

## **Bullitt County Public Schools**

1040 Highway 44 East Shepherdsville, Kentucky 40165

502-869-8000 Fax 502-869-8019 www.bullittschools.org

To:

Mr. Keith Davis, Superintendent

From: Jennifer Wooley, Director of Human Resources

Date: February 13, 2018

Re:

Item for February Board Agenda

Attached please find the application for Full-Time Emergency Certification - CA-4F for teachers of specific areas of shortage in order to fill unanticipated vacant teacher positions, which may occur prior to the opening of the 2018-2019 school year.

I request your approval for the CA-4F application.

or high

## Commonwealth of Kentucky EDUCATION PROFESSIONAL STANDARDS BOARD Division of Certification, 100 Airport Road, 3<sup>rd</sup> Floor, Frankfort, Kentucky 40601 Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

APPLICATION FOR FULL-TIME EMERGENCY CERTIFICATION

SECTION I. Applicant Information (type or print)				
A. PERSONAL INFORMATION  B. ACADEMIC REQUIREMENT				
SSN: Date of Birth:	Provide official undergraduate transcript –			
	Must have Bachelor's degree with 2.5 cumulative GPA			
Last Name: Suffix:	College or University Date of Graduation GPA			
First Name: Middle:	Jane or enamentally			
Maiden Name: Gender: □ Male □ Fema	le			
Mailing Address:				
City:	Primary E-mail address:			
Telephone Number ()   Home  Mobile	Secondary E-mail address:			
Ethnic Identification – Optional (check one)  ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian ☐ Other				
SECTION II. District Information				
District:	District Code Number:			
	AX Number: ()			
SECTION III. Verifications	2.1			
Prerequisites for Approval (pursuant to KRS 161.100; 16 KAR 2:120):				
<ul><li>a. Have you checked the KDE certified vacancy listing?</li><li>b. Have you contacted the institution(s) in your geographic area certification via the alternative routes?</li></ul>	need to fill this position has been made known locally by appropriate means.  Yes No Date Checked a regarding traditionally prepared candidates and candidates eligible for Yes No Date Checked ds (targeted assistance and/or school-wide programs)? Yes No			
<ol> <li>No qualified teachers have applied for this position, and, as best as car purpose of this regulation, "qualified" shall mean a teacher who holds the school district has documented evidence that the teacher is unsuitable</li> <li>This position will be filled by the best qualified person available, giving experience or related educational work, and personal attributes compated in this application sustains good moral character and reverse side of this form.)</li> <li>The applicant has complied with the criminal records check required in Applicant must have 2.5 cumulative GPA or 3.0 on last 60 hours and a liverify that the aforementioned prerequisite conditions/requirements has subsequent full time emergency certificates except in limited circumstant.</li> </ol>	for appointment. preference to the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic preparation, prior teaching tible with the demands of the teaching profession. Indicate the factors of academic profession. Indi			
Superintendent Signature:	Date:			
SECTION IV. Position Information and Board Order Informat				
Position Content Area or Area of Disability:	Percentage of Schedule:			
Grade Level of Assignment: ☐ Elementary (P-5) ☐ Middle School				
Number of board order declaring qualified teacher not available for this				
Date of board order number:				
	Phone Number: ()			

NAME:	SSN:							
SECTION V. Character and	Fitness							
be conducted within twelve (1	submit a national and state crir l2) months prior to the date of the initial certification in Kentucky a	he <u>initial application</u> for certifi	cation.					
	currently hold a professional lice ky within the United States or a							
Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expir	Expiration Date				
C. Disclosure of Background	Information			1		T1		
If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.					ON	Documentation Attached		
suspended, revoked, or volunta	sional certificate, license, credential arily surrendered? If you have had practice initially denied by a licensi	a professional certificate, licens	e, credential, or	·		-		
2. Have you ever been suspend of misconduct?	ded or discharged from any employ	yment or military service becaus	e of allegations					
3. Have you ever resigned, enter allegations of misconduct?	ered into a settlement agreement, o	or otherwise left employment as	a result of					
4. Is any action now pending a educator licensing agency?	gainst you for alleged misconduct i	in any school district, court, or b	efore any					
contest) to a felony or misdement state? For the purpose of this	ed of or entered a guilty plea, an "A eanor, even if adjudication of the se application, minor traffic violations ng under the influence of alcohol or	entence was withheld in Kentuck s should not be reported. Convid	y or any other ctions for driving					
6. Do you have any criminal ch	narges pending against you?		•					
7. If you indicated "yes" to question #1 through #6, has the EPSB previously reviewed the information?						7		
(Da	ate of Review)		(4)					
certify that I have read and exam	andard for personal and profession nined the Professional Code of Ethi a provisions, and agree to abide by	ics for Kentucky Certified Schoo	I Personnel, 16 K	entuck	y Adm	inistrativ		
SIGNATURE:		DATE:	*			e e		
Section VI. Affirmation	4							
understand that any misrepreser Further, I understand that KRS 1	mation given by me on this applicat ntation of facts, by omission or addi 61.120 provides that a teaching ce rd obtaining a teaching certificate.	ition, may result in the denial or	revocation of my	teachi	ng cert	ificate.		
SIGNATURE:	*	DATE:				4		

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