



Preliminary Administrative Services Credential Program

APPLICATION 2020-2021

Deadline: May 15, 2020

PROGRAM ELIGIBILITY

- Valid California clear teaching or service credential
- Minimum of five years of teaching experience in your credentialed area
- Passage of, or proof of registration for, the CBEST examination
- District Superintendent approval (form attached)

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
 - Two (2) Letters of Recommendation (at least one must from an administrator)
 - \$500 non-refundable deposit (applied toward total program cost of \$7,750)
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Application and all required documents must be mailed/emailed by **May 15, 2020**, to:

Placer County Office of Education
Attn: Shelly Hollowell
360 Nevada Street, Auburn, CA 95603
Email: shollowell@placercoe.k12.ca.us
Phone: 530-745-1495

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

Next steps:

- Participate in a group interview with Melody Thorson, Program Director, between April 16 and 24
- PCOE will send Notification of Program Acceptance by May 1st
- Formally accept your position to enroll into the program by May 15, 2020

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Maiden or Prior Last Name: _____

Physical Address (street/apt/unit):

City: _____ State: _____ Zip: _____

Mailing Address (if different than physical):

City: _____ State: _____ Zip: _____

Phone: _____ Home or Cell (circle one)

Preferred Email for ongoing communication: _____

Social Security Number: _____ Date of Birth: _____

Demographic Data*

Gender: Female Male Nonbinary Decline to State

Preferred Pronouns: _____

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

Race/Ethnicity: Am Indian/Alaska Native Asian Black/African American
 Hispanic/Latin (of any race) Native Hawaiian/Pacific Islander White Two
or more races Decline to State

****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?

District/School Email Website
 Flier Job Fair Other _____
 Instructor/Coach 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 (current/expired)

Are you interested in obtaining a Master’s degree in Education with the Educational Administration Emphasis through Brandman University?

_____ Yes, please contact me with more information

_____ No, not at this time

Personal Leadership Statement

Please highlight the following as you construct your Personal Leadership Statement:

Describe your leadership characteristics and philosophy. Discuss your motivation in pursuing your Administrative Services Credential, your career goal and how you could contribute to building a culture of diversity with students, staff and/or a district team.



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 2020-2021 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

Date

Print District Superintendent Name

EMERGENCY CONTACTS (to be kept in the classroom)

Your Information

Last Name: _____ First: _____ MI: _____

Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

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)

