

## TCSJ Administrative Clear Credential Application

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden or Prior Last Name: \_\_\_\_\_

Address (street/apt/unit): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN#: \_\_\_\_\_

**Gender:**  Male  Female      **U.S. Citizen:**  Yes  No      **Veteran:**  Yes  No**Ethnic Origin:** Hispanic/Latino of any race     American Indian or Alaska Native     Asian     Black or African American  
 Native Hawaiian or Other Pacific Islander     White (Non-Hispanic)     Two or more races     Decline to State

Employment District: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Other: \_\_\_\_\_

Are you a graduate of the TCSJ Preliminary Admin. Credential Program?  Yes       NoAre you a graduate of the TCSJ masters degree program?  Yes       No**How did you hear about our program (check):**     District / School     LinkedIn Recruitment Event     TCSJ Student/Alumni     A Colleague: \_\_\_\_\_ TCSJ Website     Other (briefly explain): \_\_\_\_\_

I certify that the information given in this application is complete and accurate. I understand that making false and fraudulent statements within this application could result in denial of admission, disciplinary action, and invalidation of units or credentials and/or degrees earned. Should there be any change in the substance of the information I have given here, I will immediately notify the Graduate Studies Department.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**TCSJ Mission**

To develop a workforce of teachers and school leaders who are comfortable with collaboration, understand the need to prepare students for both work and higher education and have the skills to develop, implement and sustain innovative educational ideas.

TCSJ exemplifies the notion of learning opportunities that are rigorous, provide relevance, are relationship-driven and incorporate reflection for professional growth.

**IMPORTANT:** Please use a folder or envelope and submit all items on this checklist (in the order listed below). It is recommended that you copy all documents, for your records, prior to submitting a complete application packet. Applications and forms are available on the TCSJ website [www.teacherscollegesj.edu](http://www.teacherscollegesj.edu). Submit your application packet in-person or to our mailing address.

### **Application Check List**

*Admittance to the TCSJ Administrative Clear Credential Program will be determined once ALL REQUIRED documents are received.*

#### **APPLICANTS MUST INCLUDE THE FOLLOWING:**

- TCSJ Administrative Clear Credential Application
- Administrator Induction Program Candidate Memorandum of Understanding (within application)
- Employer Agreement Form (within application)
- Copy of your Preliminary Administrative Services Preliminary Credential (from CCTC website)
- \$50 Non-Refundable Application Fee: *A \$50.00 check made payable to SJCOE. Cash will be accepted only if paid in person.*

#### **Teachers College of San Joaquin**

P.O. Box 213030 Stockton, CA 95213-9030  
Office: (209) 953-2114 – Fax: (209) 468-9124  
[www.teacherscollegesj.edu](http://www.teacherscollegesj.edu)

## Administrator Induction Program Candidate Memorandum of Understanding

I, \_\_\_\_\_ have submitted an application and been approved to participate in the Teachers College of San Joaquin *Administrator Induction Program*.

I am in agreement with the following **requirements** and **responsibilities** of participation:

### **Requirements** (please initial):

\_\_\_\_\_ I understand that I must be currently serving in an administrative position and have activated my Preliminary Administrative Services Credential in order to be in the program.

\_\_\_\_\_ I understand that I must fully participate in all required aspects of the program.

\_\_\_\_\_ I understand that I am required to complete two years in the program. If a leave of absence or a gap in employment occurs that requires an extension, I will bear the cost of extended program participation.

\_\_\_\_\_ I understand that if I have a qualifying reason to request an extension, I will immediately notify the TCSJ Administrative Induction Program Coordinator and my coach. TCSJ may confirm with my site and/or district of an extension.

\_\_\_\_\_ I understand that all information gathered regarding my practice and/or performance is confidential and will not be shared with my employer for evaluative purposes. TCSJ may share information regarding completion with my site and/or district.

\_\_\_\_\_ I understand that my successful completion of all requirements within the program and demonstration of administrative competence will inform the TCSJ recommendation for my Clear Administrative Services Credential to the California Commission on Teaching Credentialing (CCTC).

\_\_\_\_\_ I understand that the recommendation for a Clear Administrative Services Credential is contingent upon 2 years of successful experiences within a district, as verified by my Human Resources Director.

\_\_\_\_\_ I agree to complete a TCSJ tuition agreement for this program and understand that I will not be recommended for my credential until my tuition balance is paid in full.

**Responsibilities (please initial):**

\_\_\_\_\_ I must attend the Orientation at TCSJ in late summer.

\_\_\_\_\_ I must complete all needed Inquiries, developed with the assistance of my coach, that address the required standards.

\_\_\_\_\_ I must complete all required Professional Development hours, as indicated on my Individual Plan and on the candidate’s log of hours.

\_\_\_\_\_ I must create, revise as needed, and complete an Individual Plan each year and assemble all evidence in the form of a liveBinder or physical portfolio as outlined in the Candidate Handbook.

\_\_\_\_\_ I must make it a priority to schedule 40 hours of coaching time each year while in the program (80 hours total).

\_\_\_\_\_ I will develop a professional working relationship with my coach characterized by openness, trust, and reflection.

\_\_\_\_\_ I will identify sufficient coaching dates in partnership with my coach that will meet our hours of coaching time as required by the program.

\_\_\_\_\_ I will notify my coach immediately of unforeseen events that prevent me from making a scheduled coaching session in a timely manner. I will respond within 2 business days to *reschedule* a new time to meet with my coach.

\_\_\_\_\_ I will communicate in a timely manner with the TCSJ Administrative Induction Program Coordinator and my coach as questions and concerns arise about the program, including concerns about my coaching partnership.

\_\_\_\_\_ I will participate in the program evaluation processes and comply with all program reporting procedures.

\_\_\_\_\_ I understand that the 2018-19 program tuition cost of \$7,725 is my responsibility.

\_\_\_\_\_ I will follow my payment schedule, as agreed and indicated on my promissory note and payment plan.

\_\_\_\_\_ I understand if a withdrawal (voluntarily or involuntarily) from the program is necessary, the tuition will be recalculated based on the nearest quarter completed.

*I have read the above Requirements and Responsibilities and agree to follow them.*

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District:** \_\_\_\_\_ **School Site:** \_\_\_\_\_

**TCSJ Clear Administrative Credential: Signed Employer Agreement**  
*To be Completed by Employing Agency*

**1. Personal Information**

Applicant's Full Legal Name: \_\_\_\_\_  
*FIRST MIDDLE LAST*

Social Security Number: \_\_\_\_\_

**2. Employing Agency**

Title of Administrative Position: \_\_\_\_\_

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): \_\_\_\_\_

Name of Employing Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

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

County of Employment: \_\_\_\_\_ Telephone: ( \_\_\_ ) \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Approval: *I understand the requirements of the TCSJ Clear Administrative program and support my employee's participation.*

\_\_\_\_\_  
*Name of Employer or Designee (print or type)* \_\_\_\_\_ *Title of Employer or Designee*

\_\_\_\_\_  
*Signature of Employer or Designee* \_\_\_\_\_ *Date*

**3. Tentative Plan for Developing the Individualized Induction Plan**

Coach Tentatively Assigned to Credential Holder:

Position of Coach: Leadership Coach, Teachers College Of San Joaquin

Employing Agency: Teachers College of San Joaquin/San Joaquin County Office of Education

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program: Teachers College of San Joaquin

I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_ *Date*