

San Francisco State University / College of Education
 Department of Special Education & Communicative Disorders
CREDENTIAL APPROVED PROGRAM (CAP)
Clear Education Specialist Instruction Credential

Name:	Date:
Street Address:	Student ID:
City/State/Zip Code:	Credential Program Area:
E-Mail:	Preliminary Award Date (or Level I, if applicable):
Phone:	Preliminary Expiration Date (or Level I, if applicable):
Current Employer:	Current Position:

REQUIRED COURSES: (attach informal transcript)

Prefix & Number:	Title:	Units	Term Registered:	Grade:
SPED 740 or equivalent	Induction Plan	3		
SPED 740 or equivalent	Induction Plan	3		

ADDITIONAL REQUIRED COURSEWORK (as needed by advisement; attach informal transcript):

Course Prefix & Number	Course Title	Units	Grade	Term Registered	Institution Other than SFSU

And / Or

REQUIRED EQUIVALENT PROFESSIONAL DEVELOPMENT EXPERIENCES (as needed by advisement; attach documentation of completion)	Activity Completed:	Date of Completion:

I certify that the above referenced student has completed or will meet all Clear Education Specialist Instruction Credential requirements:

Faculty Advisor's Signature	Date
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NOTE: Candidates who are clearing the former Level I Education Specialist Instruction Credential must meet additional requirements in the following areas to obtain the Clear Credential.

- Transition:** e.g., SPED 763 or equivalent
- Autism:** e.g. 3 units including SPED 791, SPED 794, or SPED 825 or equivalent
- Health Education:** e. g., H ED 630/635 or equivalent
- CPR:** (online course not acceptable, must cover infant, child and adult CPR)
- Technology:** e.g., ITEC 601, ITEC 815, ITEC 816, SPED 743 or equivalent