

## NEW ONLINE APPLICATION



### CHECKLIST FOR ADMINISTRATIVE SERVICES PRELIMINARY CREDENTIAL APPLICATION

*Please use this checklist to verify that your credential application is complete, then **SUBMIT ALL ITEMS TO THE CREDENTIALS OFFICE, EUREKA 209.** The Credential Analyst will initiate the online process once your application materials are received & evaluated in our office. This will trigger an email to you to go online and pay at a secure website.*

- \_\_\_\_\_ 1. The "Credential Request" Form is completed
- \_\_\_\_\_ 2. Your fee will be \$55.00 + 2.00 (processing fee) = \$57.00 to be paid online with a credit card once you receive your first email.
- \_\_\_\_\_ 3. "Release" form is completed.
- \_\_\_\_\_ 4. **Program planning sheet is properly filled in and signed by your faculty advisor. Contact Educ. Leadership Dept. Office or advisor for this form. Phone: (916) 278-5388**
- \_\_\_\_\_ 5. **Copy** of CBEST card is attached.
- \_\_\_\_\_ 6. **Copy of valid basic credential and any other credentials held** are attached.
- \_\_\_\_\_ 7. Verification of Experience: Use form CL-41 EXP in this packet for verification of your experience by the appropriate school official. **Submit verification of 3 years full time regular teaching experience.**
- \_\_\_\_\_ 8. Verification of Employment as an Administrator: Effective May 1, 1994, to receive the Preliminary Administrative Services Credential, this form is required showing a promise of employment as an administrator. If you have not been hired as an administrator you may apply for a Certificate of Eligibility.
- \_\_\_\_\_ 9. Official transcripts **EXCEPT C.S.U.S.** showing coursework taken for **THIS** credential are attached. \_\_\_\_\_

You will receive a series of 4 emails, the 1st one directs you to a secure CCTC website to pay and complete the Professional Fitness and Oath and Affidavit. The 4th email will serve as the Letter of Verification or C-19 letter. Please forward a copy to your employer.

If you have any questions regarding the application process, please call the Credentials Office at (916) 278-4567 or email us at [luci@csus.edu](mailto:luci@csus.edu) .

#### OUR MAILING ADDRESS:

**CSUS Credentials Office  
College of Education, Eureka 209  
6000 J Street  
Sacramento, CA 95819-6079**



**RELEASE FORM**

I authorize the California State University, Sacramento Credential Analyst to release information concerning my credential application to appropriate inquiring school districts and to forward my credential application and supporting materials to the California Commission on Teacher Credentialing for issuance of the credential I have requested.

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Print Name

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Signature

Date



Department of Educational Leadership & Policy Studies

*Preliminary Administrative Services Credential*  
**PROGRAM COMPLETION SHEET (33 units total)**

Student: \_\_\_\_\_

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

<u>Course No.</u>	<u>Course Title</u>	<u>Units</u>	<u>Semester/Year</u>
<b>Required Courses (24 units total)</b>			
1. EDLP 200B	Diversity and Equity in Education	3	_____
2. EDLP 201B	Foundations in Educational Leadership	3	_____
3. EDLP 250	Educational Research	3	_____
4. EDLP 203	Financial Resources Planning and Allocation	3	_____
5. EDLP 204B	Special Education and Categorical Programs	3	_____
6. EDLP 205B	Curriculum Development	3	_____
7. EDLP 202	Legal Bases of Education	3	_____
8. EDLP 209B	Human Resources in Education	3	_____

**Required Direct Site Experience (9 units) - Prerequisite: Completion of 12 units of program coursework, including EDLP 200, 201, 250 or 205B)**

9. EDLP 255	Field Experience Seminar	3	_____
10. EDLP 495	Field Study in Educational Leadership ( <u>Petition Required</u> )	6	_____

I hereby verify that this student has taken and completed the required courses in the Educational Leadership & Policy Studies program at CSUS, and is now eligible for his/her Preliminary Administrative Services Credential.

Completed By: \_\_\_\_\_  
 (advisor)

\_\_\_\_\_ (date)



State Of California  
 California Commission On Teacher Credentialing  
 Box 944270  
 1900 Capitol Avenue  
 Sacramento, CA 94244-2700

Telephone:  
 (916) 445-7254 or (888) 921-2682  
 E-mail: credentials@ctc.ca.gov  
 Web site: www.ctc.ca.gov

## VERIFICATION OF EXPERIENCE

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If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served in more than one position for a single employer, have a separate form completed for each position that you held.

► *Do not mail this form directly to the Commission separate from the application.*

This is to certify that: \_\_\_\_\_  
*(Name of Applicant)*

has served satisfactorily from: \_\_\_\_\_ to \_\_\_\_\_  
*(Month/Year)* *(Month/Year)*

in the position of: \_\_\_\_\_  
 (Check one)  Teacher  
 Education Specialist  
 Resource Specialist  
 Administrator  
 Counselor  
 Other (specify): \_\_\_\_\_

in the following grade or level: \_\_\_\_\_

in the area or subject of: \_\_\_\_\_

Full-time  
 Part-time (specify): \_\_\_\_\_ hours/day \_\_\_\_\_ days/week  
 Day-to-Day Substitute

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Verified by: \_\_\_\_\_  
*(Signature)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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



**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 (print or type)* *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 must develop an Individualized Induction Plan during my first year of employment as an administrator.*

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