



San Joaquin County Office of Education  
Fredrick A. Wentworth, Superintendent

**Teacher Development Department & Teachers College of San Joaquin**  
P.O. Box 213030 • Stockton, CA 95213-9030  
Office: 209-468-9116 • Fax: 209-468-9124 • teacherdevelopment@sjcoe.net  
Website: www.impactintern.org

## *Autism Added Authorization* Program Application

- ❖ **Submit your application with all required documents to the above mailing address or fax.**
- ❖ **Include with your application the schedule** (available at [www.impactintern.org](http://www.impactintern.org)) **marked with your 1<sup>st</sup> and 2<sup>nd</sup> choice of course dates to attend** (in the event the courses are required for you).
- ❖ **Your application and documentation will be reviewed and you will be notified regarding required enrollment, equivalencies granted, and the cost of the courses.**

### 1. PERSONAL INFORMATION

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Maiden or prior last name: \_\_\_\_\_

Address (street/apt/unit) \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Home Email: \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Work Email: \_\_\_\_\_

Are you an IMPACT graduate?     Circle    YES    or    NO

Are you a CURRENT IMPACT intern?    Enter Cohort \_\_\_\_\_

### 2. DOCUMENTS REQUIRED WITH APPLICATION (a, b, e required for everyone; only exception, IMPACT graduates do not need to enclose their IMPACT transcript).

- a) Copy of current Education Specialist Credential (CTC website copy acceptable).
- b) Transcripts (clean/clear copy acceptable) from teacher preparation program (not required if IMPACT graduate).
- c) If applicable, verification of any autism training already completed (e.g. certificate, letter, hours, workshop title).
- d) If applicable, letter from your Director/Administrator stating you have successfully taught students with autism.
- e) Our program schedule print-out (available at [www.impactintern.org](http://www.impactintern.org)) marked with your 1<sup>st</sup> and 2<sup>nd</sup> choice of course dates to attend (in the event the courses are required for you).

### 3. EMPLOYMENT

District (full name please, no abbreviations) \_\_\_\_\_

School (full name please) \_\_\_\_\_ City: \_\_\_\_\_

I am applying for an Added Autism Authorization because I know I need this authorization. My current credential does not include the authorization to teach students with autism. I understand IMPACT is not responsible for informing me and/or knowing whether I need the authorization or not.

Signature \_\_\_\_\_ Date \_\_\_\_\_