



GRADUATE COLLEGE of EDUCATION

Credential & Graduate Services Center
1600 Holloway Avenue
Burk Hall 244
San Francisco, CA 94132-4158
Telephone: 415/405-3594
Fax: 415/338-1940
Email: credinfo@sfsu.edu
Website: <http://gcoe.sfsu.edu/cgsc>

EDUCATION SPECIALIST – CLEAR CREDENTIAL APPLICATION PROCEDURES

To apply for the award of the Clear Education Specialist credential, you must submit the following to our office:

1. \$25.00 processing fee – Please pay directly at the SFSU Cashier's Office and return the validated fee receipt with your complete packet. If mailing, please include a check for \$25.00 payable to "SFSU" with your complete packet.
2. Application for Award of Credential (attached)
3. Copy of Level I or Preliminary Education Specialist credential
4. Clear CAP (Credential Approved Program) Form (attached) signed by your Special Education Department Advisor
5. Verification of completion of Health Education course requirement (*only required for those who hold a Level I credential*)
6. Verification of completion of Special Education Technology course requirement (*only required for those who hold a Level I credential*)
7. CPR certification – Training in cardiopulmonary resuscitation that covers infant, child, and adult CPR skills. The CPR requirement must be met through a hands-on, classroom course. **ONLINE COURSES ARE NOT ACCEPTED.**

SFSU Graduate College of Education
CREENTIAL SERVICES FEE

LAST NAME FIRST

TELEPHONE NUMBER

SFSU I.D. NUMBER

PAY AT CASHIER

Student Services Building, 1st floor
SFSU's Bursar's Office
SAN FRANCISCO STATE UNIVERSITY
1600 Holloway Avenue
San Francisco, CA 94132-4158
415-338-1281

CREENTIALING ACTION	FEE	ACCOUNT	
Certificate of Eligibility Cred.	\$25	14-3017 (73480)	<input type="checkbox"/>
Internship Credential	\$25	14-3017 (73480)	<input type="checkbox"/>
Preliminary Credential	\$25	14-3017 (73480)	<input type="checkbox"/>
Clear Credential	\$25	14-3017 (73480)	<input type="checkbox"/>
30-Day Substitute Permit	\$25	14-3019 (73481)	<input type="checkbox"/>
Subject Matter Verification	\$25	14-3019 (73481)	<input type="checkbox"/>
Extension Request	\$25	14-3019 (73481)	<input type="checkbox"/>
Out-of-State Verification	\$25	14-3019 (73481)	<input type="checkbox"/>
Rush Fee (48-hr processing time)	\$75	14-3019 (73481)	<input type="checkbox"/>

Please return **PAID** receipt **with** completed packet to:

Credential & Graduate Services Center, BH 244
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132-4158

THIS AREA IS FOR SFSU BURSAR OFFICE USE ONLY



OFFICE USE ONLY

Issuance Date:

APPLICATION FOR AWARD OF CREDENTIAL

1. PERSONAL INFORMATION (all information is required)

Social Security # [] - [] - [] Date of Birth [] - [] - []
Month Day Year

Applicant's Full Legal Name:
[] [] []
First Middle Last

Former/Maiden Name(s): _____

Permanent Mailing Address:

City State Zip

() () ()
Home Phone Work Phone Mobile Phone

Email address []

* The Commission on Teacher Credentialing (CTC) will use this email address to send you notification with instructions for completing their online application for issuance of your credential. **Please write clearly!**

2. SELECT TYPE OF CREDENTIAL

SELECT ONE

- Internship
- Preliminary
- Level I (old SPED prog.)
- Clear
- Level II (old SPED prog.)
- Certificate of Eligibility

SELECT ONE IF APPLICABLE

- Adding ELL Auth.
- Adding Supp. Auth.

(Subject/s)
- Adding Subject Matter Authorization

(Subject/s)

SELECT ONE

TEACHING CREDENTIALS

- Multiple Subject
- Single Subject

(Subject/s)
- Special Education

(Area)
 - Adding Added Auth in Autism
 - Adding Added Auth in ECSE
 - Adding Added Auth in OI
- Designated Subjects
 - Adult Education
 - Full-time

SPECIALIST CREDENTIALS

- Reading Certificate
- Reading & Language Arts Specialist
- Early Childhood Special Education Certificate

SERVICES CREDENTIALS

- Administrative Services
- Clinical/Rehabilitative Svcs
 - Orientation & Mobility
- Speech-Language Pathology Services: Language, Speech & Hearing (LSH)
- Pupil Personnel Services
 - School Counseling
 - School Psychology
 - School Social Work

3. SIGNATURE

Applicant Signature _____

Date _____

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 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., SPED 743, ITEC 601 or equivalent