

**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 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 mail a hard copy to Sonoma County Office of Education, Attn: Belinda Soto, 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 II
amoore@scoe.org
707.522.3209

Belinda Soto, Data Control Tech II
bsoto@scoe.org
707.524.3287

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

CANDIDATE INFORMATION

Name _____
Home Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____
Work E-mail _____ Home E-mail _____

Preferred Email 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) _____

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/Site Address _____
City _____ State _____ Zip _____
Supervisor Name _____ Supervisor Title/Position _____

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 APPROVAL

This form will be submitted to your District Coordinator for approval. Please provide contact information below. If unsure, please contact your HR department.

District Coordinator Name _____
District Coordinator Phone Number _____
District Coordinator E-mail Address _____