



CHECKLIST FOR THE PRELIMINARY SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL APPLICATION

Please use this checklist to verify that your credential application is complete, then **SUBMIT ALL ITEMS to the Credential Analyst Office, by email to echristian@csus.edu or by mail.** The Credential Analyst will initiate the online process once your application materials are received and evaluated in our office.

- _____ 1. Update to your preferred email address on your My Sac State and on the CTC Website.
Go to the CTC website at <http://www.ctc.ca.gov/> . Then click on the "Educator Login" button. If you have not done so already, you will need to create a User ID and Password before you may update your email address.

- _____ 2. The Credential Request Form is completed

- _____ 3. **"Completion of Work"** form is properly filled in and signed by your **Communication Sciences and Disorders department Chair.**

- _____ 4. Master's degree in **Communication Sciences and Disorders** posted on your transcript (this may take about 4-6 weeks after the completion of the semester), as required by the CTC.

- _____ 5. 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.

All the above items may be brought to EUR 414, emailed to Elizabeth Christian at echristian@csus.edu , or mailed to the Credential Analyst Office.

Once the above items have been received and verified as complete you will receive a series of 3 emails; the 1st one directs you to a secure CTC website to pay and complete the Professional Fitness questions. The 2nd email is your payment receipt. The 3rd email lets you know that your credential has been granted and posted on the CTC website.

For questions about the application process, please contact the Credential Analyst Office at (916) 278-4567 or email me at echristian@csus.edu

OUR MAILING ADDRESS:

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



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	Student ID #
Street:		City:	State: Zip:
E-mail:		Primary Phone #	
		Alternative Phone #	
All Former/Maiden Name(s):			
Please check the credential or certificate for which you are initiating a request.			
<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"/> 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>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 _____

Please Note: Your full Social Security number and Date of Birth is required to recommend you for a credential. If what we have on file is incomplete or does not match what is on record with the CTC then we will need to contact you.

Office Use Only
SSN
DOB

Completion of Work for Speech-Language Pathology Services Credential

Please complete and sign the following appropriate statement(s):

This is verification the (applicant's name) has completed all requirements for the Speech-Language Pathology Services Credential (language, speech and hearing).

Signature, Department Chair of Speech Pathology Date

This is verification that, upon successful completion of the following coursework, (applicant's name) will have completed all requirements for the Speech-Language Pathology Services Credential.

Course No.	<input type="text"/>
Course No.	<input type="text"/>
Course No.	<input type="text"/>

Title	<input type="text"/>
Title	<input type="text"/>
Title	<input type="text"/>

Signature, Department Chair of Speech Pathology Date

For Special Class Authorization

This is verification that the above named applicant has completed the required competencies to have the authorization to teach special classes for students with disabilities in the area of speech and language impairment as listed on the Speech-Language Pathology Services Credential OR will have completed the competencies upon successful completion of the above courses and additional requirements listed below.

- SPHP 295D
- RICA(Reading Instruction Competence Assessment)
- Subject Matter Competency: CSET exam (Multiple Subject or Single Subject in the areas of Art, English, Foreign Language, Mathematics including Foundational-Level Mathematics, Music, Social Science, or Science including Specialized Science or Foundational-Level General Science)

Signature, Department Chair of Speech Pathology Date