



Bullitt County Public Schools

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Shepherdsville, Kentucky 40165

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www.bullittschools.org

To: Mr. Keith Davis
Superintendent

From: Jennifer Wooley *JW*
Director of Human Resources

Date: April 4, 2018

RE: Item for April Board Agenda

Attached please find the application for Emergency Substitute Certification in order to certify substitute teacher positions which may be filled during the 2018 - 2019 school year.

I request your approval of this application. If you have any questions, please feel free to contact me.

OK for April
JP
Assistant

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

EMERGENCY SUBSTITUTE APPLICATION

Verification and Signoff

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 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.
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.

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

Signed _____
Superintendent of Schools

Date _____

Board Order Number: _____

Date of Board Order Number: _____

District: Bullitt County Public Schools

School Year: _____