

**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 EXTENSION REQUEST**

Personal Information

Name of Applicant: _____
Last Name First Name Middle Name

Address: _____
Street Address City ST Zip

Phone: (____) _____ (____) _____ _____
Home/Cell Work/Message Email Address

Social Security Number: _____ Date of Birth: _____

Application Information:

Check the appropriate boxes for the credential you are requesting with this application.

- Adult Education or
- Career Technical Education (CTE) or
- Special Subjects or
- Supervision & Coordination

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: _____

Human Resources: Verification of Job Offer

Name of HR Tech/Analyst Signature Date

Mentor Information: Please note, a mentor is required for every teacher who does not hold a Clear Single or Multiple Subject credential.

Mentor Teacher Name: _____ Phone Number: _____

Email Address: _____

(If you do not yet know who your mentor is – please check this box)