

**Administrator Induction Program  
Sonoma County Office of Education**

\_\_\_\_\_ **CANDIDATE APPLICATION**

**Eligibility Requirements**

- Completion of Preliminary Administrative Services Credential Program
- Assignment to a position that requires a Clear Administrative Services Credential

**Submission Documents**

Completed \_\_\_\_\_ Candidate Application  
Copy of California Teaching Credential and/or Service Credential  
Copy of Preliminary Administrative Services Credential/Certificate of Eligibility  
Copy of Resume  
CL777 Proof of Employment

**Submission Process**

Submit your application and associated documents electronically to: Belinda Soto at [bsoto@scoe.org](mailto:bsoto@scoe.org) **or** mail a hard copy to: Sonoma County Office of Education, 5340 Skylane Boulevard, Santa Rosa, CA 95403 - Attn: Belinda Soto

**Contact Information**

*If you have any questions or need assistance with your application, please contact us at:*

Anna Moore, Director, Accountability & AIP  
[amoore@scoe.org](mailto:amoore@scoe.org)  
707.522.3209

Belinda Soto, Data Control Tech III  
[bsoto@scoe.org](mailto:bsoto@scoe.org)  
707.524.3287

You may also visit us on-line at: <http://scoe.org/pub/htdocs/leadership-admin-credential.html>

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\_\_\_\_\_ **CANDIDATE APPLICATION**

**Candidate Information**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Work e-mail \_\_\_\_\_ Home e-mail \_\_\_\_\_

Preferred e-mail for ongoing communications:    Work            Home

**Education**

*Degrees earned (list degree, institution, and date for each)*

Degree	Institution	Date

*California Credentials (list exact title of each credential and expiration date)*

Credential	Expiration Date

**Administrative Employment/Description of Work Assignment**

*The information provided below should be related to your (new) administrative position.*

Job title \_\_\_\_\_

Date of employment (start date month/year) \_\_\_\_\_

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\_\_\_\_\_ **CANDIDATE APPLICATION**

*Please describe your administrative position. Include roles and specific responsibilities, site/program demographics of assignment, i.e., API, socioeconomic, and any designations (Turnaround School, Program Improvement, Distinguished School, Blue Ribbon, etc.).*

District \_\_\_\_\_

District address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School/site \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor name \_\_\_\_\_ Supervisor title/position \_\_\_\_\_

I am employed full-time in an administrative position that requires use of my preliminary administrative credential.

**Please Respond**

*In what specific areas do you feel you need support as an administrator?*

**Disclaimer and Signature**

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

Digital signature \_\_\_\_\_

*Type your name as you would sign a document. In doing so, you are providing a digital signature.*

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

**District Review**

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

Supervisor name \_\_\_\_\_

Supervisor phone number \_\_\_\_\_

Supervisor e-mail address \_\_\_\_\_