



## PLACER COUNTY OFFICE OF EDUCATION

Clear Administrative Services Credential (CASC)

Program Year \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE\*: \_\_\_\_\_ SSN\*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME/MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_  
PERSONAL WORK PREFERRED EMAIL:

### **EMPLOYMENT:**

POSITION: \_\_\_\_\_ SCHOOL SITE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ *Is this position a minimum of 4 hours/day for 75% of the school year?*  YES  NO

Is this your first *administrative* position?  YES  NO

*If applicable, please complete if you have had previous administrative position(s):*

DATE	SITE/DISTRICT	POSITION

Have you participated in a Clear Administrative training program in the past?  YES  NO

*If yes, program / institution and date:* \_\_\_\_\_

PASSED CalAPA: CYCLE 1:  YES  NO CYCLE 2:  YES  NO CYCLE 3:  YES  NO

### **EDUCATION AND CREDENTIALS:**

Do you currently hold a Preliminary Administrative Credential?  YES  NO *If no, when was it filed?* \_\_\_\_\_

PROGRAM / INSTITUTION OF PRELIMINARY ADMIN CREDENTIAL: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

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

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

Credential Type: \_\_\_\_\_ Institution: \_\_\_\_\_

Credential Type: \_\_\_\_\_ Institution: \_\_\_\_\_

*\*Information as required by CTC to access their online system and complete reports.*

RACE\* (choose one):

Hispanic / Latinx  
 Not Hispanic / Latinx

GENDER\* (choose one):

Male  
 Non-Binary  
 Female  
 Decline

ETHNICITY\* (choose one):

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

PLEASE EMAIL THIS APPLICATION AND THE CL-777 FORM TO [shollowell@placercoe.org](mailto:shollowell@placercoe.org)  
or MAIL TO: PCOE (Attn: Shelly Hollowell, LLC Secretary) 1400 W Stanford Ranch Rd, Rocklin, CA 95765

*PCOE is committed to equal opportunity for all individuals in education. (Board Policy 0410)*



State of California  
Commission on Teacher Credentialing  
Certification Division

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

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### 1. Personal Information

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

Social Security Number (last four digits only): \_\_\_\_\_

### 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: \_\_\_\_\_

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*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* \_\_\_\_\_