



Fresno County Office of Education  
 1111 Van Ness Avenue  
 Fresno CA 93721  
 (559) 265-3016

## Clear Administrative Services Credential Program ENROLLMENT FORM

|  |               |                             |
|--|---------------|-----------------------------|
| First and Last Name                    | Middle        | Former/Maiden Name          |
| Home Mailing Address/ City, State, Zip | Home Phone    | Cell Phone                  |
| County of Employment                   | District Name | School Name (if applicable) |
| Site Mailing Address/City, State, Zip  | Site Phone    |                             |
| E-Mail Address                         |               |                             |

Preliminary Administrative Service Credential Number  (CTC Copy attached)      Date of Approval (Attach temporary/orange form if in process)

**Gender**

- Male                       Female  
 Decline to State       Nonbinary

**Sexual Orientation**

- Heterosexual/Straight     Gay/Lesbian  
 Bisexual                       Other \_\_\_\_\_  
 Not Sure                       Decline to State

**Ethnicity (check all that apply)**

- African American       American Indian  
 Asian                       Hispanic  
 Pacific Islander       White/Caucasian  
 Decline to State       Other \_\_\_\_\_

**What Credentials do you hold?**

- Multiple Subject       Single Subject  
 Other – Please specify \_\_\_\_\_

**School Level**

- Primary       Secondary  
 Other \_\_\_\_\_

**How did you satisfy the requirements for your Preliminary Services Administrative Credential?**

- University Preparation Program: \_\_\_\_\_  
 District Program: \_\_\_\_\_  
 Administrative Test  
 Other: \_\_\_\_\_

**Year Completed** \_\_\_\_\_

**Cal APA's**  Yes       No

- Cycle 1 Date Passed: \_\_\_\_\_  
 Cycle 2 Date Passed: \_\_\_\_\_  
 Cycle 3 Date Passed: \_\_\_\_\_

**If you are transferring from a different Clear Administrative Services Credential Program, please provide the name of the program:**

\_\_\_\_\_

**I have read and agree to the conditions of the program. By signing this document, I acknowledge the credential number provided is my actual number.**

Clear Administrative Services Credential Candidate Signature      Date

District Representative Signature      District Representative E-Mail Address

Fresno County Superintendent of Schools Clear Administrative Services Credential Program considers all applicants for all credential positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status. The Fresno County Superintendent of Schools Clear Administrative Services Credential Program employee charged with coordinating efforts to comply with this practice and investigate complaints regarding non-compliance is the Administrator of Human Resources.