

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

