

Preliminary Single Subject Credential Supplemental Application

Thank you for your interest in the Preliminary Single Subject Credential program at California State University San Marcos.

Applying to the School of Education is a two-part process. Part one of the application process is to apply to CSUSM through a system called **Cal State Apply**. Part two of the application is to submit this **Supplemental Application** to the School of Education. Applying to an Initial Teacher Credential Program requires one application fee: \$55 fee to complete the Cal State Apply application.

The Application Filing Period for Fall 2019 is January 15, 2019 – April 1, 2019. **Applications must be postmarked or received by April 1st.**

Application Checklist:

- CSUSM Application via Cal State Apply
- Supplemental Application
 - Completed Supplemental Application Packet
 - Official Transcripts
 - Prerequisite Courses
 - Exams/Subject Matter Competency
 - Letters of Recommendation
 - Certificate of Clearance and Tuberculin Clearance
 - Media Release Form
 - Permission to Communicate Academic & Dispositional Growth Form
 - Acknowledgement Page

Return Completed Supplemental Application packet to:

CEHHS Student Services
Attn: Christina Vejar
California State University San Marcos
333 South Twin Oaks Valley Road
University Hall, Room 221
San Marcos, CA 92096-0001

For questions or assistance with the **Preliminary Single Subject Credential Application Process**, please contact Christina Vejar at cvejar@csusm.edu



California State University
SAN MARCOS

Preliminary Single Subject Credential Supplemental Application

Subject Area _____ Second Subject Area _____

Bilingual Authorization (BLA)

Please indicate if you are also applying for the Bilingual Authorization in Spanish. All programs include authorization to teach English language learners.

Part One - Personal Information

Social Security Number: _____

CSUSM Student ID No. (if available): _____ Date of Birth: _____

Legal Name _____
 Last First Middle Maiden/Former

Address _____
 Street

City State ZIP

Home Phone: _____ () Cell Phone: _____ ()

Primary Email: _____ Secondary Email: _____

Gender: Male Female Ethnic Identity (Optional): _____

I am a CSUSM Graduate Yes No

College/University where bachelor's degree was granted _____

Academic Major _____ Date of degree of completion _____

Have you ever attended another credential program? Yes No

If yes, where? _____

How did you hear about the program?

- Advising Session
- Website
- Outreach/Recruitment
- Other (Friend, teacher, student, advertisement, etc.)

Check all Campus Programs you are affiliated with:

- ACE Scholars Services
- CAMP (College Assistance Migrant Program)
- CA Mini-Corps
- San Marcos Experience
- EOP (Educational Opportunity Program)
- TRIO/SSS (Student Support Services)
- Veterans

Part Two - Admissions Documents

1. Graduate Application: Complete CSUSM graduate application online at www2.calstate.edu/apply no later than the April 1, 2019 deadline.

Application submitted Date submitted: _____

2. **Official Transcripts:** Please list all colleges and universities. All applicants must submit **two** sets of official transcripts from each college or university attended in order to be considered for admission. **NOTE:** It is not necessary for matriculated CSUSM students to submit transcripts for courses taken at CSUSM.

Name of Institution	Dates of Attendance/Graduation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

There are two ways to submit official transcripts:

OPTION ONE: Request official transcripts from all institutions and have them sent directly to CSUSM Office of Admissions & Recruitment and the School of Education.

- | | |
|---|---|
| <p>a. Send <u>one</u> set to:
 Admissions & Recruitment
 California State University San Marcos
 333 South Twin Oaks Valley Road
 San Marcos, CA 92096-0001</p> | <p>b. Send <u>second</u> set to:
 CEHHS Student Services
 University Hall 221
 California State University San Marcos
 333 South Twin Oaks Valley Road
 San Marcos, CA 92096-0001</p> |
|---|---|

OPTION TWO: Request official transcripts from all institutions to be sent directly to you, and then deliver them (UNOPENED, with the stamp and/or seal still intact) to CSUSM Admissions & Recruitment and the School of Education.

- | | |
|--|---|
| <p>a. Deliver <u>one</u> set to:
 CSUSM Cougar Central
 Craven Hall 3700 (third floor)</p> | <p>b. Deliver <u>second</u> set to:
 CEHHS Student Services
 University Hall, Suite 221</p> |
|--|---|

Part Three - Prerequisite Courses

Prerequisite Courses must be completed with a grade of C+ or better prior to admission to the credential program

3. **Education 350** - Foundations of Teaching as a Profession

- Completed at CSU San Marcos -- Semester completed _____ Instructor _____
- In progress at CSU San Marcos -- Anticipated completion _____ Instructor _____
- Equivalent course completed **OR** in progress at _____
 Year/Semester completed or anticipated completion _____

4. **Education 364** - Cultural Diversity and Schooling

- Completed at CSU San Marcos -- Semester completed _____ Instructor _____
- In progress at CSU San Marcos -- Anticipated completion _____ Instructor _____
- Equivalent course completed **OR** in progress at _____
 Year/Semester completed or anticipated completion _____

5. **Education 422** – Technology Tools for Teaching & Learning

- Completed at CSU San Marcos -- Semester completed _____ Instructor _____
- In progress at CSU San Marcos -- Anticipated completion _____ Instructor _____
- Equivalent course completed **OR** in progress at _____
 Year/Semester completed or anticipated completion _____

- Official transcripts verifying **ALL** prerequisites have been submitted or will be submitted once course grade has posted.

Part Four - Exams/Subject Matter Competency

6. **Basic Skills Examination**– All applicants must complete this requirement prior to credential program admission. ** A copy of score sheet is required even if you requested your scores to be reported to CSUSM.

- Basic Skills has been taken and a copy of the entire score sheet(s) indicating my test scores is attached.
- Basic Skills exam will be taken on _____ and a copy of the entire score sheet indicating my test scores will be submitted as soon as received. *You must also submit a copy of your CBEST registration ticket with your application.*

7. **Subject Matter Exam OR Approved Subject Matter Preparation Program**. All applicants must take this requirement prior to credential program admission.

CSET: Be prepared to show proof of the original test scores. If you have not taken CSET, you must submit a copy of your registration ticket with your application.

- Single Subject CSET has been taken and a copy is included.
- Multiple Subject CSET exam will be taken on _____ and a copy of the test scores will be submitted as soon as received. A copy of the test scores is required even if you requested your scores to be reported to CSUSM. *You must also submit a copy of your Basic Skills (CBEST) registration ticket with your application.*

OR

State Approved Subject Matter Preparation Program: Please attach an original letter verifying completion or original letter verifying that a subject matter preparation program is in progress.

- Subject matter preparation program completed or anticipated completion at:

(California University)

(Semester/Year)

Part Five - Additional Admissions Documents

8. **Three Letters of Recommendation** from faculty or others who are knowledgeable about your personal qualities and potential are required. At minimum one letter must be from a person in the field of education on letterhead stationary. Letters of recommendation are considered non-confidential.

- Included To follow (must be received or postmarked by April 1st)

9. **Certificate of Clearance**. Instructions on applying for a Certificate of Clearance may be found at:

<http://www.csusm.edu/soe/currentstudents/formsandresources.html>

- Application for Certificate of Clearance submitted on _____
- A copy of emergency permit is included.

NOTE: You will not be admitted to a credential program without the required verification of a Certificate of Clearance.

10. **Tuberculin Risk Assessment**. This is different than the proof of immunization required for admissions to the University. The TB Risk Assessment is required prior to enrollment of fall 2019 coursework. For those testing positive please refer to

<http://www.csusm.edu/soe/currentstudents/formsandresources.html>

Immunization Record – Please check with the Office of Enrollment Services at 760.750.4848 to provide sufficient proof of immunization to avoid registration holds. Please note that this is different than the TB clearance above.

Part Six - Interview

Successful passage of an interview for qualified candidates is required. Information regarding interviews will be emailed to you after the application deadline. Expect to participate in a group interview and submit a writing topic. You will be notified to make arrangements for the interview in April or May.

If you have a disability and will need reasonable accommodations to take part in the interview and/or admissions process for an academic program within the School of Education, please contact Disabled Student Services at 760.750.4905 or by email at dss@csusm.edu. Specific questions regarding the application and interview process for any of the School of Education programs should be directed to Education Services Center at 760.750.4277

Part Seven - Corequisite Requirements

Co-requisites are requirements that can be completed during a credential program but must be completed before issuance of a preliminary credential.

11. U.S. Constitution (college level course or exam) – All applicants must complete this requirement to be recommended for credential. If you are applying for an internship this requirement must be completed before intern teaching.

Please refer to your official transcripts and complete all appropriate blanks.

Completed at/In Progress at _____ (college/university)
Semester/Year completed _____
Course number: _____

Exam is to be taken. Submit original letter for your file as soon as available.

12. Health Education Requirement (college level course) - All applicants must complete this requirement to be recommended for credential.

The course must cover:

- a. Nutrition
- b. Physiological and sociological effects of abuse of alcohol, narcotics and drugs
- c. Use of tobacco

Completed at/In Progress at _____ (college/university)
Semester/Year completed _____
Course number: _____

Once you complete any work in progress at an institution other than CSUSM, you must mail official transcripts directly to the university.*

13. CPR Certification: Prior to issuance of initial credential, CPR Certification must be completed which covers infant, child, and adult. You must submit a photocopy (front and back) of your CPR card to the CEHHS Student Services – UH 221 and be prepared to show the original document.

14. Corequisite Exam – RICA (to be taken during credential program): The CCTC requires passing the Reading Instruction Competence Assessment (RICA) before recommendation for a credential. You are not eligible to take RICA until you complete EDMX 622 or EDMS 521 during the first semester of your program as those courses provide the competencies covered in the exam.

Part Eight - Media Release Form

Media Release Form



As a part of the CSUSM Teacher Credential and Masters programs, videotaping of teaching performance is often required for the purpose of assessment. Additionally, still images are frequently taken to document candidate accomplishments and special events. The purpose of this release is to inform you of the purposes for capturing the images and the intended use.

I, _____, do hereby give the CSUSM, School of Education the irrevocable right to use my image in still or video form for the purpose of assessing my progress in the program as well as to publicize accomplishments of teacher candidates in print, video, and Web-based media.

I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

CSUSM Teacher Candidate (Print) _____

CSUSM Teacher Candidate (Signature) _____

Date Signed: _____

CSUSM ID Number _____

If you do NOT want your image accessible for assessment or acknowledgement purposes, please sign below. If video has been assigned for assessment purposes, you will need to make alternative arrangements to meet the necessary requirements.

CSUSM Teacher Candidate (Print) _____

CSUSM Teacher Candidate (Signature) _____

Date Signed: _____

CSUSM ID Number _____

Part Nine - Permission to Communicate Academic & Dispositional Growth

PERMISSION TO COMMUNICATE ACADEMIC and DISPOSITIONAL GROWTH and DEVELOPMENT REGARDING CREDENTIAL AND MASTER'S COURSES/ CLINICAL PRACTICE

The School of Education considers many aspects of a person's continuation in credential and degree programs and placement in field experiences. In order to fairly evaluate students and support their preparation for careers in education, we use a variety of data to gain a sense of the academic and professional performance of the student. To protect the student's right to privacy, we seek your permission to freely communicate to program coordinators and faculty about your progress in a program course or field experience. If for any reason you do not wish such information to be shared, please indicate below.

Please check one: _____ I give my permission for instructors to communicate concerning my academic and/or professional performance and development during my enrollment at California State University, San Marcos.

_____ I do not give my permission for instructors to communicate concerning my academic and/or professional performance and development during my enrollment at California State University, San Marcos.*

*In the event the student does not want to have her/his information shared among faculty and program coordinators, instructors in prerequisite courses will instead share feedback and/or concerns with the Associate Dean of the School of Education as per University policy.

CSUSM Teacher Candidate (Print)_____

CSUSM Teacher Candidate (Signature)_____

Date Signed:_____

CSUSM ID Number_____

Part Ten -Certificate of Clearance and Tuberculin Clearance

Certificate of Clearance and Tuberculin Clearance

As a part of CSUSM's legal agreements with school districts and the liability issues associated with working on school sites, I understand that I must have Certificate of Clearance and TB clearances prior to registering for student teaching.

I understand that I must have a Certificate of Clearance and a TB Risk Assessment prior to registering for coursework.

Print Name _____

Signature _____

Date _____

Part Eleven - Acknowledgement

I attest that the information included in this application is accurate and complete to the best of my knowledge. My signature below also confirms that each of the program requirements for admission has been or is being completed as indicated.

Print Name: _____

Date: _____

Signature: _____

Admission into programs leading to licensure and credentialing does not guarantee that students will obtain a license or credential. Licensure and credentialing requirements are set by agencies that are not controlled or affiliated with the CSU and requirements can change at any time. For example, licensure or credentialing requirements can include evidence of the right to work in the United States (e.g., social security number or tax payer identification number) or successfully passing a criminal background check. Students are responsible for determining whether they can meet licensure and credentialing requirements. The CSU will not refund tuition, fee, or any associated costs, to students who determine subsequent to admission that they cannot meet licensure or credentialing requirements. Information concerning licensure and credentialing requirements are available from CEHHS - Student Services, CSUSM, San Marcos, CA 92096 - 7601750-4277

Certificate of Completion
Tuberculosis Risk Assessment and/or Examination

This form is to satisfy job/school-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Section 1597.005, 121525, 121545, and 121555.

Individual assessed and or/examined:

Last Name First Name M.I Student ID number

Date of assessment and or/examination: _____ (mo/day/yr)

The above named individual has submitted to a tuberculosis risk assessment. This individual does not have risk factors, or if tuberculosis risk factors were identified, this individual has been examined and determined to be free of infectious tuberculosis. *(Must be signed by the health care provider completing the risk assessment and/or examination)*

Medical Provider (MD, DO, NP or PA) Signature Medical Provider Printed Name CA license number

Office Address: Street City State Zip Code

Office phone number Office fax number