

Administrator Induction Program (AIP) Candidate Application 2018-19

FIRST NAME: _____ **LAST NAME:** _____

ELIGIBILITY REQUIREMENTS

- Completion of Preliminary Administrative Services Credential Program
- 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 electronically or by mail.

To submit electronically:

Email to Registrar/Advisor, Yesenia Rivas-Suarez at yrivassuarez@scoe.org.

To submit by mail:

Attn: Yesenia Rivas-Suarez
Sonoma County Office of Education
North Coast School of Education
5340 Skylane Blvd
Santa Rosa, CA 95403

QUESTIONS

Please direct your questions to the Regional Director, Patricia Law Ed.D. at plaw@scoe.org or (707) 524-2854.

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: _____

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?

5. DISCLAIMER AND SIGNATURE

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

Candidate Signature: _____

6. 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: _____

7. PHOTO RELEASE

During the course of the year, NCSOE may be taking photos of participants. By signing the statement below, you give NSCOE and SCOE permission to use your picture for promotional and educational purposes:

I give authorization and consent for the North Coast School of Education (NCSOE) and the Sonoma County Office of Education (SCOE) and organizations and/or associations connected with SCOE to use my photograph(s), video camera recordings, and interview comments for educational and/or promotional purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases, and/or newsletters, slide shows, video presentations, and the World Wide Web. I waive any right to inspect or approve of the finished photograph(s), video camera recordings, and interview comments.

Candidate Signature: _____ Date: _____