



CREDENTIAL EVALUATION
DATE _____

Name _____ Social Security _____

Birthdate _____ Phone _____

E-Mail Address _____

Degree Information

Type	Year	State	Institution	Major

Other Colleges/University(s) attended _____

Professional Preparation including Student Teaching

Type	Year	State	Institution	Level

If you do not have a Professional Preparation Program, what College/University do you plan on completing your program through? _____

California Credential held _____

Out of State Credential held _____

Out of State Only: Number of years Full Time Teaching Experience _____

Basic Skills Requirement Satisfied Yes No RICA Yes No

Subject Matter Yes No Subject(s) _____ by Coursework Exam

FOR DISTRICT OFFICE USE ONLY

Has the applicant been offered employment? Yes No

Assignment _____ ELD SDAIE Bilingual Grade _____

Employing District _____ Site _____ Hire Date _____

Clearance for Employment Required Does Not Require Clearance for Employment

Transcripts on File @ ICOE Transcripts Attached

Exam Results on File @ ICOE Exam Results Attached

FINGERPRINTING REQUIRED FOR:

Credential – Only Employment – Only Credential & Employment