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	SS#	School Assigned

_____ _____
Superintendent's Signature Date

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