

EDUCATION PROFESSIONAL STANDARDS BOARD
Division of Certification
1024 Capital Center Drive, Suite 225, Frankfort, KY 40601
(502) 573-4606,; (888) 598-7667
email dcert@kde.state.ky.us

Application for Full-time Emergency Certification

Section I – District Information

District: HARLAN COUNTY District Code #: 235
Telephone#: 606-573-4330 FAX #: 606-573-5767

Section II – Verifications

Prerequisites for Approval (pursuant to KRS 161.000; 704KAR 20:120):

1. Diligent efforts have been made to recruit a certified teacher, and the need to fill this position has been made known locally by appropriate means.
2. The school has been unsuccessful in recruiting a certified teacher either from the listings of teachers supplied by the Kentucky Department of Education or by means of the placement services of the teacher education institutions.
3. No certified teachers have applied for this position, and, as best as can be determined, a certified teacher is not available for this position. (Must be verified by board order.)
4. This position will be filled by the best qualified person available, giving preference to the factors of academic preparation, prior teaching experience or related educational work, and personal attributes compatible with the demands of the teaching profession.
5. The person named in this application sustains good moral character and is at least 18 years of age. (Applicant MUST fill out Section V on the reverse side of this form. If the answer to any question in Section V is "YES," district MUST submit this application to the Office of Teacher Education and Certification for approval.)
6. A state criminal records check and, as of January 1, 1999, a national criminal records check have been conducted for this applicant under provisions of KRS 160.380. (This requirement applies to all new certified hires, excluding persons employed in another certified position in a Kentucky school district within six months of the date of hire and who had previously submitted to a criminal records check.)

I verify that the aforementioned prerequisite conditions/requirements have been met.

Signed _____ Date _____
Superintendent of Schools

Number/date of board order declaring certified teacher not available for this position

Section III – Applicant Information

Mr. _____
Ms. _____
Mrs. _____ FULL Name _____ Social Security Number _____ Date of Birth _____
Dr. _____

Address

Telephone # _____ Academic Preparation (If less than degree, list total hours. Must attach official transcripts)

Section IV – Certificate Approval

_____ is certified as an Emergency Substitute at Rank _____, Preparation Code _____.
Applicant's Name IV or V 2, 3, B, M, or D

Effective from _____ to June 30, _____
Date of Approval Current School Year

Superintendent

SECTION III. CHARACTER AND FITNESS

(This form must be completed with each certification application and submitted to the Education Professional Standards Board, Division of Certification, 1024 Capital Center Drive, Suite 225, Frankfort, KY 40601, (502) 573-4606; (888) 598-7667, or e-mail dcert@kde.state.ky.us)

Name: _____ Social Security Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: () _____

Answer each question by circling "yes" or "no." If you answer "yes" to any question, you must submit a full explanation using a separate sheet of paper.

If you have ever held, or currently hold a professional certificate, license, credential, or other document issued to you by any jurisdiction (other than Kentucky) within the United States or abroad, enclose a copy of the certificate(s) or provide the following:

State or Jurisdiction _____ Certificate Number _____
 Type _____ Issue Date _____ Expiration Date _____

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|----|--|-----|----|
| 1. | Have you ever had a professional certificate, license, credential, or any document issued to you for practice denied, suspended, revoked, or voluntarily surrendered? | Yes | No |
| 2. | Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending? | Yes | No |
| 3. | Have you ever been dismissed, resigned, released, or asked to resign/retire or discharged from a professional position or military service for immorality, incompetence, willful neglect of duty, misconduct, or presenting false information toward obtaining the position? | Yes | No |
| 4. | Is any such action as stated in #3 pending? | Yes | No |
| 5. | Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state? | Yes | No |
| 6. | If you indicated "yes" to any items, #1 through #6, has that action been reviewed by the Education Professional Standards Board? _____
<small>(Date of Review)</small> | Yes | No |

I affirm and declare that all information given by me on this form is true, and correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in the denial or revocation of my teaching certificate. Further, I understand that KRS 161.120 provides that a teaching certificate may be revoked at any time upon determination that false information was presented toward obtaining a teaching certificate.

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the CODE OF ETHICS (enclosed) applicable to school personnel, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE _____ DATE _____