# Administrative Preliminary Credential

### SUBMIT ALL FORMS AS A COMPLETE PACKET.

**PETITION FOR CREDENTIAL:** To be completed online and submitted as part of application packet

**PROGRAM / DEGREE PLAN**: If you do not have a copy, contact your advisor.

**VERIFICATION OF EXPERIENCE:** Must show proof of 5 years of experience as a teacher or a counselor (attached CTC form)

**SCUTRANSCRIPT:** Transcript does not need to be official but must show completetion of all required program coursework

**COPY OF VALID CLEAR TEACHING CREDENTIAL:** a copy of your credential can be printed from: www.ctc.ca.gov/

## Note: If you started the PASC program at SCU BEFORE 9/1/15 you MUST submit a Verification of Employment. Please email Credentials@scu.edu for the form.

This form is NOT required for candidates admitted AFTER September 1, 2015, you must petition for a Preliminary Administrative Credential- you will have 5 years to clear this document (the Certificate of Eligibility is not available for you).

**VERIFICATION OF EMPLOYMENT:** Employment as an Administrator. If you are not employed as an administrator, you will leave this form out of your petition packet and you will receive a recommendation for a Certificate of Eligibility.

**COMPLETING APPLICATION PROCESS:** After a review of all of your documents we will recommend you for your credential. At the end of our processing time (10 business days) you MUST log on to your Educator page on the CTC website.

### ALL DOCUMENTS LISTED ABOVE MUST BE SUBMITTED AS A SINGLE PACKET VIA EMAIL TO CREDENTIALS@SCU.EDU



#### **VERIFICATION OF EXPERIENCE**

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served more than one term of employment for a single employer, indicate in the additional section below. If you have served in more than one type of position (e.g both teacher and counselor) for a single employer, have a separate form completed for each position that you held.

▶ Do not mail this form directly to the Commission separate from the application.

This is to certify that:	
·	(Name of Applicant)
has served from:	to
(Month/Year)	to
and(Month/Yea	r) to (Month/Year)
in the position of (check one):	
<ul><li>□ Teacher</li><li>□ Education Specialist</li><li>□ Resource Specialist</li></ul>	☐ Administrator ☐ Counselor ☐ Other (specify):
in the following grade or level:	
in the area or subject of:	
☐ Full-time	
☐ Part-time (specify):	hours/daydays/weel
☐ Day-to-Day Substitute	
School/Agency:	
Address:	
Telephone Number:	
Verified by:	
	(Signature)
Name:	
Title:	Date: