

NORTH COAST SCHOOL OF EDUCATION ADMINISTRATOR INDUCTION PROGRAM (AIP)



Candidate Application

2019 - 2021 Cohort

Eligibility Requirements

- Hold a valid Preliminary Administrative Services Credential
- Assignment to a position that requires a Preliminary or Clear Administrative Services Credential

Submission Checklist

- Completed Candidate Application
- Copy of California Teaching Credential and/or Service Credential
- Copy of Preliminary Administrative Services Credential/Certificate of Eligibility
- Resume
- [CL777 Verification of Employment](#)

Submission Process

Applications may be submitted by mail, email or fax. Please send your applications to:

Attn: Registrar/Advisor, Yesenia Rivas-Suarez

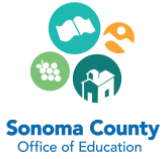
Sonoma County Office of Education
North Coast School of Education
5340 Skylane Blvd
Santa Rosa, CA 95403

yrivassuarez@scoe.org

Fax: (707) 524-2815

Questions

Please direct your questions to the *Executive Director, Jason Lea* at jlea@scoe.org or (707) 524-2814.



NORTH COAST SCHOOL OF EDUCATION ADMINISTRATOR INDUCTION PROGRAM (AIP)



Candidate Application

1. PERSONAL INFORMATION

First Name: _____ Last Name: _____

Previous Last Name (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Preferred Email for Ongoing Communication: _____

Social Security Number: _____ Date of Birth: _____

2. EDUCATIONAL BACKGROUND

List the degrees you have earned:

Degree	Date	Institution
1.		
2.		
3.		
4.		
5.		

List the California Credential(s) you hold (use exact title):

Credential	Expiration Date
1.	
2.	
3.	
4.	
5.	

3. PROFESSIONAL INFORMATION

Job Title: _____ Date of Employment: _____

School District/Organization: _____

District Address: _____

City: _____ State: _____ Zip: _____

School/Site: _____

School/Site Address: _____

City: _____ State: _____ Zip: _____

I am employed full-time in an administrative position that requires use of my Preliminary Administrative Credential.

What specific areas do you feel you need support as an Administrator?

4. SUPERVISOR'S CONTACT INFORMATION

This form will be submitted to your Supervisor for review. Please provide contact information below. If unsure, please contact your HR Department.

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Phone: _____

Supervisor's Email: _____

5. PHOTO RELEASE

During the year, SCOE/NCSOE may take photos and videos of participants, faculty, or staff to be used for educational and/or promotional purposes. Please mark the box that indicates your preference. You will only need to complete this document one time, but you may change your preference at any time.

I give authorization and consent for SCOE/NCSOE to use my name, photograph(s), video recordings and interview /survey comments for educational and/or promotional purposes. I understand that these items may be distributed to individuals, groups, news reporters/stations, through (but not limited to) social media, published advertisements, news releases, electronic communications, newsletters, slideshows, video presentations, NCSOE's website, and in professional development materials. I waive my right to inspect or approve of the finished product.

Please do not use my photograph, video recordings, or interview/survey comments. When a NCSOE authorized photographer is present, I understand that it is my responsibility to inform the instructor/presenter, NCSOE staff member and/or photographer that I do not wish to have my photograph or video likeness recorded.

6. DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Candidate Signature: _____ Date: _____