

**CREDENTIAL INFORMATION VERIFICATION FORM**

**PLEASE PRINT, FILL OUT COMPLETELY, SIGN AND DATE THIS FORM**

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ MUHSD Email: \_\_\_\_\_

CA Credential(s) Held:

Preliminary Credential \_\_\_\_\_ Date Received: \_\_\_\_\_

Insert screenshot from CTC in space below- showing your preliminary credential:

**I realize that if I hold an SB 2042 preliminary credential issued on or after August 30, 2004, I must complete a commission-approved induction program to earn a professional clear single or multiple subject credentials. If I have a preliminary credential issued before the date above, I may participate as an alternative to taking 5<sup>th</sup> year coursework. I understand that I have to attend one of the Participating Teacher Orientations when notified. It is my responsibility as a participating teacher to inform the Induction office of any address, name, or phone number changes within 10 days.**

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**Assignment:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Content Area(s): \_\_\_\_\_ Credential in this content area?  Yes  No

Special Education:  Yes  No If YES, Credential in Special Education?  Yes  No

District Verification (signature): \_\_\_\_\_ Date: \_\_\_\_\_