



SANTA BARBARA COUNTY EDUCATION OFFICE (SBCEO)
Santa Barbara County Classified Credentialing
Consortium (SBC4)
New Participant Application 2020-2021

Applications accepted and new participants selected on an ongoing basis - current grant program will run through the 2021-2022 school year.

You may submit your completed application to:

- A. Email to theiduk@sbceo.org
- B. Mail completed application packet, with supporting materials to:
SANTA BARBARA COUNTY EDUCATION OFFICE
Attn: SBC4 Program Application
4400 Cathedral Oaks Road, PO Box 6307 Santa Barbara, CA 93160-6307

Please do not submit your application in multiple portions. Make sure you include all of the following with your completed application:

1. Participant Application (pages 2-5)
2. Copies of Exam Registrations/Scores (CBEST, CSET, RICA) if applicable
3. Unofficial Transcripts from all Colleges and Universities attended: must show either AA/AS or 60 semester units completed with cumulative GPA of 2.7 or higher.

If you are formally accepted into the SBC4 program, you will be required to submit the following additional documentation:

1. Official Transcripts from all Colleges and Universities attended
2. Certificate of Clearance document with CTC
3. Signed Participant Commitment and Agreement Form

Please note that this program has a total of 45 participant slots. A formal application screening process will be conducted by members of the governance team to determine those applicants who will be formally accepted into the first cohort. If you are not selected into the first cohort, your application may be retained and reviewed again for acceptance as participants exit the program and slots again become available. New applications will be accepted on an ongoing basis. Primary acceptance will be provided to: 1) those who can show evidence of the ability to fast-track to credential completion, 2) those who demonstrate the potential to help address the teacher shortage in Santa Barbara County consistent with district needs and current vacancy data, 3) district ability to work with participants closely, 4) those who can support the high bilingual teacher need, and 5) those who are in remote areas with hard-to-fill teaching positions. Priority will also be given to applicants who, as classified employees, have demonstrated potential and the strongest interest and background for success in the program.

QUESTIONS?

More information on Fingerprinting or the CTC Certificate of Clearance can be found by clicking here.

This application packet can be found on the SBCEO Credentialing Services website by clicking here.

For more information on fingerprinting you may contact:

Santa Barbara County Education Office Human Resources
Wendy Garcia at (805) 964-4711 ext. 5258 - wgarcia@sbceo.org

For information on the application or program questions, contact:

Tom Heiduk at (805) 964-4711 ext. 5266 – theiduk@sbceo.org



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PART I: CONTACT INFORMATION

Last Name _____ First Name _____ MI _____

Birth Date _____ Email _____

Home Address _____ City _____ Zip Code _____

Phone Numbers: Work () _____ Cell () _____

CURRENT EMPLOYMENT

Employing District _____ School _____ Grade Level _____

Date Started _____ Work Shift _____

Job Title/Position _____

Services: Bilingual Special Education Other _____

COLLEGE/UNIVERSITY STATUS (please answer every question in this section)

Highest Education Level Completed: AA/AS BA/BS (or higher) If no degree, # of post-secondary units completed _____

Are you currently enrolled in a college or university: Yes No

Name of college/university where you are enrolled or planning to enroll: _____

Name the type of program in which you are currently enrolled (credential, BA, etc): _____

If not currently enrolled, what type of program will you enroll in (AA, BA, credential, etc): _____

What date do you expect to complete your current program: _____

I wish to hold the following credential:

- Education Specialist (indicate emphasis): _____
- Single Subject (indicate subject): _____
- Multiple Subjects

Included in my application are the following forms (for student teaching or internships):

- Leave of absence from classified position letter from district
- Letter from University Credential Program designee verifying student teaching placement, specifically district, school, date span, and expected completion of credential program

Name of school/district where I will student teach: _____

I have passed the following exams:

- CBEST: Math, Writing, Reading
- RICA
- CSET- Indicate name of exam(s) _____

TEACHER OF RECORD (if applicable)

I am now the teacher of record at: _____

Date I started or will start teaching: _____ Grade Level/ Subject area: _____

If yes, what certification do you currently hold?

- University Intern Credential
- STSP (Short Term Staff Permit)
- District Intern Certificate
- PIP (Provisional Internship Permit)

I declare under penalty of perjury that the above information is true and correct.

Signature

Date



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PART II: CONSENT FORM

Last Name _____ First Name _____ MI _____

Are you the first member of your family to attend college?

Yes No

Does your credential goal include Bilingual Certification?

Yes No

Are you fluent in a language other than English?

Yes. If so, please indicate language(s): _____
 No

Choose the response/s that best describe your CBEST experience:

- Passed Reading
- Passed Math
- Passed Writing
- Took CBEST, but did not pass any sections
- Have not taken CBEST

VERIFICATION OF EMPLOYMENT

To be completed by employing district Human Resources

We certify that as of _____ (today's date) the above participant is currently employed and in good standing as a classified school employee in the _____ School District.

District Office HR/Personnel: _____

Signature: _____

Phone: _____ Email: _____

The California School Employee Teacher Credentialing Program (CSEP) is a state-funded program of support for prospective public school teachers. Participation in the CSEP is restricted to those employees identified in Education Code Section 44393(d) who are currently employed in a school district or county office of education that has been awarded a CSEP grant. It is not an individual scholarship program. By completing this form you will join our local CSEP program, the Santa Barbara County Classified Credentialing Consortium (SBC4) if you are determined eligible and are admitted to the program.

The Commission on Teacher Credentialing (CTC) requires programs to collect information on prospective public school teachers as we work to address the teacher shortage. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used.

Information gathered on this consent form will be used to determine funding for the CSEP Grant.

I agree to participate in the Classified School Employee Credentialing Program during the 2020-2021 school year.

Signature

Date

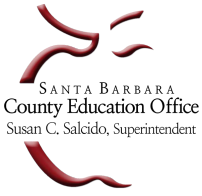


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PART III: STATEMENT OF PURPOSE

Last Name _____ First Name _____ MI _____

Discuss why you would like to be a teacher and describe your experience(s) with children and youth. Your statement should be typed, contain a minimum of two paragraphs, and be no longer than the space provided. In your response, use professional language, proper grammar, and correct spelling. Include unique individual circumstances or support needs and your compelling request for acceptance into the program.



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PART IV: DEMOGRAPHIC INFORMATION

Terms of this grant require our office to request the following demographic information from you. Note: Completion of this information is voluntary. This will in no way affect the acceptance of your application or your receiving a grant award, and this information will be immediately separated from your grant application.

Please do not write your name or any other personally-identifying information on this page. Thank you.

1. Race (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Cambodian | |

2. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to state

3. Sexual Orientation:

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Other
- Not sure
- Decline to state

4. Gender Identity:

- Male
- Female
- Non-binary
- Decline to state