

**Application for Admission to  
Professional Level II Education Specialist Credential Program**  
**Application Deadline: February 1, 2010**

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

Current professional position:

District/Agency \_\_\_\_\_

School of Employment \_\_\_\_\_

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.