Jim and Judy Watson COE Student Services
Credential Processing (CE 102)
5500 University Parkway
San Bernardino, CA 92407-2393
Website: credentials.csusb.edu
Telephone#: (909) 537-5609

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
College of Education

INSTRUCTIONS FOR THE APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION PRELIMINARY CAREER TECHNICAL EDUCATION (SB 1104)

The submission of the Application for Designated Subjects Credential Recommendation (including all required documentation) initiates a program evaluation and the formal credential recommendation for a **three-year** Designated Subjects Preliminary Career Technical Education (SB 1104) credential by a Credential Analyst to the Commission on Teacher Credentialing (C.T.C.). The application may be processed in person (see CSUSB Maps & Directions at http://www.csusb.edu/mapsDirections/) or by mail to Credential Processing or the Palm Desert Campus (see PDC Maps & Directions at http://pdc.csusb.edu/campus.html), Student Services Offices (RG 203) to be forwarded to Credential Processing. It is highly recommended that the applicant maintain copies of the application and all required documentation submitted to Credential Processing for their own personal records since all documentation, including transcripts, become the property of the College of Education and will not be returned or photocopied for the applicant.
NOTE: The recommended credential issuance date will be the date the completed application was officially accepted by Credential Processing.

The results of the program evaluation will be sent to the mailing address provided on the Application for Designated Subjects Credential Recommendation within approximately 2-4 business weeks from the submission date of the complete application. Once the credential recommendation has been submitted to C.T.C., it will take approximately **3-6 months** from the date of recommendation for C.T.C. to process the credential document.
NOTE: C.T.C. has established an online Educator Page at (http://www.ctc.ca.gov/credentials/online-services/default.html) to check the status of pending credential applications.

REQUIRED DOCUMENTATION

It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is submitted as a complete packet to the Jim and Judy Watson, College of Education Student Services at the time of the submission of the Application for Designated Subjects Credential Recommendation.

APPLICATION FOR DESIGNATED SUBJECTS CREDENTIAL RECOMMENDATION: All applicants must complete the Personal Information, Credential Information and sign the Transcript Authorization, Declaration and Date sections on the *Application for Designated Subjects Credential Recommendation*. Incomplete applications and forms will be returned to the applicant for completion and resubmission.

The following are the Industry Sectors issued for the Designated Subjects Career Technical Education (SB 1104) credential:

- Agriculture and Natural Resources
- Arts, Media, and Entertainment
- Building and Construction Trades
- Business and Finance
- Education, Child Development and Family Services
- Energy, Environment and Utilities
- Engineering and Architecture
- Fashion and Interior Design
- Health Science and Medical Technology
- Hospitality, Tourism, and Recreation
- Information and Communication Technologies
- Manufacturing and Product Development
- Marketing, Sales, and Service
- Public Service
- Transportation

NOTE: Applicants may refer to C.T.C.'s leaflet *Career Technical Education Credential – Designated Subjects Based on SB 1104 – Issued on or after January 1, 2009* (CL-888) at http://www.ctc.ca.gov/credentials/leaflets.html for a chart of specific subjects that fall within the authorized Industry Sectors.

PROCESSING FEE: The *$35 non-refundable processing fee may be paid using one of the following payment methods or additional payment options may be located at the Bursar website at http://sfs.csusb.edu/paymentMethods.html

1. Submit a completed *Fee Receipt* directly to the Bursar (UH-35) with payment (cash, check, money order, traveler's check, cashier's check or pin-based ATM are acceptable). NOTE: The *Fee Receipt* (stamped by the Bursar) will need to be submitted to Credential Processing with your application.
2. Pay on-line with an electronic check or credit card (*2.75% convenience fee) via American Express, Discover, MasterCard or VISA.
   MyCoyote Payment Instructions:
   - Sign in to your MyCoyote account via the CSUSB Home page at http://www.csusb.edu/ (**Coyote ID & password required**)
   - Select **Student Center**
   - Select **Make a Payment** under the *Finances* Section
   - Read Statement and Select **Next**
   - Select **Make Payment** (top menu)
   - Select **College of Education Student Services** (right menu)
   - Select **Credential Service Fee**
   - Manually enter fee amount (**35.00**)
   - Select **Add to Basket**
   - Checkout and make your payment

   NOTE: A copy of the MyCoyote confirmation page and a completed *Fee Receipt* will need to be submitted with your application.
3. Mail a ***Money Order*** *or* ***Cashier's Check*** **only** made payable to *CSUSB* with the complete application directly to Credential Processing.

C.T.C. APPLICATION FEE: All applicants are required to submit a *$100 ***Money Order*** *or* ***Cashier's Check*** **only** made payable to the *Commission on Teacher Credentialing* (or C.T.C.).

DESIGNATED SUBJECTS PRELIMINARY CAREER TECHNICAL EDUCATION (SB 1104)

REQUIRED DOCUMENTATION (CONT'D.)

CREDENTIAL APPLICATION: All applicants are required to submit a completed *Application for Credential Authorizing Public School Service* (Form 41-4). Please be sure to complete Sections 1, 4, 5 and 6 on the form. Please do **NOT** complete Section 2. NOTE: A *Personal and Professional Fitness Explanation Form* must accompany each "Yes" answer in Section 4.

COLLEGE/UNIVERSITY TRANSCRIPTS: All applicants are required to submit updated original official transcripts from each institution (except CSUSB) attended for course work applicable towards the credential recommendation.

HIGH SCHOOL DIPLOMA, TRANSCRIPT OR G.E.D.: All applicants are required to submit an original and a copy of the official high school diploma OR an official transcript (college or high school with graduation date posted) OR an original official General Education Development (G.E.D.) score report.

EXPERIENCE VERIFICATION: All applicants are required to submit verification of a minimum of three years of paid or unpaid work experience directly related to each Industry Sector to be named on the credential (one year shall equal a minimum of 1,000 clock hours). At least one year of the required work experience must be within the last five years, or two years within the last ten years immediately preceding the issuance of the Preliminary credential.
NOTE: Any of the following may be combined to total 1,000 clock hours in order to meet the recency requirement: A) work experience; B) college-level related coursework; C) non-college related coursework; D) occupational internship and E) vocational teaching experience.

WORK EXPERIENCE MUST BE VERIFIED BY ONE OR MORE OF THE FOLLOWING METHODS:

1. **Original** letter completed and signed by the employer on "company" letterhead (See *Designated Subjects: Company Letterhead Sample*).
2. In the case of self-employment or if the employer is no longer in business, applicant must submit verification of vocational work experience. (See *Designated Subjects: Verification of Work Experience*)
3. 48 semester units of college course work related to the Industry Sector to be named on the credential (verified by an official original transcript) will be accepted for a maximum of two of the three years of work experience.
4. Possession of an original official advanced industry certificate related to the Industry Sector to be named on the credential (as determined by a commission-approved CTE program sponsor) or one year of full-time general education teaching experience providing instructional services in pre-school or grades K-12. The teaching experience must have been earned in a public or private school of equivalent status for one year of the required three years of work experience and verified by the employing school district/agency personnel office via an official original letter or *Verification of Experience – 41-EXP*).

CERTIFICATE OF CLEARANCE: All applicants are required to obtain a Certificate of Clearance directly from C.T.C. Applicants who have previously obtained a California credential/permit may submit a copy of the valid document with the credential application. Applicants who have not held a valid California credential/permit for more than 18 months must submit a copy of a recently completed *Request for Live Scan Service* (Form 41-LS) with the credential application.

Applicants who have not previously obtained a Certificate of Clearance through C.T.C. must submit a copy of a recently completed *Request for Live Scan Service (41-LS)* form (*http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf*). Applicants will also be required to process an *Application for Certificate of Clearance* directly to C.T.C. (*http://www.ctc.ca.gov/credentials/online-services/default.html*) by using the *Educator Page* button. It is highly recommended that you review the following C.T.C. links prior to commencing the filing process:
Professional Fitness Questions Information: http://www.ctc.ca.gov/educator-discipline/files/pfq-information.pdf
How to Complete Professional Fitness Questions: http://www.ctc.ca.gov/educator-discipline/files/prof-fitness-instructions.pdf
Professional Fitness Explanation Form (Form OA-EF): http://www.ctc.ca.gov/credentials/online-services/pdf/OA-EF.pdf
NOTE: There is a Certificate of Clearance fee of *$35.00 (plus service charge) payable by credit card or Visa or MasterCard debit card.
Please make sure to print your confirmation page since it may take a few days for the Certificate of Clearance status to be posted on C.T.C.'s website.
NOTE: If C.T.C. requires additional documentation, the Certificate of Clearance process will be delayed.

CREDENTIAL WORKSHEET: All applicants are required to complete and submit a *Credential Worksheet* form.

It is the applicant's responsibility to contact the Designated Subjects credential program coordinator/faculty advisors at (909) 537-5290 for program admission advisement and information regarding the Early Teaching Orientation that is required before or during the first month of teaching.

NOTE: August 31, 2013 was the final date of issuance for the Designated Subjects Clear Vocational Education and CTE (full-time/part-time) credentials. Please contact the Designated Subjects credential program coordinator/faculty advisors at (909) 537-7404 for advisement regarding transitioning into the current CTE (SB 1104) credential program. Applicants transitioning to the CTE (SB 1104) Preliminary three-year credential in the same subject area as previously issued will **not** be required to resubmit **EXPERIENCE VERIFICATION**. In addition, applicants opting to add additional subject area(s) to the Preliminary credential will be required to submit **EXPERIENCE VERIFICATION** in each subject area.

*Fee subject to change

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It is the applicant's responsibility to verify that all credential requirements are successfully completed and that all required documentation is on file at the Jim and Judy Watson, College of Education Student Services Office **prior to or at the time of** submission of the Application for Credential Recommendation.
NOTE: To complete this form, download and/or print this pdf document.

PERSONAL INFORMATION

Student Identification Number:		
First Name:	Middle Name:	Last Name:
All Former/Maiden Name(s):		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

CREDENTIAL INFORMATION

If applying for more than one credential, please submit a separate application form each credential.

Select or list the CREDENTIAL TYPE for which you are applying: SELECT OR LIST ONE
Select or list the CREDENTIAL TERM for which you are applying: SELECT OR LIST ONE
List the SUBJECT AREA(S) for which you are applying:

TRANSCRIPT AUTHORIZATION, DECLARATION AND DATE

Confirm the following statements by providing your signature and date at the bottom.

I, the aforementioned, authorize Credential Processing to order and/or submit my transcript(s), if applicable, to the Commission on Teacher Credentialing. I hereby certify under penalty of perjury that all the required documentation and foregoing information submitted for this application is true and correct.

Applicant's signature: Date:

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see Application Instructions)

Appeal:_____

Route to: _____

Mail application and payment (check or money order) to:
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, California 95811-4213

Commission Use Only: Fee Information		
APP	FP	Other

CTC Use Only

IHE/County/District Use Only

Issuance Date:_____

Email Address:_____

1. PERSONAL INFORMATION (type or print)

Social Security or Individual Tax ID Number:

Date of Birth: (mm/dd/yyyy)

Applicant's Name:

First | Middle | Last

Former/Maiden Name(s):

County or District of Employment:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Message Phone:

Email Address:

2. CREDENTIAL TYPE (choose only one type below) OPTIONS:

Substitute Permits (PT)

Single Subject (Secondary Teaching)

Specify Subject (If you are requesting more than one subject, enter it in *Comments.*)

Specify World Language other than English (if applicable)

☐ **English Learner Authorization** **Term**

BILINGUAL AUTHORIZATION - Specify Language

Multiple Subject (Elementary Teaching)

☐ **English Learner Authorization** **Term**

BILINGUAL AUTHORIZATION - Specify Language

Education Specialist (Special Education)
(If you are requesting more than one specialty area, enter it in *Comments.*)

Specify Specialty Area

☐ **English Learner Authorization** **Term**

Other Specialist Credentials

☐ **Added Authorizations (AASE)**

English Learner Authorizations

BILINGUAL AUTHORIZATION - Specify Language

Services Credentials

Term

Specify Other Health Services

Child Development Permits (PK)

☐ **School-Age Emphasis**

Designated Subjects (PW)

Subject(s) **Term**

Supplementary Authorization(s) (PJ)

Subject Matter Authorization(s) (PJ)

CTC Use Only

3. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my clear credential:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____ _____

Advisor's Name **Advisor's Phone Number**

4. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required**. If you answer yes to any question, you must complete the corresponding *Professional Fitness Explanation Form*.**

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended

Warning: You will be required to sign your application under penalty of perjury; by doing so you are also stating:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- The Commission may reject your application if it is incomplete and it will be delayed;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired or,
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

☐ Yes ☐ No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

☐ Yes ☐ No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

☐ Yes ☐ No

d. Are any criminal charges currently pending against you?

☐ Yes ☐ No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reproved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes ☐ No

f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes ☐ No

5. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars ($1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a document holder, I will fulfill all the duties required of a mandated reporter.

☐ **I agree**

Before submitting, please review the application for completeness:

1) *Personal information with correct SSN, date of birth, and email address filled in on page 1*
2) *Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)*
3) *All Professional Fitness Questions marked Yes or No on pages 3 and 4*
4) *Read and agreed to your responsibilities as a mandated reporter*
5) *Payment (check or money order attached to the front of this form). See Credential Leaflet CL-659 for fee schedule.*

Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.

6. OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ **City** _____ **County** _____ **State** _____
(where you sign the form)

SIGNATURE OF APPLICANT _____

7. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ **School District CDS Code** _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for One-Year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Comments/Additional Subject Requests:

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DESIGNATED SUBJECTS: COMPANY LETTERHEAD SAMPLE

The applicant must obtain the original verification of employment from the personnel office or company owner and should include the following information on ***company letterhead***. NOTE: This is a sample form only.

Date: ***MONTH, DAY AND YEAR***

To: California State University, San Bernardino
Jim and Judy Watson College of Education Student Services
Attention: Credential Processing

From: ***NAME OF COMPANY REPRESENTATIVE, POSITION TITLE AND SIGNATURE***

Subject: ***NAME OF APPLICANT***

May this memorandum server to verify the employment of ***NAME OF APPLICANT***

at ***NAME OF COMPANY*** from ***MONTH & YEAR*** to ***MONTH & YEAR*** in the position

of *POSITION TITLE*. During this period, *NAME OF APPLICANT*

was employed ***FULL-TIME/PART-TIME*** for an average of ***NUMBER*** hours per week.

In this regard, the specific nature of his/her duties and responsibilities were as follows:

SAMPLE ONLY

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DESIGNATED SUBJECTS: VERIFICATION OF WORK EXPERIENCE

This verification of work experience form must be completed ONLY when the employer is no longer in business or in the case of self-employment. This verification form must be **notarized** and accompanied by substantiating documentation i.e., tax statements (*minimum of three years*) and business license(s), employment contracts, business cards or letterhead. Please note that resumes cannot be used for verification of experience.
NOTE: To complete this form, download and/or print this pdf document.

Employer and Address (If self-employed, indicate exact title of business and business license number.):

_____

_____

Dates of Employment: _____ to _____
Month, Day & Year *Month, Day & Year*

If Full-Time employment, indicate the number of months employed: _____

If Part-Time employment, indicate the number of hours worked per week: _____

Job Title: _____

Description of Duties and Responsibilities:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I certify under penalty and perjury that the content of this letter is true and correct to the best of my knowledge.

_____ _____ _____
Applicant's Signature Date (Month, Day & Year) Notary Public's Signature & Stamp

REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

Applicant Submission

Section 1

ORI: **A0281** (Code assigned by DOJ) Type of Application: **License/Certification/Permit**

Job Title or Type of License, Certification or Permit: **TEACHER CRED 44340 EC**

Section 2

Agency Address Set Contributing Agency:

CASM TEACHER CREDENTIALING
Agency authorized to receive criminal history information

03294
Mail Code (five-digit code assigned by DOJ)

1900 Capitol Avenue
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento City **CA** State **95811-4213** Zip Code

Contact Telephone No.

Section 3

*Name of Applicant: (Please print) Last First MI

*Alias: Last First

*Driver's License No:

*Date of Birth: *Sex: ☐ Male ☐ Female

Misc. No. BIL - Agency Billing Number

*Height: *Weight:

Misc. Number:

*Home Address:

*Eye Color: *Hair Color:

Street No. Street or PO Box

*Place of Birth:

City, State and Zip Code

*Social Security Number (full):

* Required Fields

Section 4

*OCA Number: (SSN OR ITIN#)

Level of Service: [X] DOJ [X] FBI

If resubmission, list Original ATI Number:

Section 5

SUPPLEMENTAL AGENCY/EMPLOYER
(County Office of Education/School District)

Employer Name

Street No. Street or PO Box

Mail Code (COE/SD five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Section 6

Live Scan Transaction Completed By: Name of Operator LSID Date

Transmitting Agency ATI No. Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

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DESIGNATED SUBJECTS: CREDENTIAL WORKSHEET

To complete this form, dowload and/or print this pdf document.

PERSONAL INFORMATION

Student Identification Number:		
First Name:	Middle Name:	Last Name:

WORK EXPERIENCE

Employer	Address	Position	Start Date	End Date	FT/PT

EDUCATION

Type of School	Name	Location	Degree/Certificate	Start Date	End Date
High School					
College/University					
Trade or Vocational School					

OTHER CREDENTIALS HELD

Credential Type	State Credential Obtained From	Expiration Date

VOLUNTEER EXPERIENCE (List any volunteer experience related to the subject area for which you are applying.)

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FEE RECEIPT

The CSUSB nonf refundable processing fee may be paid using one of the following payment methods or additional payment options may be located at the Bursar website at http://sfs.csusb.edu/paymentMethods.html.
NOTE: To complete this form, download and/or print this pdf document.

1. Submit a completed Fee Receipt (http://coe.csusb.edu/forms/index.html) directly to the Bursar (UH-35) with payment (cash, check, money order, traveler's check, cashier's check or pin-based ATM are acceptable). NOTE: The Fee Receipt (stamped by the Bursar) will need to be submitted to Credential Processing with your request.
2. Pay on-line with an electronic check or credit card (2.75% convenience fee) via American Express, Discover, MasterCard or VISA.
   MyCoyote Payment Instructions:
   - Sign in to your MyCoyote account via the CSUSB Home page at http://www.csusb.edu/ (**Coyote ID & password required**)
   - Select **Student Center**
   - Select **Make a Payment**
   - Read Statement and Select **Next**
   - Select **Make a Payment** (top menu)
   - Select **College of Education Student Services** (right menu)
   - Select **Credential Service Fee**
   - Manually enter fee amount ***(refer to the application/request instructions for appropriate fee)***
   - Select Add to Basket
   - Select Checkout and make your payment option

NOTE: A copy of the MyCoyote confirmation page and a completed *Fee Receipt* will need to be submitted with your application.

PERSONAL INFORMATION

Student Identification Number:			
First Name:	Middle Name:	Last Name:	
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			

SERVICE FEE

Select or list the SERVICE for which you are applying:

SELECT OR LIST ONE

OFFICE USE ONLY: PS#: 501899-RT011-C0720-5000 QC#: 716