

APPLICATION 2022-2023

Deadline: May 20, 2022

PROGRAM ELIGIBILITY

- Valid California clear teaching or service credential
- Minimum of 5 years of teaching experience in your credentialed area (by the end of the program)
- Passage of, or proof of registration for, the CBEST examination
- District Superintendent approval (PCOE form provided)

Note - Priority given to participants employed within Placer County.

SUBMISSION CHECKLIST

- Completed Application
 - Personal Leadership Statement
 - Resume
 - Copy of Transcripts (unofficial)
 - Proof of passing, or registration for, the CBEST examination
 - District Superintendent Approval (PCOE form provided)
 - Two (2) Letters of Recommendation (must be signed and dated; and at least one from an administrator)
 - \$500 non-refundable deposit (applied toward total program cost)
-

Application and all required documents must be mailed/emailed by May 20, 2022, to:

Placer County Office of Education

Attn: Shelly Hollowell

360 Nevada Street, Auburn, CA 95603

Email: shollowell@placercoe.org, Phone: 530-745-1495

Note - If emailing the application, your deposit must be received within five (5) business days.

Next steps:

- Participate in an interview with Melody Thorson, Program Director
- Upon acceptance, this program requires you to attend the 3-Day Coaching for Site Leadership Institute, July 19-21, 2022.

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Maiden or Prior Last Name: _____

Address: _____

City: _____ State: CA Zip Code: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Demographic Data*

Gender: Female Male Nonbinary Decline

Sexual Orientation: Heterosexual/Straight Gay/Lesbian Bisexual
 Not Sure Other Decline

Race: Hispanic/Latinx Not Hispanic/Latinx

Ethnicity: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander White 2+ Races Decline

****Collection of Candidate Demographic Data***

The California Commission on Teacher Credentialing (CCTC) is required to collect demographic data per specific legislation (AB 677, SB 179). As an accredited program, the Placer County Office of Education Leadership and Learning Collaborative is required to provide this data to the CCTC annually. All data is submitted as a total for all program candidates and other identification information is omitted. Candidates are not required to provide demographic data to be eligible for program admission.

PROFESSIONAL INFORMATION

Job Title _____ School Site _____

School Site Address _____

School District _____

Total Years of Teaching Experience _____

How did you hear about the PCOE Preliminary Admin Services Program?

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> District/School | <input type="checkbox"/> Email | <input type="checkbox"/> Website |
| <input type="checkbox"/> Flier | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Instructor/Coach | <input type="checkbox"/> Social Media | |

EDUCATIONAL BACKGROUND

Degree(s) earned (list degree, date and institution for each)

- _____
- _____
- _____
- _____

Credential(s) List exact title of each credential	State Issued	Status (valid/expired)

Are you interested in obtaining a Master’s degree in Education with the Educational Administration Emphasis through the University of Massachusetts Global (formerly Brandman University)?

_____ Yes, please contact me with more information _____ No, not at this time

PERSONAL LEADERSHIP STATEMENT

Attach a personal statement (12-point font, double-spaced, 1-2 pages) describing your leadership characteristics and what role these characteristics would play in leading a school.



Preliminary Administrative Services Credential Program

DISTRICT SUPERINTENDENT APPROVAL FORM

I recommend _____ to participate in the Placer County Office of Education Preliminary Administrative Services Credential Program for the 2022-2023 cohort. I confirm that he/she is in good standing with our district and will be a good candidate for the program.

Our district will support this candidate by providing access to information related to our district, such as data, district policies and plans. I understand that the above candidate will be choosing an administrative mentor from our district to provide support throughout the program.

Sincerely,

District Superintendent Signature (or Designee)

Date

Print District Superintendent Name (or Designee)

PASCP EMERGENCY CONTACTS 2022-23 (to be kept in classroom)

Your Information

Last Name: _____ First: _____ MI: _____

Phone: (_____) _____

Address: _____

City: _____ State: CA Zip Code: _____

Emergency Contact #1

Last Name: _____ First: _____ MI: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Emergency Contact #2

Last Name: _____ First: _____ MI: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Medical Information

Insurance Company: _____

Policy #: _____

Preferred Hospital: _____

Allergies: _____

Comments (any medical or personal information for an emergency care provider)

