



State Of California
 Commission On Teacher Credentialing
 Certification, Assignment and Waivers Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

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: _____ To: _____

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: _____
Superintendent of California Employing School District or Designee

School District: _____

Contact Phone Number: _____

Contact Email: _____