

Upon program approval, submit this form to the Credential Center, EED-42.

Type or print clearly, your name and email address as listed on your CTC Educator profile:

Last Name

First Name

Email as listed on your CTC Educator Profile (may not use CSULB email)

CSULB ID#

Please read and initial the following statements.

- I understand I must apply and complete payment for my University Intern Credential, on the CTC website, within five business days of receiving my CTC Recommendation email. _____
- I am able to pay for my University Intern Credential with a credit card. _____
- I understand my University Intern Credential is only valid while I am enrolled in credential program coursework. _____
- I authorize the Credential Center at CSULB to release information regarding the issuance of my credential to school districts and/or county offices of education for the purpose of my employment. _____

Check the intern credential you are applying for:

Teaching Credentials

- Education Specialist in: _____
- Multiple Subject
- Single Subject in: _____

Service Credentials

- PPS-School Counseling
- PPS-School Psychology

Signature _____ Date _____