**EMERGENCY NON-CERTIFIED SCHOOL PERSONNEL FORM**

**Program Participants**

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District Name

The following persons have been employed via this program and meet the requirements as stipulated in 16 KAR 2:030.

| Substitute's Name | Substitute's Name | Substitute's Name |
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**Superintendent's Signature** **Date**

This form may be copied as necessary. Please return to: Director, Division of Certification, Education Professional Standards Board, 100 Airport Road, 3rd Floor, Frankfort, KY 40601.