

All requirements listed below must have been completed and provide evidence of the following in order for us to process your credential. Please note: If any items have been previously submitted to the Office for Student Services, you will not need to resubmit it again. All examinations and letters of verifications must be **ORIGINALS**. Faxed copies or Xerox copies will not be accepted.

Credential Processing Fees:

1. A fee of \$35.00 is required for cancelled credential applications or loss of continuing student status at CSULA. Please have cashier's stamp below verifying that you paid this fee.

Cashier Stamp: Code #696

Clinical Rehabilitative Services- Orientation & Mobility Clear Credential:

- Completion of Required Coursework as indicated on the program plan
- Proof of Completion of Basic Skills Requirement (BSR)*
- Evidence of passing WPE
- Certificate Of Clearance Or Copy Of Previous Credential
- **FERPA release form** – required for the release of official CSLA transcripts (available in the Office for Student Services, KH D2078).

***Basic Skills Requirement (BSR)**

- Proof of passage of all three sections of the CBEST
- Passing scores from the CSET: Writing Skills test plus ALL three subtests of CSET: Multiple Subjects (*ONLY Multiple Subjects*)
- Passing scores from the CSU Early Assessment Program (EAP), English and Math, or CSU English Placement (EPT) and Entry Level Mathematics (ELM) Test
- Qualifying Score on SAT (College Board SAT) – Math score 550 & English score 500 or ACT – Math score 23 & English score 22
- College Board Advanced Placement (AP) Examinations – Math & English
- Proof of passage of CTC approved out-of-state basic skills exam

**Clinical Rehabilitative Services - Orientation & Mobility Clear Credential Evaluation
& Processing Form**

Enter all information below before printing (**handwritten forms will not be processed**).

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Last Name

First Name

Middle Name

Former Name(s)

Have you held a California credential or permit authorizing teaching in California public schools?

Yes

No

Please Specify

CIN		SSN		Date of Birth	
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Street Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

(Note: verify your email address; the CCTC will correspond with you regarding the status of your credential using this email address.)