



COHORT

☐ FALL

☐ WINTER

ACSA\* Educational Services \* Credential Office\* 1029 J Street, Suite 500  
Sacramento, CA 95814  
916- 329-3839

## Candidate Commitment Form

**Complete and return to Local Program Coordinator**

**Local Program:** \_\_\_\_\_

**Candidate Name:** \_\_\_\_\_ **Candidate E-mail:** \_\_\_\_\_

**Instructions:** Please indicate your understanding by initialing each statement

- \_\_\_\_\_ I accept the position of participant in the ACSA Clear Administrative Credential Program
- \_\_\_\_\_ I have discussed the program with my Local Program Coordinator and understand this is a two-year commitment
- \_\_\_\_\_ I understand ACSA Credential Program Fees and ACSA Credential Coaching Fees are separate payments:
- \_\_\_\_\_ ACSA Credential program fees are \$1,000 each year of the two (2) year program (\$2,000 total)
- \_\_\_\_\_ ACSA Credential Coaching Fees are determined by the Local Program

### ACSA Credential Program Fees Financial Obligation

**Instruction:** Please indicate the method of payment for ACSA credential program fees. Sign and return this form to your Local Program Coordinator. Items marked with an asterisk (\*) require the signature of the Superintendent or Designee authorized to provide the payment.

- \_\_\_\_\_ \* My employer will pay for all costs associated with the ACSA Credential **program fees** of \$1000/year for two years (\$2,000 total). These fees will be paid directly to ACSA. The person responsible for the financial obligation **must also** sign the Request for Purchase Order form accepting responsibility as the employer's representative.

Name of Person Authorized to Make Payment: \_\_\_\_\_

Phone Number of Authorized Personnel: \_\_\_\_\_

E-mail of Authorized Personnel: \_\_\_\_\_

**OR:**

- \_\_\_\_\_ I will pay all costs associated with the ACSA credential **program fees** of \$1000/year for two years (\$2,000 total).

\_\_\_\_\_  
Credential Candidate (Last Name, First Name)

\_\_\_\_\_  
Candidate Email

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Candidate Phone number

\_\_\_\_\_  
Date