

## **Bullitt County Public Schools**

1040 Highway 44 East Shepherdsville, Kentucky 40165 Phone: 502-869-8000 Fax: 502-869-8019 www.bullittschools.org

TO:

Dr. Jesse Bacon, Superintendent

Adrienne Usher, Assistant Superintendent

FROM:

Althea Hurt, Director of Human Resources

DATE:

May 4, 2022

RE:

Item for the MAY Board Meeting - Full-Time Emergency Certification Process/Application

Attached, please find the application for Full-Time Emergency Certification - CA-4F, for teachers of specific areas of shortage. This process and form may be necessary to fill unanticipated vacant teacher positions during the 2022-2023 school year. The process is now automated.

Attachment: CA-4F

Commonwealth of Kentucky

KENTUCKY DEPARTMENT OF EDUCATION

Division of Educator Licensure and Quality, 300 Sower Blvd., 5th Floor, Frankfort, Kentucky 40601

Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

## APPLICATION FOR FULL-TIME EMERGENCY CERTIFICATION

Oction i. Applicant information (	type or print)			
A. PERSONAL INFORMATION		B. ACADEMIC REQUIRE	MENT	
SSN: Date of	Birth:	Provide official undergraduate transcript		
Last Name:		Must have Bachelor's deg	ree with 2.5 cumulative	e GPA
First Name:	Middle:	College or University	Date of Graduation	GPA
Maiden Name:				-
Mailing Address:				<u> </u>
City: State: _		Primary E-mail address:		
Telephone Number ()	🗆 Home 🗆 Mobile	Primary E-mail address:  Secondary E-mail address:		
Ethnic Identification - Optional (check on University White, Non-Hispanic University Black, Non-Hispanic Asian or Pacific Islander University American Indian SECTION II. District Information	anic □ Hispanic			
District:	Dis	strict Code Number:		
Telephone Number: ()		X Number: ()		
SECTION III. Verifications				
Prerequisites for Approval (pursuant to KRS	161.100; 16 KAR 2:120):			
<ol> <li>Diligent efforts have been made to recru         <ul> <li>Have you checked the KDE ce</li> <li>Have you contacted the institute certification via the alternative</li> </ul> </li> <li>Is this position or assignment funded or purpose of this regulation, "qualified" shat school district has documented evidence</li> <li>This position will be filled by the best quatexperience or related educational work, at the purpose of this form.)</li> <li>The person named in this application sust reverse side of this form.)</li> <li>The applicant has complied with the crimental composition of the purpose of this form.)</li> <li>The person named in this application sust reverse side of this form.)</li> <li>Applicant must have 2.5 cumulative GPA</li> <li>Verify that the aforementioned prerequisite of subsequent full time emergency certificates expenses.</li> </ol>	partialed vacancy listing?  Ition(s) in your geographic area regroutes?  partially funded with Title I funds (to is position, and, as best as can be all mean a teacher who holds the atomic the teacher is unsuitable for a lifting personal attributes compatible stains good moral character and is a tor 3.0 on last 60 hours and a bacconditions/requirements have to	Yes I No Date Checked_garding traditionally prepared cand Yes No Date Checked_argeted assistance and/or school-wedgetermined, a qualified teacher is ppropriate certification unless the sappointment. Because to the factors of academic with the demands of the teaching at least 18 years of age. (Application 18 160.380. School-wedgetermined a regionally academic's degree from a regionally academic's degree from a regionally academic's degree from a regionally academic particles.	idates and candidates eli- wide programs)?  Yes not available for this posi- superintendent of the emporeparation, prior teaching profession. Int MUST fill out Section Values	gible for  No ition. For ploying  g
Superintendent Signature:		e:		
SECTION IV. Position Information and				
Position Content Area or Area of Disability:			chedule:	
Grade Level of Assignment: ☐ Elementary (F		-	onodule.	,
Number of board order declaring qualified tea				
Date of board order number:				
District Contact Person:		ne Number: ()		

Page 2			Certification	Applic	ation (	CA-4F
NAME:		SSN:				
SECTION V. Character and F	itness					
A. If you have ever held, or culurisdiction other than Kentucky ollowing:	rrently hold a professional license $\underline{\imath}$ within the United States or abroa	, credential, or other docun ad, enclose a copy of the c	ment issued to ertificate(s) and	you b d prov	y any ride th	<u>other</u> e
Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Ехрі	ration	Date	
						-
. Disclosure of Background In	formation					
If you answer "yes" to any quest include dates, locations, school circumstances in detail.	ion below, SUBMIT a narrative with y systems, court records, and any othe	our application. The narrative r information that explains the	e should	YES	NO	Documentation Attached
	onal certificate, license, credential, or ily surrendered? If you have had a p ractice initially denied by a licensing l					
2. Have you ever been suspende of misconduct?	ed or discharged from any employme	nt or military service because	of allegations			
3. Have you ever resigned, enter allegations of misconduct?	red into a settlement agreement, or of	herwise left employment as a	result of			
<ol> <li>Is any action now pending aga educator licensing agency?</li> </ol>	ainst you for alleged misconduct in ar	ny school district, court, or bef	ore any			
state? For the purpose of this a	of or entered a guilty plea, an "Alford nor, even if adjudication of the senter pplication, minor traffic violations sho under the influence of alcohol or oth	ice was withheld in Kentucky	or any other			
6. Do you have any criminal cha	rges pending against you?					
7. If you indicated "yes" to question	on #1 through #6, has the EPSB prev	iously reviewed the informatio	n?			
(Date	of Review)					
eclare that I understand the stand tify that I have read and examine gulation 1:020, understand its pro	ard for personal and professional cor d the Professional Code of Ethics for visions, and agree to abide by its ten	nduct expected of a profession Kentucky Certified School Pe ms during the course of my ca	nal educator in K rsonnel, 16 Ken areer as a profes	Kentuck tucky /	ky. I fu Admini educa	irther strative
GNATURE:		DATE:				
ction VI. Affirmation						
firm and declare that all information	on given by me on this application is					

-		DATE: _	
Section VI. Aff	ïrmation		

I affirm and declare that all information given by me on this application 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.

SIGNATURE:	DATE:	
		Property of the second