

CREDENTIAL OFFICE
ONLINE CREDENTIAL RECOMMENDATION EVALUATION

Name of Applicant: _____ Student ID: _____

Email Address: _____

SSN: _____ DOB _____

CREDENTIAL TYPE

Administrative Services: ___ *Certificate of Eligibility* ___ *Preliminary*

CBEST _____ Valid CTC Document w/ELA: _____ CalAPA _____

Verification of Experience: _____

PPS: School Counseling ___ *Internship* ___ *Clear*

CBEST _____ Valid CTC Document: _____

PPS: School Psychology ___ *Internship* ___ *Clear*

CBEST _____ Valid CTC Document: _____

Internship: Beginning Date of Service: _____

Employing District: _____ CDS Code: _____

Speech Language Pathology: ___ *Preliminary* ___ *LHS*

CBEST: _____ Valid CTC Document: _____

Reading Specialist:

Valid Clear SS or MS Cred _____ 3 years of experience _____

EVALUATION

Admit Term: _____ Issuance Date: _____

Work In Progress: _____

Items Missing: _____

Overall GPA: _____ Professional Education GPA: _____

Credential Analyst Name: _____ Signature: _____ Date: _____