Substitute Certification Form

Application Directions:

1. Complete the "Applicant" section (yellow) immediately below.
2. Take this form with you to one of the schools where you have been a substitute/guest teacher during the 2020-2021 academic year* and have an authorized representative (e.g., front office staff or building administrator) complete and sign the Employing School/District sections (blue). *Summer 2021 and Fall 2021 may qualify.*
3. Return a scanned copy of this form, along with your completed W-9 to SubstituteStipend@unco.edu or mail both forms to the address listed below.

To Be Completed by the Applicant

Last Name *	First Name *	Middle Name	Date of Birth * (MM/DD?YYYY)

Previous Names Used (if applicable) ☐ None		Email Address *	

Mailing Street Address *		City*	State*	Zip*

2020-2021 CDE Substitute License Number*	Substitute Boot Camp Date of Attendance (mm/dd/yyyy) *

By signing below, I certify that all the above information is true and correct.

Signature of Applicant*	Date (mm/dd/yyyy)*
✗	

Employing School/School District: Complete and sign this section and return to the applicant

This is to certify that the individual named above has completed at least one day as a substitute teacher in the following school/school district, accredited non-public school or Board of Cooperative Educational Services.

School/District Name*		School/District Phone*		

School/District Address*	City*	State*	Zip*

Date(s) of Employment (mm/dd/yyyy). Note: Provide at least one day the applicant has substitute taught in your school. Additional days are appreciated, but not mandatory.	

Authorized School/District Representative Name (printed or typed) *	Title

Contact Email *

Signature of Authorized School/District Representative Completing Form*	Date * (mm/dd/yyyy)
✗	

Colorado Center for Rural Education

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