

**Application for Admission to
Professional Level II Education Specialist Credential Program**

Name _____ Soc. Sec. No. _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone # (____) _____ Work Phone # (____) _____

E-mail address _____ Ethnicity _____
(optional/for statistical reporting)

I am applying for admission in: _____ (Fall or Spring) _____ (year)

I am applying for admission to the Level II program in:

- _____ Mild/Moderate Disabilities
- _____ Moderate/Severe Disabilities
- _____ Early Childhood Special Education

Option: Full-Time: _____(Fall only) Part-Time: _____(Fall only) 3-Semester: _____(Spring only)

Preliminary Level I Education Specialist Credential:

College or university: _____

Date program completed: _____

- Area of credential: _____ Mild/Moderate Disabilities
- _____ Moderate/Severe Disabilities
- _____ Early Childhood Special Education
- _____ Physical & Health Impairments

Current professional position:

District/Agency _____

Job title _____ Start date _____

Signature of applicant

Date

Required Attachment:

1. A copy of EITHER a valid Preliminary Level I Education Specialist Credential OR Letter of Verification of Credential and Employment Eligibility for the Level I Credential issued by your college or university's credentials office.