

**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: Yesenia Rivas-Suarez at yrivassuarez@scoe.org **or** mail a hard copy to: Sonoma County Office of Education, 5340 Skylane Boulevard, Santa Rosa, CA 95403

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
707.522.3209

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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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 _____