CENTER FOR EDUCATIONAL EXCELLENCE
GRADUATE SCHOOL OF EDUCATION

CENTER FOR EDUCATIONAL EXCELLENCE
Clear Administrative Services Credential

Credential Application

Student Information	
Last Name:	**First Name:**
Social Security Number:	**Previous or maiden name:**
Birthdate:	
Full Mailing Address (Number, Street, Apt #, City, State, Zip:	
Telephone Number:	**Email Address used on your CTC Profile:**
School District and County where you are employed: (Leave blank if not employed)	

Please submit all items on this list to the credential analyst for recommendation of your clear credential:

- ☐ Credential Recommendation Application
- ☐ Copy of active Preliminary Administrative Services Credential
- ☐ Verification of experience - completion of two years of successful experience in a full-time administrative position

Questions? Please email Jessie Sweeney at jsweeney@centeredx.org.

For Office Use Only:

Date Sent to CTC:	**Date CTC Issued:**
Issuance Date:	**Expiration Date**