check the credential or certificate for which you are initiating a request.**

___ **Multiple Subject**
___ *(Ryan)* ___ *(SB 2042)*
___ *CLAD*
___ *BCLAD* _____ *(Language)*
___ *Intern*
___ *Change of Restriction ONLY*
___ *Preliminary*
___ *Clear*
___ *Supplementary Authorization*
___ *Subject(s):* _____
___ *Subject Matter Authorization*
___ *Subject(s):* _____

___ **Single Subject**
Subject(s): _____
___ *(Ryan)* ___ *(SB 2042)*
___ *CLAD*
___ *BCLAD* _____ *(Language)*
___ *Intern*
___ *Change of Restriction ONLY*
___ *Preliminary*
___ *Clear*
___ *Supplementary Authorization*
___ *Subject(s):* _____
___ *Subject Matter Authorization*
___ *Subject(s):* _____

___ **Education Specialist**
___ *MM* ___ *MS* ___ *EC* ___ *DHH*
___ *Intern*
___ *Change of Restriction ONLY*
___ *Certificate of Eligibility*
___ *Preliminary Level I*
___ *Clear Level II*
___ *Adding EL Authorization ONLY*

___ **Administrative Services**
___ *Certificate of Eligibility*
___ *Preliminary*
___ *Clear*

___ **Reading and Language Arts Specialist**

___ **Pupil Personnel Services**
___ *Psychology* ___ *Counseling*
___ *Intern*
___ *Change of Restriction ONLY*
___ *Clear*

___ **Reading Certificate**

___ **Speech-Language Pathology Services**
___ *Language, Speech & Hearing*
___ *Special Class Authorization*

___ **Resource Specialist**

___ **School Nurse Services**

___ **CLAD Certificate (CTEL Coursework)**

___ **Adapted Physical Education Certificate**

Date Submitted: _____

Student Signature: _____