



Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ County: \_\_\_\_\_

Printed Name/Title : \_\_\_\_\_

Classroom: \_\_\_\_\_ / \_\_\_\_\_ All \_\_\_\_\_

### Substitute List

#### Credentialed Instructors(Lead Teacher)

Full Name	Teacher Certificate	Qualifying Credential	Highest Degree	Social Security Number	Official Use Only
					Background Screenings _____ Credentials _____ Emergent Lit Training _____
					Background Screenings _____ Credentials _____ Emergent Lit Training _____
					Background Screenings _____ Credentials _____ Emergent Lit Training _____
					Background Screenings _____ Credentials _____ Emergent Lit Training _____

#### Secondary Instructors (Assistants)

Full Name	Teacher Certificate	Qualifying Credential	Highest Degree	Social Security Number	Official Use Only
					Background Screenings _____
					Background Screenings _____
					Background Screenings _____
					Background Screenings _____