

Single Subject Credential Program Application Checklist

Include a copy of this completed checklist with your credential program application. Once you have items 1-14 checked off, submit your application packet to the Center for Advising and Student Services in the Kremen School of Education, room ED100.

Forms

<input type="checkbox"/>	1. SS Credential Program Application (completed) <ul style="list-style-type: none"> ○ Student Information ○ Single Subject Area
<input type="checkbox"/>	2. Signed Admission Interview Form (completed) <input type="checkbox"/> Check this box if your Academic Department emailed the signed Admission Interview Form to reflores@csufresno.edu
<input type="checkbox"/>	3. Two Candidate Recommendation Forms (completed)
<input type="checkbox"/>	4. Teacher Candidate Commitment Form (initialed)
<input type="checkbox"/>	5. Personal Narrative (typed, 2 pages maximum)
<input type="checkbox"/>	6. Medical Clearance Form (You will only need to submit Form 6c)
<input type="checkbox"/>	7. Pre-Program Field Experience Form (completed) Passed EHD 50, an equivalent course OR Section II is verified and includes a letter on letterhead. *If EHD 50 or equivalent course has not been taken or is in progress, please indicate when it will be completed: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Year: _____

Verifications

<input type="checkbox"/>	8. Apply to Fresno State (see admission requirements for exceptions) If required, apply at https://www2.calstate.edu/apply (provide verification of your CalStateApply application)
<input type="checkbox"/>	9. Grade Point Average A GPA of 2.67 or higher overall or 2.75 or higher in the last 60 units (provide copies of unofficial transcripts)
<input type="checkbox"/>	10. Basic Skills Requirement Provide a copy from the list of options.
<input type="checkbox"/>	11. Subject Matter Competency: Coursework <input type="checkbox"/> or CSETs <input type="checkbox"/> (provide copies of CSET scores)
<input type="checkbox"/>	12. Certificate of Clearance Provide a copy of your Certificate of Clearance.
<input type="checkbox"/>	13. Mandatory Reporter Training Certificate Provide a copy of your Certificate
<input type="checkbox"/>	14. Prerequisite Course Completed All Subject Area Candidates (except for Integrated Math & Agricultural Education) <ul style="list-style-type: none"> ○ CI 149, Curriculum, Instruction & Technology (Must pass with at least a C) *If CI 149 has not been taken or is in progress, please indicate when it will be completed: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Year: _____ Integrated B.S. Math Candidates Only: Math 149 Agricultural Education Candidates Only: AGED 150 (Must pass with at least a C)



Single Subject Credential Program Application

Date of Application: _____ Have you applied to Cal State Apply: Yes N/A

Intended Program Start Date: **Fall 20** _____ **Spring 20** _____

Student Information

 Last Name First Name Former Name (If applicable) Date of Birth

Student ID _____ SSN: _____ Fresno State Email: _____@mail.fresnostate.edu

 Undergraduate Degree Institution Semester: _____ Year: _____
 Date of (or projected) Graduation

 Master's Degree Institution Semester: _____ Year: _____
 Date of (or projected) Graduation

Were you previously enrolled in another credential program? Yes No

If yes, your application must include a letter of "good standing" from the previous institution(s).

Single Subject Area

Programs begin in Fall & Spring	Programs begin in Fall Only
<input type="checkbox"/> Single Subject -Agriculture	<input type="checkbox"/> Single Subject - Art
<input type="checkbox"/> Single Subject – English	<input type="checkbox"/> Single Subject - Industrial Technology
<input type="checkbox"/> Single Subject – Mathematics	<input type="checkbox"/> Single Subject - Physical Education
<input type="checkbox"/> Single Subject – Integrated B.S. Mathematics	<input type="checkbox"/> Single Subject – Social Science
<input type="checkbox"/> Single Subject – Biological Science	<input type="checkbox"/> Single Subject – World Languages: French
<input type="checkbox"/> Single Subject - Chemistry	<input type="checkbox"/> Single Subject – World Languages: Spanish
<input type="checkbox"/> Single Subject - Geological Science	<input type="checkbox"/> Fresno Teacher Residency Program - Fall Only Also mark appropriate subject area: English, Math, or Sciences only
<input type="checkbox"/> Single Subject - Music	
<input type="checkbox"/> Single Subject - Physics	

Admission Requirements (Items 1-13 must be included in a complete application)

Forms	Verifications
<ol style="list-style-type: none"> 1. SS Credential Program Application 2. Admission Interview Form 3. Two Recommendation Forms 4. Teacher Candidate Commitment 5. Personal Narrative (typed) 6. Medical Clearance 7. Pre-Program Field Experience Form 	<ol style="list-style-type: none"> 8. Applied to Fresno State 9. Meets GPA minimum 10. Basic Skills 11. Subject Matter Competency (CSET/Coursework) 12. Certificate of Clearance 13. Mandated Reporter Certification 14. Prerequisite Course Complete (CI 149 or AGED 150)

For Office Use Only

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

CBEST: R _____ M _____ W _____ Other Basic Skill _____ Coursework CSET: _____

GPA: _____ U.S. Constitution Admitted _____ Credential Admissions Analyst Signature

_____ Cum _____ 60units Denied _____

Admission Interview Form

Section I (Completed by the Applicant)

 Last Name

First Name

Former Name (If applicable)

Student ID

Instructions for Academic Department Coordinator/Advisor on Sections II, III & IV

The State of California requires an admission interview as part of the credential program admissions process. During the interview, you are evaluating to determine if the student demonstrates the following:

- Proficiency in written and spoken English
- Suitable aptitude for teaching in public schools
- Personality and character traits that satisfy the standards of the teaching profession
- Subject Matter Competency

Upon completion of the interview, please return this completed form using one of the following methods:

1.) Return to Student OR 2.) Scan/Email to reflores@csufresno.edu

Section II: Admission Interview Requirements

The applicant provided me with the following during the interview: Resume: Yes No

Personal Narrative (typed): Yes No Teacher Candidate Commitment (initialed): Yes No

Two Candidate Recommendation Forms (sealed w/ signature across seal upon arrival): Yes No

(Please return all items in this section to applicant, as they will need to submit with their application)

Section III: Verification of Subject Matter Competency

Meets Subject Matter Competency (as of day of interview): Yes No

If yes, indicate method used: CSETs or Subject Matter Preparation Program (SMPP) Coursework

If no, indicate how applicant will qualify prior to program start date: _____

Section IV: Academic Department Certification

Upon completion of the admission interview, do you certify that this applicant demonstrates the aforementioned admission requirements, as required by the State of California?

Yes, I certify this applicant demonstrates the aforementioned admission requirements.

I am unable to certify this applicant demonstrates the aforementioned admission requirements and recommend a second interview with the Single Subject Credential Program Coordinator.

 Faculty Signature

 Date

Faculty Comments:	Interview Referrals: Writing Center (278-0334) Students with Disabilities Support (278-2811) Speech and Hearing: Accent Reduction Services (278-2422) Health and Psychological Services (278-2734) Writing Courses for Non-Native English Speakers (278-2097) Career Counseling Services (278-2381)
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Single Subject Credential Program
Candidate Recommendation Form

The person named below is an applicant to the Single Subject Credential Program at California State University, Fresno. The Single Subject Credential Program prepares prospective teachers to teach a **specific content area** in departmentalized classes, such as those in most middle schools and high schools, in grades preschool, K–12, or in classes organized primarily for adults. Please indicate your judgment of the applicant's qualifications for the teaching profession by completing this form. This recommendation may be seen by the applicant and will be used as part of the criteria for admission.

Applicant's Name:		Credential Subject Area:			
Name of Evaluator:		Evaluator Email/Phone:			
In what capacity do you know the applicant?		How long have you known the applicant?			
Thinking of this person as a candidate for the teaching profession, please rate them in the following areas by placing a checkmark (✓) in the appropriate box.					
	Not observed	Exceptional	Very Good	Good	Poor
General Attitude					
Responsibility					
Initiative/Enthusiasm					
Verbal Skills					
Writing Skills					
Subject Knowledge					
Professionalism					
Rapport with Peers					
Rapport with Instructor(s)					
Overall Rating					
Comments:					
Based on your experience, do you think this person has the potential to be an effective teacher? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please explain:					
Evaluator's Signature:			Date:		
Evaluator's Position/Title:			Evaluator's Place of Employment:		

Directions to Evaluator: Enclose this completed form within a sealed envelope and sign your name across the seal of the envelope flap. You may give the sealed envelope directly to the student or scan and email to reflores@csufresno.edu

The person named below is an applicant to the Single Subject Credential Program at California State University, Fresno. The Single Subject Credential Program prepares prospective teachers to teach a **specific content area** in departmentalized classes, such as those in most middle schools and high schools, in grades preschool, K–12, or in classes organized primarily for adults. Please indicate your judgment of the applicant’s qualifications for the teaching profession by completing this form. This recommendation may be seen by the applicant and will be used as part of the criteria for admission.

Applicant’s Name:	Credential Subject Area:
Name of Evaluator:	Evaluator Email/Phone:
In what capacity do you know the applicant?	How long have you known the applicant?

Thinking of this person as a candidate for the teaching profession, please rate them in the following areas by placing a checkmark (✓) in the appropriate box.

	Not observed	Exceptional	Very Good	Good	Poor
General Attitude					
Responsibility					
Initiative/Enthusiasm					
Verbal Skills					
Writing Skills					
Subject Knowledge					
Professionalism					
Rapport with Peers					
Rapport with Instructor(s)					
Overall Rating					

Comments:

Based on your experience, do you think this person has the potential to be an effective teacher?

Yes: No: If no, please explain:

Evaluator’s Signature:	Date:
Evaluator’s Position/Title:	Evaluator’s Place of Employment:

Directions to Evaluator: Enclose this completed form within a sealed envelope and sign your name across the seal of the envelope flap. You may give the sealed envelope directly to the student or scan and email to reflores@csufresno.edu



**Kremen School of Education
and Human Development**

Teacher Candidate Commitment

The California Commission on Teacher Credentialing (CCTC) requires all candidates to demonstrate personality and character traits that satisfy the standards of the teaching profession. Developing as a Professional Educator (TPE 6) discusses the importance of how your personality and character traits may influence your professionalism as a teacher. **Please read and initial each statement below.**

1. As a candidate in this program, I will seek opportunities to reflect on and improve my practice through collaborative inquiry, observation feedback, and my own performance data.	Initial
2. As a candidate in this program, I will aim to develop an awareness of my own potential implicit and explicit biases, and the potential impact (positive and/or negative) they may have on my expectations for and relationships with students, families, and colleagues.	Initial
3. As a candidate in this program, I will work toward becoming a lifelong learner. I understand it will be my responsibility for ongoing professional learning and for maintaining my certification as a member of the teaching profession.	Initial
4. As a candidate in this program, I aim to develop an understanding of the fundamental responsibilities I need to possess as a professional educator, as well as my accountability to students, families, colleagues, and employers.	Initial
5. As a candidate in this program, I aim to develop an understanding in how to participate as a team member with my future colleagues and families. I recognize that this begins with how I conduct myself as a teacher candidate in this credential program; specifically with fellow classmates, staff and faculty.	Initial
6. As a candidate in this program, I aim to develop an understanding in how to take responsibility for all students' academic learning outcomes, recognizing that I will need to hold high expectations for all students.	Initial
7. As a candidate in this program, I aim to develop an understanding on how to articulate and practice the teaching profession's professional standards of practice. I understand that this will mean upholding relevant laws and policies, including but not limited to those related to: <ul style="list-style-type: none"> • professional conduct and moral fitness; • use of digital content and social media; • education and rights of all stakeholders, including students with disabilities, English learners, and those who identify as LGBTQ+; • privacy, health, and safety of students, families, and school professionals; • mandated reporting; and • students' acts of intolerance and harassment such as bullying, racism, and sexism. 	Initial
8. As a candidate in this program, I aim to develop an understanding in how to be a productive member of a complex organization. I also aim to become familiar with issues of equity and justice within the structures and contexts of public education, including state, district, and school governance; curriculum and standards development; testing and assessment systems; and basic school finance.	Initial

Your initials represent your commitment to working toward developing as a professional educator while in the teaching credential program. If you were unable to initial any of the statements above, we encourage you to explore a different career pathway. Teaching is not for everyone and there are many professions in high demand. Fresno State's [Career Development Center](#) offers career counseling services for all students and alumni.

Personal Narrative

Name:

ID:

The Personal Narrative is a writing sample to showcase your proficiency in written English.

Directions:

Write a personal narrative that addresses your development as a teacher. As you brainstorm ideas for this essay, consider the following questions:

- What has led you to the decision to become a teacher?
- What skills and knowledge do you have that will make you effective in the classroom (see the Teacher Candidate Commitment form for some characteristics that you might address)?
- What skills and knowledge do you still need to develop in order to be a strong teacher?
- What are your plans to further your development?

Overall, your essay should be a unified, coherent, and well developed examination of your preparation for the profession of teaching.

Your personal narrative should be typed in 12 point font, using Arial or Times New Roman.

Do not exceed 2 pages.

For writing assistance, contact the Writing Center at Fresno State:

<http://fresnostate.edu/artshum/writingcenter/one-on-one.html>

(You may delete the above instructions, but please add your information to the Header at the top.)



School Staff and Volunteers: Tuberculosis Risk Assessment



Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)	
<input type="checkbox"/>	<p>Yes</p> <p>If there is a <u>documented</u> history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray, and was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.</p>
<input type="checkbox"/>	<p>No (Assess for Risk Factors for Tuberculosis using box below)</p>

Risk Factors for Tuberculosis (Check appropriate boxes below)	
<p>If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have <u>new risk factors</u> since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. <i>Latent Tuberculosis Infection: A Guide for Primary Health Care Providers</i>. 2013)</p>	
<input type="checkbox"/>	<p>One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.</p> <p>Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.</p>
<input type="checkbox"/>	<p>Close contact to someone with infectious TB disease at any time</p>
<input type="checkbox"/>	<p>Foreign-born person from a country with an elevated TB rate</p> <p>Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons.</p>
<input type="checkbox"/>	<p>Consecutive travel or residence of ≥1 month in a country with an elevated TB rate</p> <p>Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.</p>
<input type="checkbox"/>	<p>Volunteered, worked or lived in a correctional or homeless facility</p>



School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

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

Date of Birth: _____ mo./ _____ day/ _____ yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Telephone and FAX:

Pre-Program Field Experience Form for the Single Subject Credential Program

The State of California and the Kremen School of Education and Human Development (KSOEHD) requires a documented pre-program field experience as part of the credential program admissions process. The purpose of the field experience is to ensure the applicant has had an opportunity to engage with the population they are seeking to teach, in order to have a clear assessment of their interest in the teaching profession and their potential in the field.

The pre-program field experience must include the following criteria:

- 45 hours of field experience from an accredited K-12 public school
- 30 hours (of the 45 hours) must occur in the subject area AND grade levels appropriate to the desired credential
- Field experience must be within the last five years

Section I (Completed by the Applicant)

Last Name	First Name	Student ID	Subject Area
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Select One Option for Meeting the Documented Field Experience Requirement:

- EHD 50 at Fresno State
- Articulated Equivalent Course: _____ Institution _____ (must include transcript)
- Pre-Program Field Experience Verification: If selecting this option, your supervisor must complete Section II.

Section II: Pre-Program Field Experience Verification (Completed by Supervisor)

Type of Field Experience: Teaching on Short-term permit (STSP or PIP) Substitute Teaching
 Instructional Aide Counselor Coach Volunteer

District Name: _____ School Site(s): _____

Dates of Field Experience: From _____ To _____ Total Hours: _____

Supervisor Name: _____ Position/Title: _____

Supervisor Email: _____ Supervisor Phone: _____

Description of Field Experience Activities

Please attach a letter that describes the types of field experience activities in which the applicant participated and/or facilitated. Please be sure to include the subject area(s) and grade levels that were covered. Letter must be on district or school letterhead.

By signing, I verify that the applicant has completed a minimum of 45 hours of field experience from an accredited K-12 public school and at least 30 hours occurred in the subject area and grade levels appropriate to the desired credential.

Signature of Supervisor

Date