Credential Information Verification Form

1. Screenshot your preliminary credential & paste it below.
2. Print this document.
3. Complete the entire form using blue or black ink.

Date: _____ SSN: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (___) _____ MUHSD Email: _____

CA Credential(s) Held:_____

Preliminary Credential:_____ Date Received: _____

Insert a screenshot of your preliminary credential **from CTC** in space below:

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 5th 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:_____

Updated 6/2026