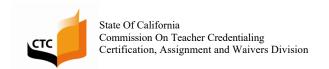
Email: credentials@ctc.ca.gov Website: www.ctc.ca.gov



EXCHANGE CERTIFICATED EMPLOYEE CREDENTIAL Verification of Information

Name of Exchange Employee:
Position/Title:
Subject(s)
Dates of Service: From:
Basic Skills Requirement (BSR)
We request a One-Year Preliminary Exchange Credential pending completion of the BSR
BSR has been completed, verification attached
I further certify that the following information concerning this exchange is authentic:
1. Name of local employee to be exchanged:
2. Type of credential held by local employee:
3. Date of local board action authorizing the exchange:
4. Name and/or location of public school (out-of-state/out-of-country) with which the exchange is to be made:
5. Country, state, territory, or possession in which the public school (foreign, out-of-state) is located:
6. The local district has official verification of the exchange teacher's fitness to perform the services requested in this credential
7. The district has given due consideration to the general qualifications and professional status of the proposed exchange employee as compared to the general qualifications and professional status of the employee to be exchanged
Signed by: Date: Date:
School District:
Contact Phone Number:
Contact Email:
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