***CEHHS Student Services***

*333. S. Twin Oaks Valley Road*

*San Marcos, CA 92096-0001 USA*

*760-750-4277 / 760-750-3539 (fax)*

[*www.csusm.edu/cehhs/studentservices/*](http://www.csusm.edu/cehhs/studentservices/)

SCHOOL OF EDUCATION

Credential & Graduate Programs

**OVERVIEW OF THE ON-LINE RECOMMENDATION PROCESS**

***First Step***

When we receive your application packet (*Credential Evaluation Request Form*) and confirmation of fee payment, we will review your file to make sure all requirements have been met. After our verification that requirements have been met, CSU San Marcos, CEHHS Student Services recommends you for your credential via the California Commission on Teacher Credentialing’s (CTC) on-line recommendation system.

***Second Step***

CTC will notify you via email that you have been recommended for your credential. CTC will also send you a link to use where you will then provide or confirm your contact and credential information. You will be asked to pay for the credential document on-line; payment by MasterCard or VISA debit/credit card is the only option for on-line recommendation.

Next, CTC notifies CSU San Marcos, CEHHS Student Services that all fees have been paid and notifies you a credential will be issued to you. The payment confirmation issued by the Commission may be used to verify your recommendation status with an employer.

***Third Step***

The Commission does not issue paper documents. Your credential is issued by CTC and posted to their official document web site. You may view and download document information at <http://www.ctc.ca.gov/>.

If you have any questions about the on-line process, please do not to hesitate to call us.

**CREDENTIAL EVALUATION APPLICATION & ON-LINE RECOMMENDATION REQUEST**

**Applying for Preliminary Speech-Language Pathology Credential**

**$25.00 Credential Recommendation Fee**

(Refer to Credential Evaluation Fee Payment Form for payment information)

***INSTRUCTIONS:*** Form is fill-in enabled. Download copy to your own computer, open and complete form using computer’s tab key to navigate from field to field.
If filling out by hand, please print.

SS#:       CSUSM Student ID#:       Date of Birth:

Legal Name:                   (       )

(as it will appear on credential) Last First Middle Former/Maiden

Street addressor P.O. Box City State Zip

Home Ph.:       Cell Ph.:       Work Ph.:

***\*Due to problems associated with district firewalls, please use email addresses other than your district email.***

Current email address**\***:

Alternate email address:**\***

**Permanent/Credential Mailing Information:**

Street addressor P.O. Box City State Zip

**PLEASE SIGN, DATE AND RETURN COMPLETED APPLICATION TO:**

CEHHS Student Services

Teacher Credentialing - UNIV 221

CSU San Marcos

San Marcos, CA 92096-0001

I authorize CSUSM to release information concerning my credential application to appropriate inquiring school districts and offices and to forward my credential application and supporting materials to the California Commission on Teacher Credentialing for issuance of the credential I have requested.

Signature: Date: