

EDUCATION PROFESSIONAL STANDARDS BOARD
Division of Certification
100 Airport Road, 3rd Floor, Frankfort, KY 40601
(502) 564-4606; (888) 598-7667
www.epsb.ky.gov

Form TC-4
Rev. 10/2009

Application for Emergency Substitute Certification

Section I -- District Information

District: _____ District Code Number: _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

Section II -- Verifications

Prerequisites for Approval (pursuant to KRS 161.100; 16 KAR 2:030):

1. Diligent efforts have been made to recruit a qualified teacher, and the need to fill this position has been made known locally by appropriate means.
2. No qualified teachers have applied for this position, and, as best as can be determined, a qualified teacher is not available for this position. For purpose of this regulation, "qualified" shall mean a teacher who holds the appropriate certification unless the superintendent of the employing school district has documented evidence that the teacher is unsuitable for appointment.
3. 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.
4. The person named in this application sustains good moral character and is at least 18 years of age. (Applicant MUST fill out Section IV on the reverse side of this form. If the answer to any question in Section IV is "YES," district MUST submit this application to the Education Professional Standards Board.)
5. The applicant has complied with the criminal records check required in KRS 160.380.
6. The district shall comply with the priority selection process for employment established in 16 KAR 2:030, Section 2, for substitute teachers.
7. Applicant must have 2.5 cumulative GPA or 3.0 on last 60 hours. (This condition is not required for applicants who possess a bachelor's degree in any subject area from a regionally or nationally accredited post-secondary institution as established in KRS 161.102)

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

Signed _____ Date _____
Superintendent of Schools

Number of board order declaring qualified teacher not available for this position

_____ Date of board order number

Section III -- Applicant Information

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

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

Telephone Number

Academic Preparation (If less than bachelor's degree,
list total hours. Must attach official transcripts.)

Section IV- -Character Fitness

This form must be completed and submitted with each certification application to the Division of Certification, 100 Airport Road, 3rd Floor, Frankfort, KY 40601, (502) 564-4606; (888) 598-7667; www.epsb.ky.gov

Name: _____ Social Security Number: _____

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

Telephone Number: _____
(Area Code)

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 _____

- | | | |
|---|-----|----|
| 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 #5, has that action been reviewed by the Education Professional Standards Board? _____ | Yes | No |
| (Date of Review) | | |

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 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: _____

