

KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY

1819 East Milham Avenue
Portage, MI 49002

**2017-18 SCHOOL YEAR
APPLICATION FOR
SUBSTITUTE TEACHER CERTIFICATION**

Name _____ Social Security # _____

 Last First Middle

Address _____

 Street City Zip

Telephone _____ E-mail Address _____

High School Diploma From _____ Date of Birth _____

College Attended _____ From _____ To _____

_____ From _____ To _____

Degree(s) _____ Dates _____

Major _____ Minor _____

Days Available For Substituting _____

TYPE OF TEACHING CERTIFICATION HELD:

Type _____ Elementary/Secondary _____ Issued _____ Expires _____

Has Applicant Applied for Michigan Certificate? _____ IF YES (Date) _____

The Michigan Online Educator Certification System requests ethnicity information to complete your substitute registration with the State of Michigan.

Race and Ethnicity Information:

Enter Race * (choose one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial

I authorize investigation of all areas contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Furthermore, I hereby authorize the Kalamazoo Regional Educational Service Agency to conduct a complete criminal records check on me.

Signature of Applicant _____

FOR OFFICE USE ONLY

Miscellaneous _____ Sub Permit Year _____ Registration Card Issued/Mailed _____

_____ Transcript _____

_____ Invalid Certificate _____

_____ Certificate Pending _____

_____ Received Certificate _____

_____ **Certificate-** _____ **Permit-** _____