



Kremen School
of Education and
Human Development

Education Specialist Credential Program Application Full or Part Time

Semester of Application _____
Semester/Year

Student Information

Last Name	First Name	Former Name <i>(If applicable)</i>	Student ID
Undergraduate Degree	Institution	Graduated or Anticipated Graduation Semester/Year	
Master's Degree	Institution	Graduated or Anticipated Graduation Semester/Year	

Program Information

Education Specialist General Program
 Mild/Moderate or Moderate/Severe

Field Placement (EHD 178)

Current Mailing Address	Email Address	Cellphone Number
-------------------------	---------------	------------------

Program Emphasis Mild/Moderate Moderate/Severe

Course that will be taken concurrently with EHD 178 LEE 173 LEE 177

Teacher candidates cannot be assigned to schools where their children attend or where family members are employed. Please provide the family member's school site: _____

Admission Requirements (Items 1-11)

Please make sure to have all applicable items attached before submitting your application.

Forms

1. ES Credential Program Application
2. Admission Interview *with Typed Responses*
3. Advising
4. Medical Clearance
5. Subject Matter Proficiency
6. Dispositions

Letters

7. Two Letters of Recommendation

Verifications

8. Applied to Fresno State (see admission requirements for exceptions)
9. Basic Skills
10. Certificate of Clearance
11. Pre-Program Field Experience

For Office Use Only

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

CBEST: _____ R _____ M _____ W CSET: 101 _____ 102 _____ 103 _____ U.S. Constitution

GPA: _____ Admitted _____
 _____ Cum _____ 60 units Student Group: _____ Denied _____ _____
Credential Admissions Analyst Signature

Field Placement

Supervisor:	Master Teacher:	School:	Grade:
-------------	-----------------	---------	--------



Admission Interview Form

Last Name_____
First Name_____
Former Name (If applicable)_____
Student ID

Section I (Applicant)

Please complete this section prior to your interview on a separate typed 1-2 page document:

- Describe the characteristics of the best teacher you ever had.
- Refer to the list of Professional Dispositions and describe the dispositions you have that make you a strong candidate for the teaching profession? In what teaching areas will you need support?
 Collaboration Professional Ethics
 Critical Thinking Valuing Diversity
 Reflective Practitioner Life-long Learning
- How will you want your students to remember you?

Section II (Interviewer)

Interviewer will complete this section during interview:

Meets English speaking competency: YES NO

Meets suitability for teaching requirement: YES NO

Contact the Multiple Subject Coordinator for a second interview.

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)



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"/> Yes	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.
<input type="checkbox"/> No (Assess for Risk Factors for Tuberculosis using box below)	

Risk Factors for Tuberculosis (Check appropriate boxes below)	
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)	
<input type="checkbox"/> One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.	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.
<input type="checkbox"/> Close contact to someone with infectious TB disease at any time	
<input type="checkbox"/> Foreign-born person from a country with an elevated TB rate	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.
<input type="checkbox"/> Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate	Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
<input type="checkbox"/> Volunteered, worked or lived in a correctional or homeless facility	



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:

Education Specialist Application Checklist

Use this form as a checklist to assist you in preparing to apply to the program. Once you have items 1-11 checked off, submit your application packet to the Education Student Services Center in the Kremen School, ED100 or email to essc@csufresno.edu.

Forms

- 1. ES Credential Program Application
Complete the following sections on the program application:
 - Student Information
 - Program Information
 - Field Placement
- 2. Signed Admission Interview *with Typed Responses*
- 3. Advising
Select and sign the appropriate Advising Form for your program.
- 4. Medical Clearance
A current, signed and completed, TB Risk Assessment form. (*see admission requirements*)
- 1. Subject Matter Proficiency (*Met in one of the following ways*)
 - ✓ Provide a copy of all three (3) Multiple Subject CSET subtests passing scores.
 - ✓ Verify completion of an approved subject matter preparation program.
- 2. Dispositions
Complete the Special Education Candidate Dispositions Self-Assessment form at https://fresnostate.co1.qualtrics.com/jfe/form/SV_6tG0QFBoG8SBFGd.

Letters

- 3. Two Letters of Recommendation

Verifications

- 4. Apply to Fresno State (*see admission requirements for exceptions*)
If required, apply at www.csumentor.edu
- 5. Basic Skills Requirement
Provide a copy from the list of options.
- 6. Certificate of Clearance
Provide a copy of your Certificate of Clearance.
- 7. Pre-Program Field Experience
Passed EHD 50 or completed verification packet.

Pre-Admission Disclosure: Admission into programs leading to licensure and credentialing does not guarantee that students will obtain a license or credential. Licensure and credentialing requirements are set by agencies that are not controlled by or affiliated with the CSU and requirements can change at any time. For example, licensure or credentialing requirements can include evidence of the right to work in the United States (e.g., social security number or tax payer identification number) or successfully passing a criminal background check. Students are responsible for determining whether they can meet licensure or credentialing requirements. The CSU will not refund tuition, fees, or any associated costs, to students who determine subsequent to admission that they cannot meet licensure or credentialing requirements. Information concerning licensure and credentialing requirements are available from Sherri Nakashima, sherrin@csufresno.edu, 559.278.0300.