



*Credential Preparation Center
P.O. Box 6868
Fullerton, CA
92834-6868*

SCHOOL NURSE SERVICES – CLEAR
CREDENTIAL APPLICATION INFORMATION

Last Name: _____			First Name: _____			Middle Name: _____		
Maiden Name: _____						CWID: _____		
Last Four Digits of SSN: <u>XXX-XX-</u> _____						Date of Birth: _____		
Address: _____				City/State: _____			Zip: _____	
Home/Cell Phone: _____				Work Phone: _____				
Email: _____								
Online credential recommendation will be sent to the email address associated with your CTC account.								

TYPE OF CREDENTIAL FOR WHICH YOU ARE APPLYING:

- SCHOOL NURSE**
- SCHOOL NURSE WITH SPECIAL TEACHING AUTHORIZATION IN HEALTH**
- ADDING SPECIAL TEACHING AUTHORIZATION IN HEALTH**

OFFICE USE ONLY:

DATE STAMP

Completion Date: _____
Issuance Date: _____
CTC Submittal Date: _____
<input type="checkbox"/> ACCESS DATA ENTRY
<input type="checkbox"/> CMS DATA ENTRY

Updated 1/5/2021

THE CALIFORNIA STATE UNIVERSITY