Georgia PSC International Exchange Verification Form – Revised April 2009
200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032

Please Use Black Ink or Type

Please use ALL CAPS and print your name as you wish it to appear on your certificate

Title ☐ Mr ☐ Ms ☐ Dr **Last name**

First name **Middle or Maiden Name**

Social Security Number ___ - __ - ____ **Date of Birth (MM/DD/YY)** __ / __ / __

Employing School System/Agency Code

The applicant is employed in the following field: _____

Employment begins/began on: __ / __ / __

<u>I certify that the applicant named above has met the following requirements to be eligible for the International Exchange certificate:</u>

- ○ Holds primary citizenship outside of the United States and has entered the U.S. to teach in Georgia.
- ○ Holds the U.S. equivalent of a Bachelor's degree or higher as verified by a PSC-accepted foreign credential evaluation agency and has provided a copy to the PSC.
- ○ Holds foreign educator credentials in a type/field comparable to those recognized by Georgia.
- ○ Is proficient in English.
- ○ Holds a current J-1 Visa and copy is attached.
- ○ Has been employed by this school system as an educator in a field equivalent to the foreign educator credential.

I understand that signing this form does not exempt the educator from submitting all documentation required by the PSC to issue an International Exchange certificate.

<u>Authorization</u>:

Name of Superintendent or Central Office Designee (Please print) **Signature**

Title **Date**

Georgia School System/Agency/Private Institution **Phone Number**