



Preliminary Administrative Services Credential (PASC)
PASC Program Application

APPLICATION DEADLINE: FRIDAY, JUNE 1, 2018 @ 3:00 PM

Name: _____

Other names that may appear on credential: _____

Current mailing address: _____

Phone #s: Home: _____ Cell: _____ Work: _____

Email: _____

Employer: _____

Employer's address: _____

How did you hear about our program?

Education Information:

College and Location	Dates Attended	Units Earned	Degree	Graduation Date

The following items must be submitted with this application to be considered for a PASC program interview:

1. **APPLICATION FEE (NON REFUNDABLE):** \$50 payable, by check, to SBCEO or by Visa or MasterCard, to be applied toward tuition payments upon acceptance into the program.
2. **OFFICIAL TRANSCRIPTS:** Transcripts showing a baccalaureate degree and all post-baccalaureate work must accompany your application. These must be official transcripts, in sealed envelopes from each institution where coursework has been taken. Arrange for the transcripts to be sent to you by the institution so that you can submit them, unopened, to us as part of your application package. A grade point average (GPA) of 2.5 in your last 60 units is required for admission to the PASC program. If your GPA is below 2.5, please call us for more information.
3. **RECOMMENDATION:** Submit three current letters of recommendation from practicing education administrators communicating your administrative and leadership potential.
4. **COPY OF VALID TEACHING OR SERVICE CLEAR CREDENTIAL:** Submit a copy of at least one valid clear teaching or services credential. Please note that teaching credentials must include the English Learner Authorization (e.g. CLAD).



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5. **BASIC SKILLS REQUIREMENT:** Provide evidence that you have met the [basic skills requirement](#) by submitting proof (e.g. Passing scores on CBEST, CSET, etc.).
6. **VERIFICATION OF EXPERIENCE:** Submit Verification of Work Experience form confirming your successful completion of at least five years of full-time experience in public schools, nonpublic schools, or private schools of equivalent status. Please call for more information if you have less than five years experience from one employing agency or less than five years total.
7. **RESUME:** Include a copy of your most current resume demonstrating five years of qualifying certificated experience.
8. **STATEMENT OF INTENT:** Write a 1-2 page statement that addresses why you want to enter the administrative field, experiences that have prepared you for work as an administrator, and how you are meeting the needs of California's diverse population in your current job assignment.

The following will be scheduled after a complete application packet has been submitted:

INTERVIEW & WRITING SAMPLE: SBCEO staff will contact you to schedule an appointment for a brief interview, which will include a writing sample.

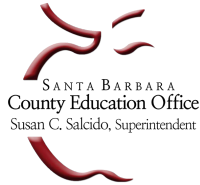
To the best of my knowledge, all information I have provided herein and materials associated with this application is true and accurate. I will keep the SBCEO informed of changes in my status, address, telephone number and name. In accordance with the Family Rights and Privacy Act of 1974, effective November 19, 1974, all files maintained on a participant are to be available for perusal by the participant.

Signature of Applicant

Date

Submit completed application packet by Friday, June 1, 2018 to:

SBCEO Leadership Support Services
Attn: Dr. Letitia T. Bradley
P.O. Box 6307
Santa Barbara, CA 93160-6307



**Preliminary Administrative Services Credential (PASC)
Verification of Work Experience Form**

The PASC program requires verification of 5 or more years of full-time teaching, or other qualifying certificated, experience. Submit additional Verification of Work Experience forms if most recent employment totals less than five years.

The purpose of this form is to verify that _____
has served satisfactorily from: _____ to _____.
(Month/Year) (Month/Year)

Position(s): ___ Teacher ___ School Counselor
(check all
that apply) ___ School Psychologist ___ School Nurse
 ___ Speech Therapist ___ Other (specify) _____

___ Full-time
___ Part-time (specify): _____ hours/day _____ days/week

Verified by:

Employing Agency: _____

Name: _____ Title _____

Signature: _____
(Original, non-electronic signature required – HR or Superintendent’s Office only)

Date: _____