

SUPPORT PROVIDER DATA SHEET

California State University, Fresno
Education Specialist Credential Program

Name:

Current Position:

Work Phone:

Fax:

Email:

School Name:

District:

School Address (#, Street, City, and Zip):



Degrees Held

Degree:

Institution:

Date Awarded:

Degree:

Institution:

Date Awarded:



Credentials Held

Type:

State:

Date Expires:

Type:

State:

Date Expires:

Type:

State:

Date Expires:

Preparation to serve as a support provider

Briefly describe how you were prepared for the role of a district support provider:

I agree to serve as the district support provider for:

Name of Clear Credential Candidate

Signature of District Support Provider

Date: