

## *Participant Application for Clear Administrative Services Credential Program (CASCP)*

### ELIGIBILITY

- Completion of Preliminary Administrative Services Credential Program
- Assignment to a position that requires an Administrative Services Credential

### SUBMISSION CHECKLIST

- Completed Application Packet
- Copy of your California Teaching/Administrative Credentials and/or Service Credentials information from the CTC website – visit [www.ctc.ca.gov](http://www.ctc.ca.gov) and click on “Search for an Educator”
- Copy of Preliminary Administrative Services Credential/Certificate of Eligibility
- Copy of the work agreement verifying current position
- Copy of resume

### APPLICATION PROCESS

- All application materials listed above must be submitted by the **third** week of July (if starting in September); **third** week of October (if starting in December); or **third** week of January (if starting in March). Please submit to:

Sacramento County Office of Education  
Leadership Institute  
P.O. Box 269003  
Sacramento, CA 95826  
Attention: Kristen Coyle

Notification of acceptance into the Clear Administrative Services Credential Program (CASCP) will occur on or before the **last** week of July (if starting in September); **last** week of October (if starting in December); or **last** week of January (if starting in March).

### OTHER REQUIREMENTS (to be completed prior to start of program)

- Completion of the Clear Administrative Services Credential Program Assessment of Participant Competence (Initial)
- Attendance at Orientation Meeting (Dates TBA through the Leadership Institute)

**QUESTIONS?** Visit [scoeleadership.net](http://scoeleadership.net) or email [leadershipinstitute@scoe.net](mailto:leadershipinstitute@scoe.net)

**CASCP Participant Application Form**

**1. PERSONAL INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Gender       Male  Female

Ethnic Origin	<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> African American	<input type="checkbox"/> Decline to State
	<input type="checkbox"/> Other _____		

**2. PROFESSIONAL INFORMATION**

Job Assignment \_\_\_\_\_

Date of Hire \_\_\_\_\_

District \_\_\_\_\_

Job Site \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Email Address \_\_\_\_\_

Preferred email address for ongoing communication and contact roster \_\_\_\_\_

### 3. EDUCATIONAL BACKGROUND

Degrees Earned (list degree, date, and institution for each):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

California Credentials (list exact title of each):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 4. DESCRIPTION OF WORK ASSIGNMENT (to be used for Induction Process)

Please describe your administrative position. Include position title, responsibilities, demographic of assignment (i.e., student body API, socioeconomic, and any designations (turnaround school, program improvement, distinguished school, etc.)



**VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR**

To be Completed by Employing Agency

**1. Personal Information**

Applicant's Full Legal Name: \_\_\_\_\_  
*First* *Middle* *Last*

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

**2. Employing Agency**

Title of Administrative Position: \_\_\_\_\_

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): \_\_\_\_\_

Name of Employing Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *State* *ZIP*

County of Employment: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Approved by:

\_\_\_\_\_ *Name of Employer or Designee (print or type)* *Title of Employer or Designee*

\_\_\_\_\_ *Signature of Employer or Designee* *Date*

**3. Tentative Plan for Developing the Individualized Induction Plan**

Mentor Tentatively Assigned to Credential Holder: \_\_\_\_\_

Position of Mentor: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program:

*I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.*

\_\_\_\_\_ *Signature of Applicant* *Date*