



EMERGENCY CAREER SUBSTITUTE TEACHING PERMIT VERIFICATION OF REQUIREMENTS

Initial Permit

Renewal

Name of Applicant: _____
First Middle Last

Social Security Number (last four digits only): _____

The applicant, if granted the Emergency Career Substitute Teaching Permit, will be employed in the following school district and/or county named.

Name of District: _____ CDS Code: _____

Name of County: _____ CDS Code: _____

If the county office of education is responsible for the assignment of the day-to-day substitutes for all their school districts, only the name and the code of the county is required.

Verification of Experience (Required for initial permit only)

The applicant has three consecutive years of at least 90 days per year of day-to-day substitute teaching service

from _____ to _____ in _____
School District County

from _____ to _____ in _____
School District County

from _____ to _____ in _____
School District County

Staff Development Activities

Staff development activities offered to the regular teaching staff will be made available to the applicant
(Required for initial issuance)

Staff development activities were made available to the permit holder (Required for renewal)

Statement of Endorsement (Required for initial issuance and renewal)

I hereby certify that the applicant has served successfully in the district or county named above and may be employed to substitute teach for up to 60 days for one teacher during the valid period of this permit and that all of the information contained in this statement is true and correct.

District Superintendent: _____
(or designee) Name (print or type) Signature Date

County Superintendent: _____
(or designee) Name (print or type) Signature Date

- The county superintendent's signature is only required if the county office of education is responsible for the assignment of day-to-day substitutes for all of their districts.