CREDENTIAL RECOMMENDATION REQUEST

Application Instructions



Important: INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

An academic exit with a faculty advisor must be completed prior to submission of the application.

CLU PROCESSING FEE: \$40 (non-refundable)

Application <u>must</u> be accompanied by proof of payment of CLU application fee. Fee must be made at https://epay.callutheran.edu/C20490 ustores/web/store cat.jsp?STOREID=9&CATID=85. We DO NOT accept cash, check nor money order. Applications submitted without fee will be returned to applicant. **Note that an additional application fee will be required by the CCTC at the time of online completion of application process.** This fee will vary according to credit posting with CCTC.

CREDENTIAL REQUEST PROCESS

Your credential application will be processed using the California Commission on Teacher Credentialing online processing system. This process requires that you have a valid email address and a credit or debit card for payment.

- 1. Complete the attached Credential Request Form and submit it to the Credential Office
- 2. Submit all necessary items specified for type of credential:

Multiple Subject

- RICA
- CPR Certification (Adult, Infant & Child)

Single Subject

CPR Certification (Adult, Infant & Child)

Education Specialist: Level I*

RICA

Certificate of Eligibility does not require form CL-777.1

Education Specialist: Preliminary*

- RICA
- CPR Certification (Adult, Infant & Child)

Education Specialist Level II

- Verification of Technology Course
- Verification of Health Education Course
- CPR Certification (Adult, Infant & Child)
- Verification of 2 years Education Specialist Experience (Form CL-41 EXP)

Administrative Services Level I

- Verification of 3 years teaching experience (Form CL-41 EXP)
- Verification of Employment as an Administrator (Form CL-777)

Certificate of Eligibility does not require form CL-777

^{*} If you are not certain whether you should apply for a Level I or a Preliminary credential, please speak with your advisor.

BEFORE SIGNING AND SUBMITTING APPLICATION, CHECK THE FOLLOWING:

Application is complete
\$40 processing fee receipt included
If applicable, Verification of Experience and/or Verification of Employment form(s) included
Official transcript(s) for any credential courses not completed at CLU
Application materials photocopied for records
Academic exit with faculty advisor is completed

Submit application materials to the Graduate School of Education office at CLU, or mail to:

Credentials Office CLU Graduate School of Education 60 West Olsen Road #4100 Thousand Oaks, CA 91360-2700

AFTER SUBMISSION:

- Credential Analyst will verify information, confirm eligibility and recommend for the credential. This process will not take place until final grades are posted.
 Requests will be processed in the order in which they are received. If additional documentation is required, you will be informed via email.
- You will receive notification of recommendation from the CCTC via email. Follow the instructions in the email and submit payment. Once payment is submitted you will receive notice of receipt. Providing there are no extenuating circumstances, you will receive confirmation that your credential has been issued in a minimum of 10 business days, followed by a notice of granting. All CCTC notices take place via email.

For detailed instructions on this process, go to www.callutheran.edu/soecredentials

Additional questions? Contact Credential Analyst at credinfo@callutheran.edu

SUBMIT APPLICATION ONLY RETAIN THESE INSTRUCTIONS FOR REFERENCE

California Lutheran U N I V E R S I T Y Graduate School of Education

REQUEST FOR CREDENTIAL RECOMMENDATION

Application

1. PERSONAL	INFORMATION			
Social Security	Number:	-	Date	of Birth:
Name:	Middle		Last	
Mailing Address:				
	City	St	ate	Zip Code
All Former/Mai	den Names:			
Home Phone:	()	(ell Phone	: ()
Email Address:		at AOL email addresses		se an alternate address.
MULTIPLE	iminary ar plementary or Subject I ————————————————————————————————————	Matter Auth.	□ Lev □ Pre □ Lev □ Cei □ Cei .DMINIST	ON SPECIALIST rel I: M/M M/S DHH liminary: M/M M/S DHH rel II: M/M M/S DHH rel IVE SERVICES rel IIII
□ Auti	ITHORIZATION sm Authorization iding Certificate	F	□ Sch	RSONNEL SERVICES nool Counseling Id Welfare and Attendance
I certify that I haw will be provided		erstand that if I do not re	spond to	lential I must follow the instructions that the email within 30 days I will need to CCTC system.
Signature				Date