

Participant Application for Clear Administrative Services Credential Program (CASCP)

ELIGIBILITY

- Applicant must possess a valid California Preliminary Administrative Services Credential.
- Applicant must be a newly-hired administrator within the Capital Region in a position that **requires** a Preliminary 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 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 after review of application. Acceptance into the program varies depending on when the application is received, when the CASCP coach is assigned, and when Orientation occurs.

QUESTIONS? Visit scoeleadership.net or email 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*