

Commonwealth of Kentucky
EDUCATION PROFESSIONAL STANDARDS BOARD
Division of Certification, 100 Airport Road, 3rd Floor, Frankfort, Kentucky 40601
Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

APPLICATION FOR FULL-TIME EMERGENCY CERTIFICATION

SECTION I. Applicant Information (type or print)

A. PERSONAL INFORMATION

SSN: _____ Date of Birth: _____

Last Name: _____ Suffix: _____

First Name: _____ Middle: _____

Maiden Name: _____ Gender: Male Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (_____) _____ Home Mobile

Ethnic Identification – Optional (check one)

- White, Non-Hispanic Black, Non-Hispanic Hispanic
- Asian or Pacific Islander American Indian Other

B. ACADEMIC REQUIREMENT

Provide official undergraduate transcript –
Must have Bachelor's degree with 2.5 cumulative GPA

College or University	Date of Graduation	GPA

Primary E-mail address: _____

Secondary E-mail address: _____

SECTION II. District Information

District: _____

District Code Number: _____

Telephone Number: (_____) _____

FAX Number: (_____) _____

SECTION III. Verifications

Prerequisites for Approval (pursuant to KRS 161.100; 16 KAR 2:120):

1. Diligent efforts have been made to recruit a qualified teacher, and the need to fill this position has been made known locally by appropriate means.
 - a. Have you checked the KDE certified vacancy listing? Yes No Date Checked _____
 - b. Have you contacted the institution(s) in your geographic area regarding traditionally prepared candidates and candidates eligible for certification via the alternative routes? Yes No Date Checked _____
2. Is this position or assignment funded or partially funded with Title I funds (targeted assistance and/or school-wide programs)? Yes No
3. No qualified teachers have applied for this position, and, as best as can be determined, a qualified teacher is not available for this position. For purpose of this regulation, "qualified" shall mean a teacher who holds the appropriate certification unless the superintendent of the employing school district has documented evidence that the teacher is unsuitable for appointment.
4. This position will be filled by the best qualified person available, giving preference to the factors of academic preparation, prior teaching experience or related educational work, and personal attributes compatible with the demands of the teaching profession.
5. The person named in this application sustains good moral character and is at least 18 years of age. (Applicant MUST fill out Section V on the reverse side of this form.)
6. The applicant has complied with the criminal records check required in KRS 160.380.
7. Applicant must have 2.5 cumulative GPA or 3.0 on last 60 hours and a bachelor's degree from a regionally accredited institution.

I verify that the aforementioned prerequisite conditions/requirements have been met, and that this applicant shall not be eligible for subsequent full time emergency certificates except in limited circumstances as defined in 16 KAR 2:120.

Superintendent Signature: _____ Date: _____

SECTION IV. Position Information and Board Order Information

Position Content Area or Area of Disability: _____ Percentage of Schedule: _____

Grade Level of Assignment: Elementary (P-5) Middle School (5-9) High School (8-12)

Number of board order declaring qualified teacher not available for this position: _____

Date of board order number: _____

District Contact Person: _____ Phone Number: (_____) _____

NAME: _____

SSN: _____

SECTION V. Character and Fitness

A. Applicants are required to submit a national and state criminal background check. The criminal background check shall be conducted within twelve (12) months prior to the date of the initial application for certification.

- I am an applicant for initial certification in Kentucky and I have submitted or will submit my national and state background check.

B. If you have ever held, or currently hold a professional license, credential, or other document issued to you by any other jurisdiction other than Kentucky within the United States or abroad, enclose a copy of the certificate(s) and provide the following:

Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expiration Date

C. Disclosure of Background Information

If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.	YES	NO	Documentation Attached
1. Have you ever had a professional certificate, license, credential, or any document issued for practice denied, suspended, revoked, or voluntarily surrendered? If you have had a professional certificate, license, credential, or any other document issued for practice initially denied by a licensing body, but later issued, you must answer "yes."			
2. Have you ever been suspended or discharged from any employment or military service because of allegations of misconduct?			
3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of allegations of misconduct?			
4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5. Have you ever been convicted of or entered a guilty plea, an "Alford" plea, or a plea of nolo contendere (no contest) to a felony or misdemeanor, even if adjudication of the sentence was withheld in Kentucky or any other state? For the purpose of this application, minor traffic violations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.			
6. Do you have any criminal charges pending against you?			
7. If you indicated "yes" to question #1 through #6, has the EPSB previously reviewed the information? _____ (Date of Review)			

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the Professional Code of Ethics for Kentucky Certified School Personnel, 16 Kentucky Administrative Regulation 1:020, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: _____ **DATE:** _____

Section VI. Affirmation

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:** _____