State of California
Commission on Teacher
Credentialing Certification Division

Telephone: (916) 322-4974
Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

CHANGE IN CREDENTIAL ANALYST FORM

Complete the Add or Delete contact information below and send via email to COEAssignment@ctc.ca.gov.

Date: _____

_____
Name of County or IHE

_____
Name of Individual Completing Form | Title/Position

_____
Email Address | Telephone Number

Please make the following change(s) in the Credential Information Guide (CIG):

1. Add ☐ Delete ☐

Effective Date: _____

Name: _____

Title/Position: _____

Telephone Number: _____

Email Address: _____

2. Add ☐ Delete ☐

Effective Date: _____

Name: _____

Title/Position: _____

Telephone Number: _____

Email Address: _____

Enter new address here, if applicable:

_____

_____

_____

NOTE: IF ADDING OR CHANGING AN AUTHORIZED DESIGNEE FOR CTC ONLINE, USE FORM CL-896. IF ADDING OR CHANGING AN AUTHORIZED SUBMITTER FOR CTC ONLINE RECOMMENDATIONS, USE THE *ADD/REMOVE AUTHORIZED SUBMITTER* FORM CL-897.