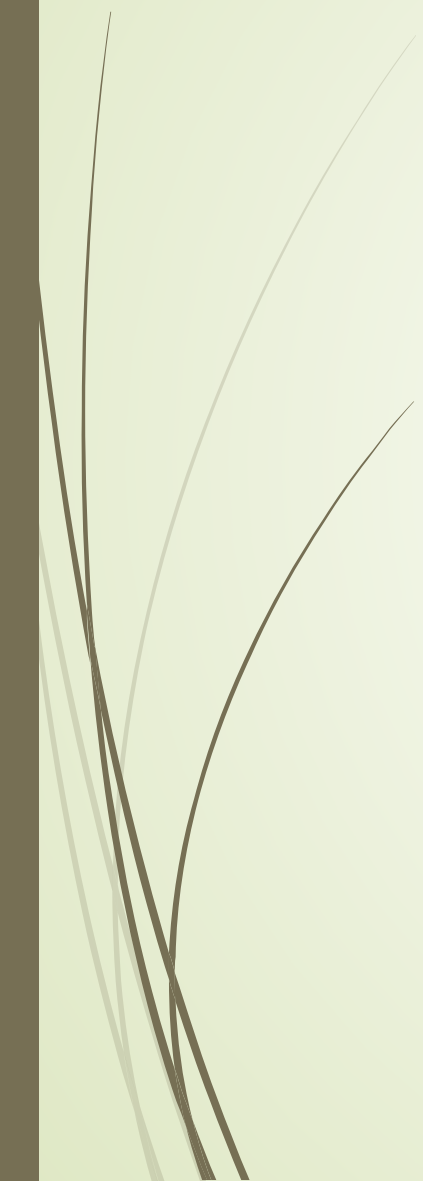


Credential Application Process

Elizabeth Christian, Credential Analyst



We Will Cover....

- Resources
 - How to apply for your Preliminary credential
 - How to pay for your credential
 - Clear Credential
 - Professional Practices
- 



RESOURCES

- Credential Analyst Office

- EUR 414 or (916) 278-4567 or credentials@csus.edu

- Monday – Friday 8 -12 and 1- 5

- Summer Hours 7:30 – 12 and 1-4

- Commission on Teacher Credentialing website

- <http://www.ctc.ca.gov>

Wrapping Up The Semester

- Make sure to “Like” the College of Education Facebook page <https://www.facebook.com/coesacstate> . We do post university news that may interest you.
- Update your personal email address on the CTC website. <http://www.ctc.ca.gov/> ➤ Educator Login

Applying for your credential

Submit all
Items together



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

Applying for your credential

Credential Request Form



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

CREREDENTIAL 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

Applying for your credential

Completion Of Work Form

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



Applying for your credential

- ▶ All items may be submitted to me by email, mail, fax or by bringing them into my office in EUR 414
- ▶ Issuance Date
 - ▶ Is the date that your completed application is received, and all work is completed.
- ▶ 1st Email - CTC will ask you to pay for credential
 - ▶ Always accept Pop-Ups !!!!
- ▶ 2nd Email - This will be your receipt of payment
- ▶ 3rd Email – Your credential is granted and posted on the CTC website.

Paying For Your Credential

The screenshot displays the homepage of the Commission on Teacher Credentialing. At the top left is the logo with ".GOV" and "Commission on Teacher Credentialing". To the right is a search bar with a magnifying glass icon. Below the logo is a dark blue navigation bar with white text and dropdown arrows for: Home, Credential Information, Program Sponsors, Employers, Educator Misconduct, and Data and Reports. The main content area features three large tiles: "Search for an Educator" (with a laptop and magnifying glass image), "Online Services for Agencies" (with a "SCHOOL" sign image), and "Renew Your Document" (with a classroom image). Below these is a row of five icons with corresponding text: a clipboard for "Apply for a New Document", a speech bubble for "Complete Your Program's Recommendation", a checkmark for "Clear Your Credential", a magnifying glass for "Explore Credential Requirements", and a right-pointing arrow for "Extend Your Credential". At the bottom left, a "Popular Links" section lists: "How to Print Your Document", "Create Your User ID and Update Your Credential File", "Credentials FAQ - General Questions", "Accreditation", "Standards: Common and Program", and "Out-of-State Applicants". On the bottom right, a dark blue "Educator Login" button is highlighted with a red arrow, with "Login Help" and "Application Status" links below it.

CA .GOV Commission on Teacher Credentialing

Search

Home Credential Information Program Sponsors Employers Educator Misconduct Data and Reports

Search for an Educator

Online Services for Agencies

Renew Your Document

Apply for a New Document

Complete Your Program's Recommendation

Clear Your Credential

Explore Credential Requirements

Extend Your Credential

Popular Links

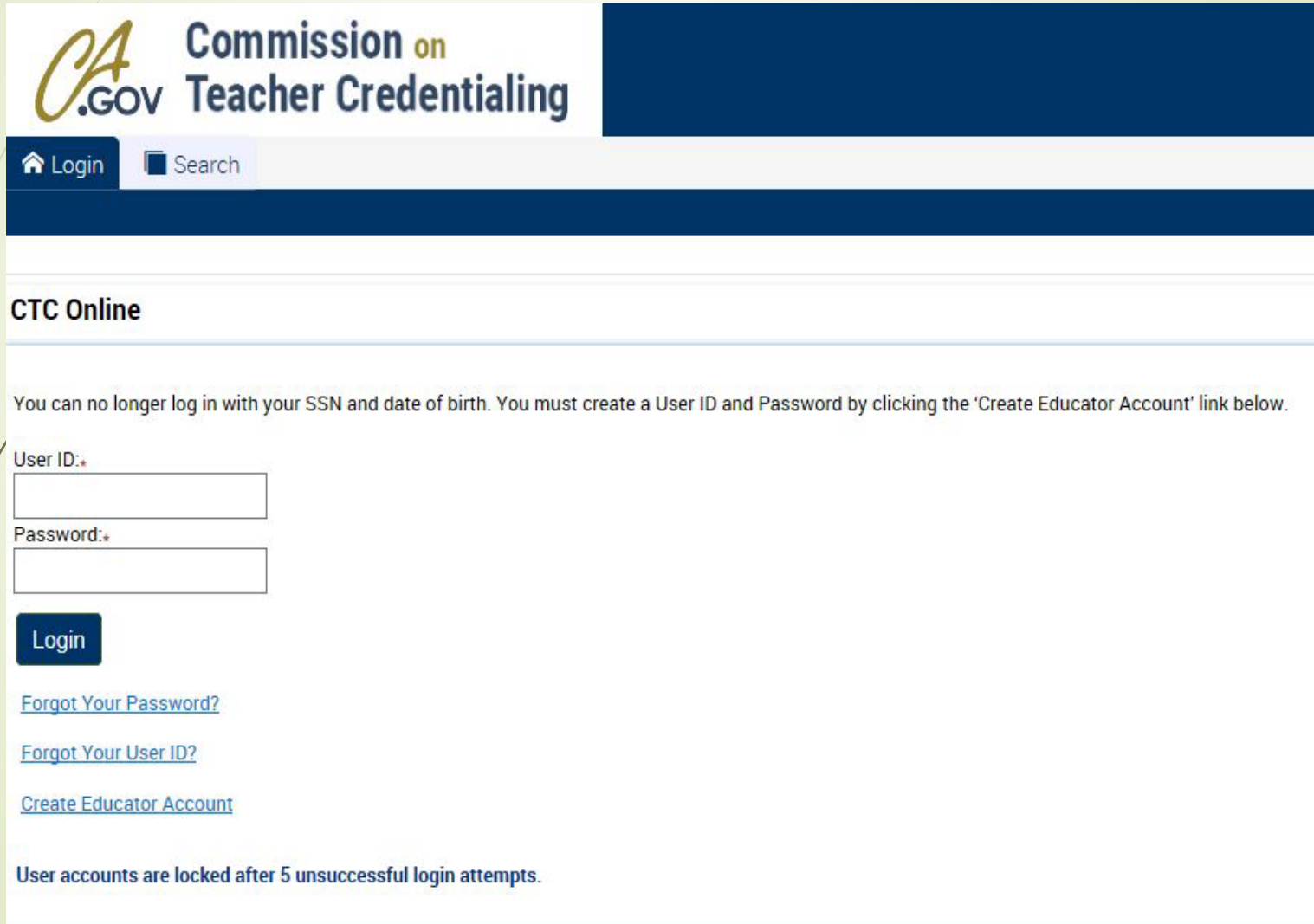
- > How to Print Your Document
- > Create Your User ID and Update Your Credential File
- > Credentials FAQ - General Questions
- > Accreditation
- > Standards: Common and Program
- > Out-of-State Applicants

Educator Login

Login Help

Application Status

Paying For Your Credential



The screenshot shows the login page for the California Commission on Teacher Credentialing. At the top left is the logo for CA.GOV Teacher Credentialing. Below the logo are navigation links for 'Login' and 'Search'. The main heading is 'CTC Online'. A message states that users can no longer log in with their SSN and date of birth, and must create a User ID and Password. There are two input fields for 'User ID:+' and 'Password:+'. Below these fields is a blue 'Login' button. There are three links: 'Forgot Your Password?', 'Forgot Your User ID?', and 'Create Educator Account'. At the bottom, a note states 'User accounts are locked after 5 unsuccessful login attempts.'

CA.GOV Commission on
Teacher Credentialing

[Login](#) [Search](#)

CTC Online

You can no longer log in with your SSN and date of birth. You must create a User ID and Password by clicking the 'Create Educator Account' link below.

User ID:+

Password:+

[Login](#)

[Forgot Your Password?](#)

[Forgot Your User ID?](#)

[Create Educator Account](#)

User accounts are locked after 5 unsuccessful login attempts.

Paying For Your Credential

Note: If you have any questions, please view the [CTC Online – Written Instructions for Application and Payment](#) page.

Last Name: THREE1234567890

First Name: TRAINING1

Middle Name: APPLICATION101

Last Known County of Employment: ALAMEDA COUNTY OFFICE OF EDUCATION

Adverse and

Note: Information on Adverse and Commission Actions is available for this educator if a flag is displayed. If the Deceased flag is displayed, the licensee is deceased.

Document

Application

Adverse and Commission Actions

Document Number	Document Title	Issue Date	Term
> 230000055	Certificate of Clearance	11/8/2023	
24192837	Career Technical Education Teaching Credential	2/29/2024	Preliminary
217.11006	Certificate of Clearance	8/2/2021	
230000044	Multiple Subject Teaching Credential	7/27/2023	

Complete Your Recommendation

Complete Your Renewal

Apply For a COC or ASCC



What Your Credential Will Look Like

CA.GOV Commission on Teacher Credentialing

Home Login Search

Document Number: [REDACTED]

Back Email Document

view the educator's public records (current documents, all documents held and Adverse and Commission Actions), click on the Educator's Last Name.

educator information:

Last Name: [REDACTED]
 First Name: [REDACTED]
 Middle Name: [REDACTED]

document information:

Document Number: [REDACTED]
 Document Title: Speech-Language Pathology Services Credential
 Term: Preliminary
 Status: Valid
 Issue Date: 7/28/2017
 Expiration Date: 8/1/2019
 Original Issue Date: 7/28/2017
 Grade:
 Special Grade:
 SB1969 (Title 5 §80487):

Authorization / Subjects 1 - 1 of 1

Authorization Code	Authorization Description	Subject Code	Subject Description	Major/ Minor	Added Authorization Date
LSH	This Speech-Language Pathology Services Credential in Language, Speech and Hearing authorizes the holder to conduct Language, Speech, and Hearing Assessments and provide Educational Services, provide specific learning disability area services related to speech and language, and special education services to individuals with language and speech impairments across the special education disability areas, to students from birth through age 22 in services across the continuum of program options available found in Section 80048.9.3.	LSH	Language, Speech and Hearing	MAJ	

Renewal Requirements 1 - 2 of 2

Please disregard any # signs you may see below and refer to the "Additional Description" column to the right for specific renewal requirements.

Renewal Code	Renewal Description	Additional Description
36EX	The holder must verify completion of a 36-week, full-time, mentored clinical experience or equivalent supervised practicum. Possession of a valid California Speech-Language Pathology License issued by the California Speech-Language Pathology and Audiology Board or an original Certification Letter from the American Speech-Language-Hearing Association (ASHA) verifying possession of a valid Certificate of Clinical Competence in Speech-Language Pathology satisfies this requirement	TC Code Not Required
SLPT	The holder must verify passage of the Educational Testing Services Praxis II Speech-Language Pathology Test. Possession of a valid California Speech-Language Pathology License issued by the California Speech-Language Pathology and Audiology Board or an original Certification Letter from the American Speech-Language-Hearing Association (ASHA) verifying possession of a valid Certificate of Clinical Competence in Speech-Language Pathology satisfies this requirement.	TC Code Not Required

Applying for your Clear credential

Submit all
Items together



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

Applying for your Clear credential

➔ Form 41-4

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

For Privacy Act Notification see [Application Instructions](#)

Appeal: _____		Route to: _____		IHE/County/District Use Only	
Commission Use Only: Fee Information				Issuance Date: _____	
APP	FP	Other		Email: _____	
1. PERSONAL INFORMATION (type or print)				CTC Use Only	
*Social Security or Individual Tax Identification Number: _____			*Date of Birth: (mm/dd/yyyy) _____		
*My Full Legal Name: _____					
First		Middle		Last	
All Former/Maiden Name(s): _____					
County of Employment (CA only): _____					
School District of Employment (CA only): _____					
*Address: _____					
*City: _____			*State: _____	*Zip: _____	
Home Phone: _____		Work Phone: _____		Mobile Phone: _____	
*Email Address: _____					
Gender: _____	Sexual Orientation: _____	Please select one of the options that best describes your race/ethnicity heritage:			
		Asian Groups: _____	Pacific Islander Group: _____	Other Groups: _____	
2. APPLICATION TYPE REQUESTED: (select only one option) * = Required Information					
_____			<input type="radio"/> Other: _____		
3. CHOOSE DOCUMENT TYPE: (make only <u>one</u> selection in this section)					
* = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.					
TEACHING CREDENTIALS:	SERVICES CREDENTIALS:	EMERGENCY PERMITS*:	SUBSTITUTE PERMITS:	CHILD DEVELOPMENT PERMITS:	
<input type="radio"/> Single Subject	<input type="radio"/> Administrative	<input type="radio"/> Limited Assignment*	<input type="radio"/> 30-Day Substitute	<input type="radio"/> Assistant	
<input type="radio"/> Multiple Subject	<input type="radio"/> Pupil Personnel	<input type="radio"/> Short-Term Staff*	<input type="radio"/> Career Substitute*	<input type="radio"/> Associate Teacher	
<input type="radio"/> Education Specialist	<input type="radio"/> Speech-Language Pathology	<input type="radio"/> Provisional Internship*	<input type="radio"/> Prospective Substitute	<input type="radio"/> Teacher	
<input type="radio"/> Career Technical (CTE)	<input type="radio"/> Teacher Librarian	<input type="radio"/> EM CLAD*	<input type="radio"/> Teaching Permit for Statutory Leave*	<input type="radio"/> Master Teacher	
<input type="radio"/> Adult Education	<input type="radio"/> School Nurse	<input type="radio"/> EM Bilingual*	<input type="radio"/> 30-Day CTE Substitute	<input type="radio"/> Site Supervisor	
<input type="radio"/> Other: _____	<input type="radio"/> Other: _____	<input type="radio"/> EM Teacher Librarian*		<input type="radio"/> Program Director	
		<input type="radio"/> EM Resource Specialist*		<input type="radio"/> Children's Center Permit	
				<input type="radio"/> School-Age Emphasis	
4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)					
<input type="checkbox"/> Multiple Subject (Elementary Teaching)	<input type="checkbox"/> English Learner Authorization	<input type="checkbox"/> Supplementary Authorization/Subject Matter Authorization: _____			
<input type="checkbox"/> Single Subject (Secondary Teaching):	<input type="checkbox"/> CLAD Certificate				
(Specify World Language-if applicable)	<input type="checkbox"/> Bilingual Authorization: (Specify Language)				
_____	_____				
<input type="checkbox"/> Special Education Specialty Areas:	<input type="checkbox"/> Pupil Personnel Services:				
_____	_____				
<input type="checkbox"/> CTE Industry Sector:					

<input type="checkbox"/> Adult Education Subjects:					

CTC Use Only					

