



San Joaquin County Office of Education
Mick Founts, Superintendent

Teacher Development Department & Teachers College of San Joaquin
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Website: www.impactintern.org

Autism Added Authorization Program Application

- ❖ **Submit your application with all required documents to the above mailing address or fax.**
- ❖ **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: _____

Date of Birth: _____ Social Security: _____

Are you an IMPACT graduate? Circle YES or NO

Are you a CURRENT IMPACT intern? Enter Cohort _____

2. DOCUMENTS REQUIRED WITH APPLICATION

- 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.

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 _____