

**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: