



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

## ACSA Credential Program Fees Candidate Commitment Form

*Complete and return to Local Program Coordinator*

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 employer and understand this is a two-year commitment
- \_\_\_\_\_ I understand ACSA Credential Program Fees and Local Program 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 Option

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 on the Request for Purchase Order form.*

\_\_\_\_\_ \* 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** 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: \_\_\_\_\_

**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

----- Local Program Office Use Only -----

### Local Program Acceptance

\_\_\_\_\_  
Leadership Coach (Last Name, First Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leadership Coach Email

\_\_\_\_\_  
Local Program Coordinator Name

\_\_\_\_\_  
Leadership Coach Phone Number

\_\_\_\_\_  
Local Program