



APPLICATION FOR INDIANA SUBSTITUTE TEACHING PERMIT

State Form 46700 (R9 / 7-07)

Approved by State Board of Accounts, 2007

INDIANA DEPARTMENT OF EDUCATION

Division of Professional Standards

Room 229, State House

Indianapolis, IN 46204-2798

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www.doe.state.in.us/dps

ACCOUNTING CONTROL

Receipt number

Date received (month, day, year)

The information in this document is confidential according to IC 5-14-3-4(b)8.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Please **TYPE** or **PRINT** clearly.
 2. Attach money order or cashier's check for \$15.00, payable to the State of Indiana.
 3. Do not send cash or personal checks. All fees are non-refundable.
 4. Return this application with a Limited Criminal History report.

Type of application

Original

Renewal

SECTION A - COMPLETED BY SUPERINTENDENT

As Superintendent of _____, Corporation number _____, I have submitted a Corporation plan for certifying substitute teachers for this Corporation. Under our plan, I hereby request a substitute certificate for the person named hereon, _____.

I certify that I have seen a valid certificate from either the American Red Cross or the American Heart Association verifying that the applicant has completed training in cardiopulmonary resuscitation that includes a test demonstration on a mannequin and removing a foreign body causing an obstruction in an airway through the Heimlich maneuver.

Name of Superintendent (type or print)

Telephone number (with area code)

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Address of corporation (number and street, city, state, and ZIP code)

Signature of Superintendent

Date (month, day, year)

SECTION B - COMPLETED BY TEACHER

Name of applicant (last, first, middle)

Maiden name

Social Security number *

Date of birth (month, day, year)

Telephone number (with area code)

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Address (number and street, city, state, and ZIP code)

SECTION C - CRIMINAL HISTORY

1. Have you ever been convicted of a felony? Yes No
2. Have you been convicted of a misdemeanor since January 15, 1994? Yes No
3. Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? Yes No

If you answered yes to questions 1 or 2, you must provide a written explanation and court records, including:

- Chronological case summary
- Affidavit of probable cause
- Charging Information
- Plea agreements (if applicable)
- Judgment / Order of Sentencing
- Documentation of successful completion / release from any probation

Court records may be obtained from the clerk of the court(s).

If you answered yes to question 3, you must submit a written explanation and any available documentation.

LOYALTY AFFIDAVIT

I affirm that the information contained in my application is true and accurate to the best of my knowledge and belief. Misrepresentations made in this application may constitute grounds to deny, suspend, or revoke a license.

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Indiana.

Signature of applicant

Date (month, day, year)