



CHECKLIST FOR PRELIMINARY SPEECH-LANGUAGE PATHOLOGY SERVICES TO CLEAR SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL APPLICATION

*Please use this checklist to verify that your credential application is complete, then **SUBMIT ALL ITEMS TO THE CREDENTIALS OFFICE, EUREKA 414.** The Credential Analyst will initiate the online process once your application materials are received and evaluated in our office. This will trigger an email to you to go online and pay at a secure website.*

- _____ 1. Update to your preferred email address on the CTC Website.
The CTC requires the creation of a User ID and Password now to access your information and pay for your credential. To prevent delays in receiving information please complete this and update your email information as soon as possible.
- _____ 2. The credential request form is completed
- _____ 3. **Option 1** – Verification of Exam Scores & Clinical Experience
 - a) Verification of passing score of 162 on the Educational Testing Services (ETS) Praxis II Speech-Language Pathology Test (Test code 5331) <http://www.ets.org/praxis/ca/requirements> .
 - b) Verification of completion of 36-week Clinical Fellowship Year (CFY) on either : a) required Professional Experience Form 77V-21 from the California Speech-Language Pathology and Audiology Board

OR

Option 2 – Photocopy of license issued by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

OR

Option 3 – Photocopy of American Speech-Language-Hearing Association (ASHA) verification of certification letter.
- _____ 4. Your fee will be \$100.00 + 2.50 (processing fee) = \$102.50 to be paid online with a credit card once you receive your first email.

You will receive a series of 4 emails, the 1st one directs you to a secure CTC website to pay and complete the Professional Fitness and Oath and Affidavit. The 4th email will serve as the Letter of Verification or C-19 letter. Please forward a copy to your employer.

If you have any questions regarding the application process, please call the Credentials Office at (916) 278-4567 or email me at echristian@csus.edu .

OUR MAILING ADDRESS:

**CSUS Credentials Office
College of Education, Eureka 414
6000 J Street
Sacramento, CA 95819-6079**

FAX: 916 278-5550



California State University, Sacramento
College of Education, Credential Analysts' Office
 6000 J Street • Eureka Hall 414 • Sacramento, CA 95819-6079
 (916) 278-4567 • (916) 278-5550 FAX
 www.csus.edu/coe

CREDENTIAL REQUEST FORM

Applicant's Full Legal Name and Address as it will be printed on your credential document.			
First Name	Middle Name	Last Name	Social Security #
Street:		City:	State: Zip:
E-mail:		Home phone #	
		Work phone #	
All Former/Maiden Name(s):		Date of Birth	
Please check the credential or certificate for which you are initiating a request.			
<input type="checkbox"/> <u>Multiple Subject (Ryan)</u> <input type="checkbox"/> Clear <input type="checkbox"/> Supplementary or Subject Matter Authorization _____ <input type="checkbox"/> <u>Single Subject (Ryan)</u> Subject(s): _____ <input type="checkbox"/> Clear <input type="checkbox"/> Supplementary or Subject Matter Authorization _____	<input type="checkbox"/> <u>Education Specialist</u> <input type="checkbox"/> Mild/Moderate Disabilities <input type="checkbox"/> Moderate/Severe Disabilities <input type="checkbox"/> Early Childhood Spec Ed (ECSE) <input type="checkbox"/> Clear Level II <input type="checkbox"/> <u>Administrative Services</u> <input type="checkbox"/> Intern <input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> Preliminary <input type="checkbox"/> <u>Speech-Language Pathology Services</u> <input type="checkbox"/> Preliminary <input type="checkbox"/> Clear <input type="checkbox"/> Special Class Authorization	<input type="checkbox"/> <u>Pupil Personnel Services</u> <input type="checkbox"/> School Counseling <input type="checkbox"/> School Psychology <input type="checkbox"/> School Social Work <input type="checkbox"/> Intern <input type="checkbox"/> Clear <input type="checkbox"/> <u>Reading Certificate</u> <input type="checkbox"/> <u>Reading & Language Arts Specialist</u> <input type="checkbox"/> <u>School Nurse Services</u> <input type="checkbox"/> Clear <input type="checkbox"/> with STAH	

I authorize the California State University, Sacramento Credential Analyst to release information concerning my credential application to appropriate inquiring school districts and to forward my credential application and supporting materials to the Commission on Teacher Credentialing for issuance of the credential I have requested.

Signature _____

Date _____

CredRequestFormMSSSEdSpec12/06/16