## Preliminary (Level I) Educational Leadership Program

### APPLICATION CHECKLIST

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Application for admission to HSU completed on-line through CSU MENTOR.</td>
<td>□ □</td>
</tr>
<tr>
<td>2. Application (hard-copy) for admission to Educational Leadership Program completed and filed with the School of Education, including required verifications and attachments noted below:</td>
<td>□ □</td>
</tr>
<tr>
<td>• Photocopy of teaching/qualifying credential/s.</td>
<td>□ □</td>
</tr>
<tr>
<td>• Evidence of satisfactory completion of CBEST (California Basic Educational Skills Test).</td>
<td>□ □</td>
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<tr>
<td>• Completed form letter from employer/s verifying a minimum of <strong>four years full time teaching</strong>/qualifying experience.</td>
<td>□ □</td>
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<tr>
<td>• Two letters of recommendation (one from present supervisor and one from another school administrator).</td>
<td>□ □</td>
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<tr>
<td>• Completed health verification form.</td>
<td>□ □</td>
</tr>
<tr>
<td>• Interview completed with Program Leader/Coordinator of Educational Leadership Program.</td>
<td>□ □</td>
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Humboldt State University
School of Education
Educational Leadership Program

Preliminary (Level I) Administrative Services Credential Program

APPLICATION

General Information:
Name: _______________________________ Social Security #: __________________

Home Mailing Address: _________________________________________________________

Home Phone: ___________________ Cell Phone: ________________________________

Preferred e-mail address: ______________________________________________________

Work-related Information
Name of School Site/District/Organization: ________________________________

Mailing Address: ____________________________________________________________

Professional Background:
Teaching/Other Qualifying Professional Service:

<table>
<thead>
<tr>
<th>School District</th>
<th>Dates</th>
<th>Professional Service</th>
<th>Immediate Supervisor</th>
</tr>
</thead>
<tbody>
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</table>

Please list your earned college/university degrees:

<table>
<thead>
<tr>
<th>Major</th>
<th>Institution</th>
<th>Year of Degree</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Please list your earned credentials:

<table>
<thead>
<tr>
<th>Name of Credential*</th>
<th>Institution</th>
<th>Date of Award</th>
</tr>
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<tbody>
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</table>

Application (Level I)

Page 2
Required Qualifying Criteria/Documents/Attachments:

- CBEST  Passed_________Not Passed_________Attachment (evidence) required
  (date)            (date)

- Health Verification Form
  Completed_________Not Completed ________Attachment (evidence) required

- Evidence of completion of four years teaching/qualifying experience
  Completed_________Not Completed ________Attachment (evidence) required

- Two letters of recommendations (supervisor, administrator)
  Completed_________Not Completed ________Attachment (evidence) required

- Field experience approval by school district
  Completed_________Not Completed ________Attachment (evidence) required

- Please attach a photocopy of your "admission qualifying" teaching or professional service credential.

List dates or times you would be available for on-campus or phone interview (list in order of preference).

1st_____________________________________________________

2nd_____________________________________________________

3rd_____________________________________________________

Signature: ____________________________ Date: _________________
Humboldt State University
College of Professional Studies
School of Education
Preliminary (Level I) Educational Leadership Program

--SAMPLE--
VERIFICATION OF EXPERIENCE LETTER

School/District Letterhead

Date

Kenny Richards, Ed. D.
Program Leader/Coordinator, EDL Program
School of Education
HGH 202, Harpst Street
Humboldt State University
Arcata, CA 95521

Dear Dr. Richards

Please be advised that ________________________________ a candidate in the Educational Leadership Program at HSU, has completed ____ years full-time CCTC qualifying teaching/counseling/other experience* in our school districts:

His/her inclusive dates of the above service run from __________ to ____________.

Very truly yours,

_______________________________________
District Superintendent/Principal/Human Resources Director (signature)

*Full-Time Teaching Experience: This is defined as teaching a minimum of four hours a day, unless the minimum statutory attendance requirement for the students served is less. Experience must be on a daily basis and for at least 75% of the school year. Experience may be accrued in increments of a minimum of one semester. No part-time or combination of teaching with other school employment will be accepted.
HEALTH VERIFICATION

All students entering the credential program must verify a current (less than three years old) tuberculosis (TB) test. Credential candidates also need to verify a vaccination for measles, mumps, rubella and rubella (MMR). You may obtain these vaccinations from the HSU Student Health Center or a private physician or clinic.

You will also need to provide the measles documentation to the university’s student health center in order to avoid a hold on your registration.

Verification must include either the agency stamp or an attached statement on letterhead stationery. We cannot accept signatures only.

STUDENTS NAME

Measles Vaccination: ____________________________ Examiner
(Rubella & Rubella)

_____________________________ Agency Stamp

_____________________________ Date

TB Test Results: ____________________________ Examiner

_____________________________ Agency Stamp

_____________________________ Date

(current within three years)