



Leadership Institute of Riverside County Clear Administrative Services Credential Program

Enrollment Form

Thank you for enrolling in the Clear Administrative Services Credential Program. Please provide the information requested below and have the form signed by your immediate supervisor in the space provided at the bottom of the page. Mail or fax your completed form and a copy of your Preliminary Administrative Services Credential to:

Riverside County Office of Education
Leadership Institute of Riverside County
Attn: Cheryl Reynolds-Young, Project Manager
P.O. Box 868, CA 92502-0868
FAX: (951) 826-6954

Name: _____
First Middle Last

Gender: _____ Age: _____ Ethnicity: _____

Social Security Number: XXX-XX-_____ Date of Birth (MM/DD/YYYY): _____

Current Position Title: _____

School or Worksite Name: _____ School District: _____ School Site Level: _____

Office Phone: _____ FAX: _____

Work Address: _____

City Zip Code

Work Email Address: _____

Home Address: _____

City Zip Code

Level of Education: _____ Years of Service: _____

Current Credentials: (A copy of your Preliminary Administrative Services Credential, as well as a current resume must be attached to this form.)

Credential: _____ Expiration Date: _____

Credential: _____ Expiration Date: _____

Credential: _____ Expiration Date: _____

Acknowledgements

Candidate: I have read and agree to the conditions of the training listed in the CASC Informational Flyer. I know that the program fees must be paid in full prior to CTC recommendation for my Clear Administrative Services Credential.

Candidate Full Name: _____ Date: _____

District Supervisor: I am the above named candidate's immediate supervisor and certify that he/she is employed in a position that requires a Clear Administrative Services Credential [Ed Code 44270(b) and 44270(a)(2)]. I will support the candidate in the development of an Individualized Induction Plan.

Full Name: _____ Date: _____

Privacy Policy

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate and disclose and make use of personal information. The following outlines our privacy policy.

It is important to collect information on educators participating in the Preliminary and Clear Administrative Services Credential Programs as the State of California works to provide support for new administrators and addresses student needs. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used.

Candidates are required to provide name, birth date, and social security number or federal tax identification number on the enrollment application pursuant to 42 USC Section 666 and California Family Code Section 17520. The information is necessary to provide proper identification in order to verify teaching and administrative services credential(s), and for the Commission on Teacher Credentialing ("Commission") to perform its duty under Education Code Sections 44200-44439, which authorize this work.

If not furnished, the application may be denied, delayed, or returned for completion. Participants have a right to review personal information maintained on them by the Commission unless access is exempted by law.

Please download this form and open in Acrobat to Attach Files or Submit Form