# CHECKLIST FOR PRELIMINARY 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 CALIFORNIA COMMISSION ON TEACHER CREDENTIALING (CTC).** Your employer may also accept your application and send it to the CTC for you.

_____ 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.  CTC application 41-4 completed
https://www.ctc.ca.gov/docs/default-source/leaflets/414.pdf?sfvrsn=24453907_42

_____ 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.  A check or money order for $100.00 made out to the "CTC".

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

**CTC MAILING ADDRESS:**

> **Commission on Teacher Credentialing**
> **Certification Division**
> **1900 Capitol Ave.**
> **Sacramento, CA  95811-4213**