

**Initial Substitute Teacher Pre K-12 License Checklist**

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| Licensee’s Name:        | File Number:       |
| Application Date:       | Issue/Review Date:       |
| Consultant’s Name:  | License Type: 503 |

**Documents Required:**

[ ]  Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

[ ]  Superintendent Verification Form (Must be on letterhead, have signature and date)

**For office use only:**

[ ]  Email sent requesting:

[ ]  Level 1; license issued for 3 years

Comments: