

**Master of Science, Counseling and Guidance  
PPS Credential**

**Application Packet Verification Sheet**

Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

**CHECK OFF/VERIFICATION LIST (Complete 1<sup>st</sup> column & return with application pack)**

ITEM	APPLICANT CHECK IF INCLUDED	FACULTY VERIFICATION. INITIAL IF INCLUDED
ADMISSION TO CSUSB		
PROGRAM APPLCN FORM		
RESUMÉ		
TRANSCRIPTS		
LIVE SCAN (certificate of clearance)*		
TB TEST*		
THREE LETTERS OF RECOMMENDATION	1. 2. 3.	
PERSONAL STATEMENT		Score:
TECH. LITERACY FORM*		
Packet evaluation by Program faculty:		

## Counseling Program Application Form CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Campus applying for: San Bernardino \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home/cell phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

CSUSB Student ID # \_\_\_\_\_ (if known)

Gender: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please explain on a separate paper.

Do you qualify as a person with a disability under the Americans with Disabilities Act? \_\_\_\_\_ Yes \_\_\_\_\_ No

**This is an application for the following program(s): (Check all that apply)**

\_\_\_\_\_ M. S. in Counseling and Guidance (toward LPCC license)

\_\_\_\_\_ Pupil Personnel Services Credential in School Counseling (credential only)

\_\_\_\_\_ M.S. and PPS Counseling and Guidance

<b>Employment History:</b>	From (Mo./Yr)	To (Mo./Yr.)

<b>Educational Background:</b>	From (Mo./Yr.)	To (Mo./Yr.)	Degree Obtained
Name of Institution			

Degrees/Credentials Held: \_\_\_\_\_

As part of your training, you will have to be willing, both inside and outside of class, to participate as a client and counselor in practice sessions. You will need to be willing to be video-recorded for these sessions and to adhere to a counseling code of ethics, especially with regard to confidentiality. It is also your responsibility to arrange liability insurance before undertaking practical work with clients. If you are willing to accept these responsibilities and conditions, and declare that the above information is true and accurate, sign below.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATE OF CLEARANCE

### INSTRUCTIONS

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The Certificate of Clearance document verifies that the credential candidate has completed the Commission on Teacher Credentialing's (C.T.C.) fingerprint character and identification process (evaluated by the Department of Justice and the Federal Bureau of Investigation), whose moral and professional fitness has been shown to meet the standards as established by law.

Credential candidates who have not previously held a California credential or permit must process a **Request for Live Scan Service** and an **Application for Certificate of Clearance** no less than 60 working days prior to admission to student teaching, supervision or fieldwork. The Certificate of Clearance is a direct application processed to C.T.C. and must be recorded as an issued document on the C.T.C. website in order to be officially and unconditionally admitted to a credential program or enroll in course work requiring field experience in the public schools.

NOTE: Fingerprint information submitted to C.T.C. via Request for Live Scan Service will be invalidated for individuals who complete the live scan process but do not subsequently file an Application for Certificate of Clearance within 18 months.

Credential candidates who have not held a valid California credential, permit or Certificate of Clearance for more than 18 months must process a **Request for Live Scan Service** and submit a copy of a recently completed *Request for Live Scan Service* form (Form 41-LS) processed to C.T.C. with the credential application.

How to apply:

#### **Request for Live Scan Service**

Complete the applicable sections of the *Request for Live Scan Service (41-LS)* form (<http://www.ctc.ca.gov/credentials/leaflets/41-LS.pdf>) prior to arriving at the Live Scan site offering electronic submission of fingerprint services. Applicants may refer to the CSUSB University Police website (<https://www.csusb.edu/police>) for applicable fees and hours of operation or call (909) 537-3552 to schedule an appointment for Live Scan service. A current listing of other Live Scan sites offering electronic fingerprint services is available on the Office of the Attorney General website (<http://ag.ca.gov/fingerprints/publications/contact.php>) or you may contact your local police or sheriff station for Live Scan service availability and hours of operation.

Next Step:

#### **Application for Certificate of Clearance**

Submit your Application for Certificate of Clearance electronically via C.T.C.'s website (<https://www.ctc.ca.gov/credentials/submit-online>) by using the *Educator Page* button. It is highly recommended that you review the following C.T.C. links prior to commencing the filing process:

Professional Fitness Questions Information: <http://www.ctc.ca.gov/educator-discipline/files/pfq-information.pdf>

How to Complete Professional Fitness Questions: <http://www.ctc.ca.gov/educator-discipline/files/prof-fitness-instructions.pdf>

Professional Fitness Explanation Form (Form OA-EF): <http://www.ctc.ca.gov/credentials/online-services/pdf/OA-EF.pdf>

NOTE: There is a Certificate of Clearance fee of \*\$50.00 (plus service charge) payable by credit card or Visa or MasterCard debit card.

Please make sure to print your confirmation page since it may take a few days for the Certificate of Clearance status to be posted on C.T.C.'s website. NOTE: If C.T.C. requires additional documentation, the Certificate of Clearance process will be delayed.

\*Fee subject to change

*Per C.T.C. (Title 5 sections 80028(b) and 80487(b)), applicants with a Certificate of Clearance issuance date of January 1, 2007 and after must use their Certificate of Clearance credit within five years of issuance date and towards the issuance of the initial credential only. If an applicant does not use the Certificate of Clearance credit within five years for the initial credential application, the credit will be deemed earned upon receipt and will not be refunded.*

# REQUEST FOR LIVE SCAN SERVICE

FORM 41-LS Rev. 04/15

## Applicant Submission

ORI: <b>A0281</b>	Type of Application: <b>License/Certification/Permit</b>	<b>Section 1</b>
Code assigned by DOJ		
Job Title or Type of License, Certification or Permit: <b>TEACHER CRED 44340 EC</b>		

Agency Address Set Contributing Agency:		<b>Section 2</b>
<b>CASM TEACHER CREDENTIALING</b>	<b>03294</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
<b>1900 Capitol Avenue</b>		Contact Name (Mandatory for all school submissions)
Street No. <b>1900</b>	Street or PO Box	
<b>Sacramento</b>	<b>CA</b>	<b>95811-4213</b>
City	State	Zip Code
		Contact Telephone No.

*Name of Applicant: _____		<b>Section 3</b>
(Please print) Last First MI		
*Alias: _____	*Driver's License No: _____	
Last First		
*Date of Birth: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____	
	Agency Billing Number	
*Height: _____ *Weight: _____	Misc. Number: _____	
	*Home Address: _____	
*Eye Color: _____ *Hair Color: _____	Street No. Street or PO Box	
	City, State and Zip Code	
*Place of Birth: _____		
*Social Security Number (full): _____	* Required Fields	

*OCA Number: _____	<b>Section 4</b>
(SSN OR ITIN#)	
If resubmission, list Original ATI Number: _____	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI

SUPPLEMENTAL AGENCY/EMPLOYER		<b>Section 5</b>
(County Office of Education/School District)		
Employer Name _____		
Street No. _____	Street or PO Box _____	Mail Code (COE/SD five digit code assigned by DOJ)
City _____	State _____	Zip Code _____
		( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____			<b>Section 6</b>	
Name of Operator _____			LSID _____	Date _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____		

**COUNSELING AND GUIDANCE**  
**Master of Science/PPS Credential/ Certificate in Counseling**  
 Evaluation Rubric

	<b>Superior (4 points)</b>	<b>Strong (3 points)</b>	<b>Adequate (2 points)</b>	<b>Marginal or Inadequate (1 point)</b>	<b>Score</b>
<b>Diversity &amp; situation of experiences</b>	Addresses thorough understanding of multiple perspectives & experiences impacted by diversity	Addresses some understanding of multiple perspectives & experiences impacted by diversity	Addresses diversity, but not completely; lacks full analysis	Addresses diversity inadequately	
<b>Justice, work &amp; volunteerism</b>	Provides specific details and examples of commitment to social justice and desire to make a difference	Provides general details and examples of commitment to social justice and desire to make a difference	Provides some details and examples of commitment to social justice, but not fully developed	Lacks adequate details about commitment to social justice and desire to make a difference	
<b>Reflections</b>	Sophisticated reflections about personal and social/discursive meanings of experiences	Some reflections about personal and social/discursive meanings of experiences	Minimal reflections about personal and social/discursive meanings of experiences	Little or no reflections about personal and social/discursive meanings of experiences	
<b>Command of the language</b>	Displays superior, consistent control of syntax, sentence variety, and conventions of Standard English	Displays good, consistent control of syntax, sentence variety, and conventions of Standard English	Displays adequate, consistent control of syntax, sentence variety, and conventions of Standard English	Displays inadequate use of syntax, sentence variety, and conventions of Standard English	
<b>Mechanics</b>	Is free of errors in grammar, punctuation, word choice and spelling	Contains a few errors in grammar, punctuation, word choice and spelling	Contains more than a few errors in grammar, punctuation, word choice, and spelling	Contains an accumulation of errors in grammar, punctuation, word choice and/or spelling	

**Please submit this rubric with your completed application packet.**

**California State University San Bernardino  
Counseling and Guidance Program**

**Technological Literacy Entrance Requirement**

In the California State University San Bernardino Bulletin the regulations for admission to the Counseling and Guidance Masters degree specify:

*"In addition to the general requirements of the university, specific requirements for admission to classified graduate status" [includes]:*

*"Evidence of technological literacy in six areas: word processing, database, computer presentation, downloading, internet and email."*

In order to meet this requirement, please complete the following form.

1. I attest that I am able to use at least one word processing program (for example, "Word") and will submit all written assignments in the program in such a program.

Word processing programs I am familiar with:

Word \_\_\_\_\_

Other (please name) \_\_\_\_\_

\_\_\_\_\_ (Signed)

2. I attest that I am able to use a database program (eg "Excel") and have successfully navigated around a database designed by another person (eg "MyCoyote", "CSU Mentor", a library catalog, academic literature databases such as "EBSCOHOST" or "ERIC"). Note that databases are commonly used in schools for school enrollment, attendance, discipline and referral records and class scheduling.

Databases I have experience using:

Excel \_\_\_\_\_

My Coyote \_\_\_\_\_

Library catalog \_\_\_\_\_

EBSCOHOST \_\_\_\_\_

ERIC \_\_\_\_\_

Other (name them) \_\_\_\_\_

\_\_\_\_\_ (Signed)

3. I attest that I have experience in designing a computer presentation for a class (eg using "Powerpoint" or "Presentation"). When required I am capable of using such an application for presenting an assignment in class.

Presentation programs I have experience using

Powerpoint \_\_\_\_\_

Presentation \_\_\_\_\_

Other (name them) \_\_\_\_\_

\_\_\_\_\_ (Signed)

4. I attest that I have experience using at least one internet browser (eg "Explorer", "Firefox", "Safari", "Google Chrome") and can download from the internet information, visual material, articles, etc.

Browsers I have experience using:

\_\_\_\_\_

I have experience in using one of the following internet platforms for online learning:

Blackboard \_\_\_\_\_

Moodle \_\_\_\_\_

Other (please name) \_\_\_\_\_

\_\_\_\_\_ (Signed)

5. I attest that I have a current email address and can send and receive email. I undertake to either use my California State University San Bernardino email address or have my emails to this address forwarded to my personal email address while I am a student in the Counseling and Guidance program. I also undertake to check this email regularly (at least once every 48 hours) in order to respond to communications from professors in a timely manner.

I can send and receive email. \_\_\_\_\_ (Signed)

I can download attached documents sent by email. \_\_\_\_\_ (Signed)

My current email address is: \_\_\_\_\_

6. I affirm that the above information is true and correct.

\_\_\_\_\_ (Signed) \_\_\_\_\_ (Date)