

## PYLUSD CROSSROADS BTSA NOTIFICATION OF OPTIONS TO FULFILL PROFESSIONAL CLEAR CREDENTIAL

Name:		
District:		
School:	G	rade/Subject:
Type of Credential:		
Preliminary Sing	ele Subject 🔲 Preliminary Multiple Subj	ect
I have a Californ	ia credential Out-or	f-State Credential
Initial Teaching Con	ntract Start Date: / /	
As an eligible teacher requirements and ha understand that it is	er, I have been fully informed of the option ve been provided information about progr my responsibility to fulfill all requirement my credential requirements by meeting al	s for the option that I have chosen. I requirements for the option below: SA Induction Program including a formal valid CPR card
Option 2:		<i>for out- of-district employees)</i> ce as the teacher of record (not a sub/long-term sub) ent (not including requirements of teacher preparation
Name (please print):		
Signature:		Date: