

**San Diego County Office of Education Local
Education Agency**

6401 Linda Vista Road, Room 103, San Diego, CA 92111-7399

**Application for Designated Subjects Credential Program
CREDENTIAL PROGRAM TRANSFER APPLICATION INFORMATION**

Personal Information

Name of Applicant: _____
Last Name First Name Middle Name

Address: _____
Street Address City ST Zip

Phone : () _____ () _____ () _____
Home Work Message/Alternate

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Credential Information:

Check the appropriate boxes for the credential you are requesting to clear with our program.

- Adult Education
- Career Technical Education (CTE)
- Special Subjects

List the subjects you are requesting to be on your credential: _____

Employment Information

List the agency, or district, for which you are employed.

District/Agency Name: _____

Administrator Name: _____ Phone Number: _____

Email Address: _____

Mentor Teacher Name: _____ Phone Number: _____

Email Address: _____

Other Information

Please provide any other information you think is relevant.

