



# INTERN SUPPORT AND SUPERVISION PROGRAM



## REGISTRATION FORM

### Contact Information *(please print)*

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

Social Security #: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Required** Contact Email: \_\_\_\_\_

Employing District/Agency \_\_\_\_\_ School/Site: \_\_\_\_\_

School Phone number: \_\_\_\_\_ County: \_\_\_\_\_

Subject Area(s): \_\_\_\_\_ Grade-level(s): \_\_\_\_\_

Intern Credential Program/University: \_\_\_\_\_

Intern Coordinator's Name: \_\_\_\_\_

Intern Coordinator's Contact Information: \_\_\_\_\_

I understand that to be employed as a teacher-of-record with an Intern Credential, I must have a *current* California Intern Credential and that the validity of the Intern Credential is dependent upon enrolling and maintaining current status in an accredited Intern Credential Program/University **and** in the North Coast School of Education (NCSOE). Upon receipt of my Intern Credential, I understand that I *must* register my credential with my employing school district/agency. By signing this form, I give permission to all parties (Intern Credential Program/University, NCSOE, and Employing School District/Agency) to share my credential and program status and contact information. I understand and agree to these requirements.

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

\_\_\_\_\_ Multiple Subject \_\_\_\_\_ Single Subject - Subject Area: \_\_\_\_\_

\_\_\_\_\_ Education Specialist: \_\_\_\_\_ Mild/Moderate and/or \_\_\_\_\_ Moderate/Severe

Credential Program Coordinator: \_\_\_\_\_  
Coordinator's Signature

Pre-service Requirement Met (120+ hrs): \_\_\_\_\_ Part-time % \_\_\_\_\_ Full-time  
Date

Intern Credential filed with CCTC: \_\_\_\_\_  
Issuance Date Signature of Intern Credential Program/University Credential Analyst

**One copy to each: NCSOE Regional Office ~ Intern Credential Program Coordinator ~ Credential Analyst ~ Participant**

Sonoma County Office of Education • North Coast School of Education  
5340 Skylane Blvd., Santa Rosa, CA 95403  
(707) 524-2818 • FAX: (707) 524-2815 • www.ncsoe.org