# Application for Clear (Level II) Education Specialist Credential Program

**DEADLINE: Must be submitted and approved *before* registering for any Level II Coursework**

1) On-campus/ Sacramento Area Program — Mild/Moderate
2) Off-campus/Bay Area Program — Moderate/Severe, Early Childhood

## LEVEL II: Clear Education Specialist Program Planning Form

Name: Email: Cell Phone:
Address:
City/State: Zip: Home Phone:

Student Identification ID#: Work Phone:

## Clear Credential Course Requirements

**Active Saclink account required.**

| | Units | Enrollment Plan Sem/Yr | Completed |
|---|---|---|---|
| ***EDS 252A/B*** *Induction Seminar* | **2 +1** | | |
| **Specific Emphasis** _____ (Area of Concentration) | | | |
| ***EDS 267A/B*** *Adv Seminar I: Collaboration* *(90 hours of field-based activities req.)* | **3+3** | | |
| **EDS 268A/B** *Adv Seminar 2:* Evidence-based Practices *(90 hours of field-based activities req.)* | **3+3** | | |
| ****Elective** | **(3)** | | |

** District-based Activities with advisor pre-approval
(e.g., 45 hours of professional development or other non-university activities, BTSA, etc.) .

Other Clear Credential Requirements Equiv. Course/Institution
**Health & Safety**: e.g., **HSLC 136**

**Ed. Technology:** e.g., **EDS 291A/B**

The Clear Induction Program Advisement specifies the courses for completion of the Level II Clear Credential. It must include signatures by all listed parties and be submitted to CSUS along with the formal mentor letter and the narrative Induction Plan. At the end of the candidate's program, this form is reviewed and signed to verify program completion. A complete copy must be submitted for credential clearance. Candidates are responsible for maintaining copies in their portfolios for this purpose.

## Initial Induction Program Advisement

Candidate's Signature: _____ Date:_____

Support Provider's Signature: _____ Date: _____
(Field-based Mentor)

Level II Faculty Advisor's Signature: _____ Date: _____

## VERIFICATION OF COMPLETION – ALL REQUIREMENTS MET

Please Initial at Final Review

_____ Clear Credential Coursework
_____ Minimum of 2 full years of experience in an appropriate setting (Preliminary Credential)
_____ Verification of Competency in Level II Standards
(i.e., Portfolio Review or alternative method for competency attainment)

Faculty Advisor/Level II Signature: _____ Date: _____