

EMERGENCY NON-CERTIFIED SCHOOL PERSONNEL FORM

Program Participants

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

Superintendent's Signature

Date

Please return to: Director, Division of Educator Licensure & Quality
Education Professional Standards Board
300 Sower Boulevard, 5th Floor
Frankfort, KY 40601.

This form may be copied as necessary.