



PLACER COUNTY OFFICE OF EDUCATION
Clear Administrative Services
Credential Program Application 2020-2021

Office Use Only
Year 1 Year 2
exp: \_\_\_\_\_ other: \_\_\_\_\_
SP: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_ SSN\*: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Preferred email: Home [ ] Work [ ] District: \_\_\_\_\_

Position: \_\_\_\_\_ School Site: \_\_\_\_\_

Ethnicity\* (choose one): Asian / American Indian / Black / Hispanic / Pacific Islander / White / 2+ Races / Decline
Gender\* (choose one): Male Female Nonbinary Decline
Sexual Orientation\* (optional): Heterosexual/Straight Gay/Lesbian Bisexual Other Not Sure Decline

Do you currently hold a Preliminary Administrative Credential? Yes [ ] No [ ]

If No, when did you file for one? \_\_\_\_\_

Date Hired: \_\_\_\_\_. Is this your first administrative position? Yes [ ] No [ ]

- Is your admin position a minimum of 4 hours per day for 75% of the school year? Yes [ ] No [ ]

Please complete the following information on your previous administrative position(s) if applicable:

Table with 3 columns: Dates, District, Position

Have you participated in a Clear Administrative Credential training program in the past? Yes [ ] No [ ]

If yes, program/institution and date? \_\_\_\_\_

EDUCATION AND CREDENTIALS

Program/Institution of Preliminary Admin. Credential Completion \_\_\_\_\_

Date Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Credential type: \_\_\_\_\_ Institution: \_\_\_\_\_

Credential type: \_\_\_\_\_ Institution: \_\_\_\_\_

PLEASE FAX THIS APPLICATION AND FORM CL-777 TO (877) 293-1831 OR EMAIL TO:
Shelly Hollowell, Secretary, LLC, shollowell@placercoc.k12.ca.us, (530) 745-1495
Melody Thorson, Director, LLC, mthorson@placercoc.k12.ca.us, (530) 889-5937

\*CTC requires Social Security Number, Date of Birth, Ethnicity, Gender and Sexual Orientation to access their online system and/or complete reports.



State of California  
 Commission on Teacher Credentialing  
 1900 Capitol Avenue  
 Sacramento, CA 95811-4213

Email: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
 Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## 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 am expected to enroll in a clear administrative induction program upon placement in an administrative position but no later than one year from activation of the preliminary credential.*

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