

Fresno State
Application for Clear School Nurse Services Credentials
(Instructions on Pages 1-2)

CLEAR SCHOOL NURSE SERVICES CHECKLIST

— Transcripts (*Fresno State courses only*) with ALL grades posted. Unofficial transcripts printed from your my.fresnostate.edu account are acceptable.

— Transcripts with courses from other institutions are to be submitted to the Coordinator of the School Nurse program. The coordinator will then forward your program completion verification to the Kremen School Credential Analyst.

— Copy of your Preliminary School Nurse Services credential that verifies the expiration date.

— Copy of valid RN license.

— Original employer verification of a minimum of 2 years of FT (or equivalent) School Nursing experience on employer letterhead.

— \$25.00 money order/cashier's check payable to "Fresno State". Print your name and Fresno State ID# on the money order/cashier's check. No personal checks please.

- For **credential application** submission questions contact:
Sherri Nakashima, Credential Analyst
sherrin@csufresno.edu
Kremen School of Education and Human Development, Ed100

- For **program completion** questions contact:
Coordinator, School Nurse Services Credential Program
Central California Center for Excellence in Nursing
1625 East Shaw Avenue #146
Fresno, CA 93710
559.278.2041

Commission on Teacher Credentialing

After submitting your complete application packet you will receive three email notifications.

1. Authorization to pay credential fee at <http://www.ctc.ca.gov/credentials/default.html>. Fee: \$102.50
You will only be allowed to pay your fee after you have received this email notification. A valid email and credit/debit card are required. *The fee will be less if you hold a current Certificate of Clearance.*
 - Click the “Complete your Program’s Recommendation” button to begin your part of the online process.



Complete Your Program's Recommendation

- It is highly recommended that you review the instruction video before proceeding as you may apply for the incorrect credential and will have to pay the fee again as there are no refunds.



2. **Payment Confirmation**
Prior to receiving your final email, your local County Office of Education (COE) credentials department will accept this payment confirmation email as a temporary confirmation until your document number is issued.
If you have a conviction record or you have answered yes to any of the fitness questions, your application process may be delayed as CTC verifies your information.
3. After CTC completes their review, you will receive your document number.
You must register a copy of the final CTC email with your document number at your local COE credentials department.

The average processing time is approximately 7-10 days after payment.

Fresno State
Application for Clear School Nurse Services Credential

Student ID# _____

SS# _____ - _____ - _____

Date of Birth _____

Name _____
Last First Middle

Former Names, If Any _____

Mailing Address: _____
Number, Street, Apt#

City State Zip Code

Telephone: Home _____ Cell _____ Work _____

Email address used on your CTC profile: _____ (To check your profile log on to www.ctc.ca.gov. Updating your email address will require you to create a username and password.)

1. BA/BS _____ Major _____
Date Granted

2. MA/MS _____ Major _____
Date Granted

3. Have you held an extension on your preliminary credential? YES NO

In order to submit your credential information directly to your County Office of Education, please indicate the county where you are employed:

Submit pages 3-4 of the application to:

Sherrri Nakashima, Credential Analyst
Kremen School of Education and Human Development
5005 N. Maple Avenue, ED701
Fresno, CA 93740-8025

OFFICE USE ONLY – DO NOT WRITE ON THIS PAGE

CSU fee ____

FSU transcripts ____

Other _____

School Nurse Services

Valid RN license ____

2 Year experience letter ____

Program completion form ____

Copy of preliminary credential ____

NURS-186 ____ NURS-187 ____

Date App Sent To CTC: _____
Issuance Date: _____

Status Date/Date CTC
Issued: _____
Expiration Date: _____

Clear School Nurse Services _____

Semester completed _____

Input Into PS	
Input Into KDB	