



San Luis Obispo County Education Office
Clear Administrative Services Credential (CASC) Program
Candidate Application

Directions: This application must be submitted and approved **prior to program registration.**

- Sections A and B are to be completed by the CASC Candidate. Completion of all fields is required for evaluation and admission.
- Section C is to be completed by the District/Local Education Agency (LEA)/Employing authorized agent.
- Return completed form by:
 - MAIL:** San Luis Obispo County Office of Education
Anne Stone, Program Director
3350 Education Drive
San Luis Obispo, CA 93405

EMAIL: astone@slocoe.org

Program Eligibility: Candidates must have *all of the following* prior to admission:

- Possess an active Preliminary Administrative Services Credential
- Be employed in a position requiring an Administrative Services Credential (Ed. Code Section 44270 (b) and 44270.1 (a)(2)).

Section A: Candidate Information (completed by the CASC Candidate)

Full Legal Name: _____

Former Maiden Names: _____

Social Security Number: _____ Date of Birth: _____

Home Street Address: _____

City: _____ Zip: _____ Email: _____

Current Job Title: _____

Name of District/LEA/Employing Entity: _____

Name of Work Site: _____

Work Address: _____

City: _____ Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____ Email: _____

Earned Preliminary Credential by (check one):

____ Completion of a Preliminary Administrative Services Credential program

____ Passage of State-Approved Exam (i.e. CPACE, SLLA)

Hiring date of your first administrative position: _____

I hold the following valid prerequisite credentials (please check if preliminary or clear):

Preliminary	Clear	Credential	Expiration Date
		CA Single Subject Teaching Credential	
		CA Multiple Subject Teaching Credential	
		CA Education Specialist Credential	
		CA Designated Subjects Credential (must also hold bachelors or higher degree from a regionally-accredited college or university).	
		CA Pupil Personnel Services Credential	
		CA Teacher Librarian Services Credential	
		CA Speech-Lang. Pathology Services Credential	
		School Nurse Services Credential (Clear Only)	

Section B: Agreement to Responsibilities (completed by candidate)

____ (initial) I acknowledge that by completing and signing this application I am requesting enrollment in the Clear Administrative Services Credential Program of the San Luis Obispo County Education Office. I understand that confirmation of my admission will be sent after my application has been reviewed and approved. If I am admitted to the program, I agree to participate in ongoing program evaluation, including a program evaluation survey.

____ (initial) I acknowledge that the responsibilities and requirements leading to completion of the Clear Administrative Credential Program does not imply or ensure continued employment in my current employment, as licensure requirements and employment criteria may differ.

____ (initial) I acknowledge that it is my responsibility to make timely progress toward completing the San Luis Obispo County Clear Administrative Services Credential Program requirements to attend and fully participate in all required classes; to submit all required evidence for recommendation for the Clear Administrative Services Credential, including self-assessment documentation and leadership action plans; and to provide verification of two years of successful experience in a full-time administrative position in a public school or private school of equivalent status while holding the Preliminary Administrative Services Credential toward requirements for the Clear Administrative Services Credential. Education Code Section 44270.1(a)(2).

____ (initial) I acknowledge that failure to fulfill any of the Clear Administrative Services Credential Program requirements and/or responsibilities by due dates specified will result in my being subject to the late fee policy currently in effect.

____ (initial) I acknowledge that failure to fulfill any of the Clear Administrative Services Credential Program requirements and/or responsibilities will result in my not receiving a recommendation for the Clear Administrative Services Credential.

____ (initial) I acknowledge that if my Clear Administrative Services Credential Program is not subsidized by state and/or local funds, the cost of participation in the Program is my responsibility.

Section C: District Verification (To be completed/signed by the District/LEA/Employing Entity Authorized Agent)

The District/LEA/Employing Entity verifies that they have employed the Candidate in a position requiring an administrative credential (Ed. Code Section 44270 (b) and 44270.1 (a)(2)).

Yes

No

By approving this option, the District/LEA/Employing Entity understands that the program hours and fieldwork may take place during regular work days and agrees to provide release time for this candidate to complete all program requirements.

Yes

No

*District/LEA/Employing Entity **agrees to pay program costs for this candidate***

Yes

No

Authorized Signature: _____ Date: _____

Print Name: _____ Date: _____

Name of District/LEA/Employing Entity: _____

Contact Phone: _____ Email _____

Important Candidate Information:

Submission of this application is an agreement to participate in ongoing program evaluation. It is important to collect information on candidates as we work to address the educator shortage, provide support for educators, and promote retention in the educational field. *The California Information Practices Act* provides that agencies requesting information indicate the principal purposes for which that information will be used. Your name, birthdate, and social security number (SSN) are used to provide proper identification of your file and to determine your eligibility.

With the exception of your SSN, birthdate, email, and home address, information displayed on documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted through those agencies. Information may also be disclosed to other State or Federal agencies as required by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code §§44200-44439, which authorizes this work. If not furnished, your application may be denied, delayed, or returned for completion. You are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Code §17520.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Administrator of State Funded Programs, Professional Services Division, 1900 Capitol Ave., Sacramento, California 95811, (916) 324-8002, is responsible for the maintenance of this information.