

Registration Request for Forms & Documents for a Guest Teacher Training Program

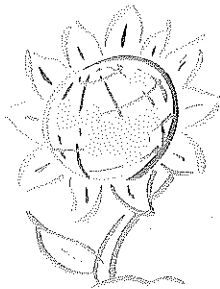


Thank you for inquiring about the Guest Teacher Training Program (formerly called the Emergency Substitute Training Program), which is endorsed by the Pennsylvania Department of Education, 26 school districts in Butler, Lawrence and Mercer Counties and the Midwestern Intermediate Unit IV. This program assists you in obtaining an Emergency Permit to serve as a day-to-day substitute in local school districts during the 2018-2019 school year. The intent of this program is to increase the number of available substitutes for our public schools.

In order to qualify for the training program, the candidate must possess a bachelor's degree from an accredited college or university. Complete the attached registration form and mail it along with a check or money order made payable to Midwestern Intermediate Unit IV to the attention of Lorinda Hess, Director of Continuing Education, 453 Maple Street, Grove City, PA 16127. Upon receipt of your registration, a packet will be mailed to you with detailed instructions. Registrations for this program will be accepted through September 12, 2018.

The planned training for new applicants will be held September 18, 19 & 20, 2018 at the Midwestern Intermediate Unit IV. In order to comply with the requirements, begin the process detailed in your packet immediately upon receipt.

The following forms will be mailed to you upon receipt of your registration:



- Act 34 Background Clearance
- Act 151 Pennsylvania Child Abuse Clearance
- General Application for Pennsylvania Certificate
- School Personnel Health Record (including Tuberculosis Test Results) at your own expense.
- Standard Application for Teaching Positions in PA Public Schools
- Form I-9 Employment Eligibility Verification
- Information needed to obtain FBI Clearance
- PDE Emergency Permit Fee

Please Note: We cannot make exceptions for personal early dismissal from the program.

For map & directions: www.miu4.org (click on About MIU IV).

Guest Teacher Orientation

September 18, 2018
8:30 a.m. – 3:30 p.m.
Lunch Provided

Cost

- The cost of the program is \$125.00 for candidates who possess a bachelor's degree in a field other than education and have no prior teaching experience including student teaching. These candidates are mandated to attend all three of the training dates listed.

Guest Teacher: Day 2

September 19, 2018
9:00 a.m. – 3:00 p.m.
Lunch Provided

- The cost of the program is \$55.00 for candidates who possess a bachelor's degree in education and have had prior teaching experience including student teaching. These candidates are mandated to attend only the September 18, 2018 orientation program.
- Please complete and return registration form along with your check payable to: Midwestern Intermediate Unit IV.

Guest Teacher: Day 3

September 20, 2018
9:00 a.m. – 3:00 p.m.
Lunch Provided

Withdrawals/Refunds

- No refunds for workshop withdrawal 3 days or less before the workshop begins.
- A \$36.00 fee will be charged for return checks.

- For more information, contact the Continuing Education Department at 724-458-6700 x1286 or x1238 or email: lorinda.hess@miu4.org
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2018-2019 Guest Teacher Training Program Registration Form

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ e-mail Address: _____

Bachelor's Degree Field of Study: _____ College/University Awarding Degree: _____

Are you a U.S. citizen Yes No

Have you completed Act 126 mandated Child Abuse Reporting Training? Yes No

I will attend the MIU IV Guest Teacher Training Program on September 18, 19 & 20, 2018. Enclosed is my \$125.00 check payable to Midwestern Intermediate Unit IV.

or
 I will attend the MIU IV Guest Teacher Orientation Program on September 18, 2018. Enclosed is my \$55.00 check payable to Midwestern Intermediate Unit IV.



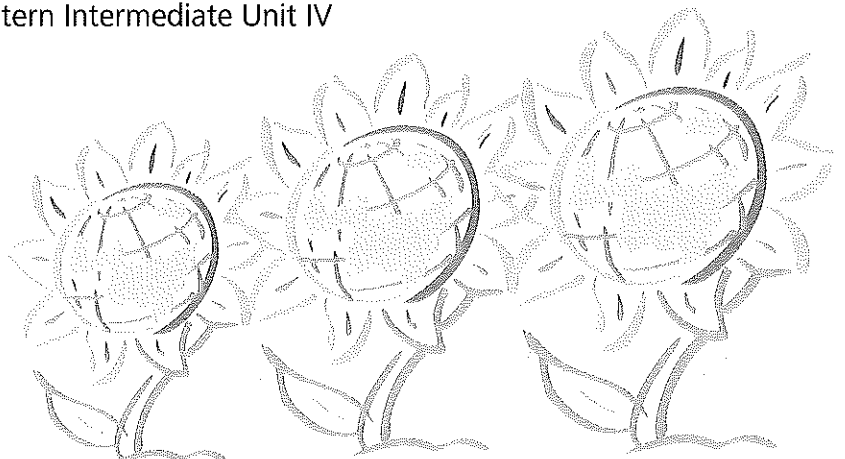
Please return completed form & payment by September 12, 2018 to:
Lorinda Hess, Director
Continuing Education Department
Midwestern Intermediate Unit IV
453 Maple Street
Grove City, PA 16127
724-458-6700 x1286 or x1238

CUT HERE

The Midwestern Intermediate Unit IV will not discriminate in its educational programs, activities or employment practices, based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Midwestern Intermediate Unit IV employees and participants who have an inquiry or complaint of harassment or discrimination, or who need information about accommodations for persons with disabilities, should contact the Executive Director, Midwestern Intermediate Unit IV, 453 Maple Street, Grove City, Pennsylvania 16127-2399.
In case of inclement weather, please call MIU IV prior to your departure to hear changes, if any, to the day's schedule—toll free at 1-800-942-8035 x1370 or 724-458-6700 x1370. All delays and/or cancellations will be recorded on the phone system no later than 6:30 A.M. on the day of the event and will be updated as needed.

Midwestern Intermediate Unit IV
453 Maple Street
Grove City, PA 16127
724-458-6700
www.miu4.org

Midwestern Intermediate Unit IV



September 18, 19 & 20, 2018

2018-2019 Guest Teacher Training Program

Training day-to-day substitute teachers for the classroom. Participants receive an emergency permit issued by the Pennsylvania Department of Education

EMERGENCY PERMIT/ACT 97 WAIVER AGREEMENT FORM PDE 338 E

(Refer to instructions included with this form)

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)

DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S., Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification and (3) provision of certification data to authorized personnel and agencies.

DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – CANDIDATE INFORMATION (please print or type)

Last Name	First Name	Middle Initial	Social Security Number
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SECTION II – PUBLIC SCHOOL ENTITY INFORMATION

1. Public School Entity Name	2. Administrative Unit Number
3. Address	City/State/Zip Code
4. Point of Contact Name	5. Point of Contact Title/Position
6. Point of Contact Email Address	7. Point of Contact Telephone Number

SECTION III – EMERGENCY PERMIT INFORMATION

1. Emergency Permit Type (refer to instructions) <input type="checkbox"/> Type 01 <input type="checkbox"/> Type 04 <input type="checkbox"/> Type 06 <input type="checkbox"/> Type 08 <input type="checkbox"/> Act 97 Waiver	2. School Year Permit will cover: _____ - _____		
3. Issuance Type (refer to instructions) <input type="checkbox"/> Initial Issuance <input type="checkbox"/> Reissuance	4. If this Emergency Permit is a reissuance, is the permit being requested based on a "test year"? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. List the subject area and 4-digit code for the position assignment. Up to two subject areas may be selected for an Emergency Permit. (Not applicable for Type 06 Emergency Permits)			
_____ Subject Area/Field	_____ 4-Digit Code	_____ Subject Area/Field	_____ 4-Digit Code

SECTION IV – CANDIDATE AGREEMENT (Type 01 Emergency Permits Only)

Read carefully...check the appropriate box and enter your initials for one of the following statements: <input type="checkbox"/> I have not completed a state approved teacher certification program in the subject area for which this emergency permit is being requested. As a candidate for a Type 01 Emergency Permit, I agree to the following provisions: 1. I will enroll in a state-approved teacher preparation/certification program in the subject area for which this Type 01 Emergency Permit/Act 97 Waiver is being requested, or be enrolled in courses at a college or university that has an articulation agreement with a college or university that has an approved teacher preparation/certification program.	_____ Initials
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<p>2. I will begin my PDE-prescribed program coursework and/or testing requirement.</p> <p>3. I will remain continuously enrolled and complete the following amount of coursework for reissuance:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">When Date of Initial/Last Issuance is:</td> <td style="width: 60%;">Semester Hours To Be Completed</td> </tr> <tr> <td>Between August 1 and December 31</td> <td>9 hours, by July 31 of the following year</td> </tr> <tr> <td>Between January 1 and June 1</td> <td>6 hours, by July 31 of the same year</td> </tr> </table> <p><input type="checkbox"/> I have completed a state approved teacher certification program in the subject area for which this Emergency permit is being requested and have completed, or agree to complete, all testing Obligations.</p>	When Date of Initial/Last Issuance is:	Semester Hours To Be Completed	Between August 1 and December 31	9 hours, by July 31 of the following year	Between January 1 and June 1	6 hours, by July 31 of the same year	<p>_____</p> <p>Initials</p>
When Date of Initial/Last Issuance is:	Semester Hours To Be Completed						
Between August 1 and December 31	9 hours, by July 31 of the following year						
Between January 1 and June 1	6 hours, by July 31 of the same year						

I accept the terms of this permit agreement and any educational/testing obligations. My signature indicates my voluntary agreement to the conditions of permit issuance.

Signature of Candidate

Date

SECTION V - CHIEF SCHOOL ADMINISTRATOR AFFIDAVIT

I Certify that:

1. This school entity has exhausted all reasonable avenues of employment, has posted the position for a *minimum of ten days on the school entity's website* and no fully qualified and properly certificated applicant has been identified. (Does not Apply for Act 97 Waivers)
2. If requesting an Act 97 Waiver:
 - A. The candidate meets the criteria stipulated in the Public School Code of 1949, § 1214 and CSPG 14.
 - B. Among persons currently employed or on the recall list, (1) none holds appropriate certification for this Assignment and (2) the candidate has the greatest seniority among those who meet the waiver criteria.
3. The Candidate does not hold a lapsed certificate and has not voluntarily deleted the subject area being requested from His/her professional certificate.
4. At this time this school entity does not have a legal work stoppage of its certificated staff.
5. When an Emergency Permit is being requested for School Nurse or Dental Hygienist, the candidate possesses an appropriate current Pennsylvania Professional License. A photocopy of the appropriate and current Pennsylvania professional License has been enclosed with this application.
6. I have read and understand the terms of this agreement and the provisions of the CSPG No. 13-Emergency Permits.

<p>Vocational Areas: Candidates for Type 01 Emergency Permits must hold a Bachelor's Degree or have a minimum of 2 years of vocational related work experience. Check all boxes that apply.</p> <p><input type="checkbox"/> I verify that the candidate possesses a high school diploma or equivalent and has a minimum of 2 years of vocational related work experience.</p> <p><input type="checkbox"/> I verify that the candidate possesses a Bachelor's degree.</p>	<p>_____</p> <p>Initials</p>
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Signature of Chief School Administrator

Name and Title

Date _____

**INSTRUCTIONS FOR EMERGENCY PERMIT/ACT 97 WAIVER
AGREEMENT FORM PDE 338 E
TYPE OR PRINT WITH DARK BLUE OR BLACK INK**

SECTION I: Candidate Information

Enter the candidate's Last Name, First Name, Middle Initial and Social Security Number.

SECTION II: Public School Entity Information

(This section must be completed by the Public School Entity.)

1. Enter the Name of the Public School Entity.
2. Enter the Public School Entity's AUN number.
3. Enter the Public School Entity's address.
4. Enter the Public School Entity's designated point of contact.
5. Enter the designated contact's title/position.
6. Enter the designated contact's Email address and telephone number in the spaces provided.

SECTION III: Emergency Permit Information

(This section must be completed by the Public School Entity- *not the candidate.*)

1. Enter the type of permit requested:
Type 01: Vacant position, educational obligation required
Type 04: Long-term substitute, no educational obligation
Type 06: Day-to-day substitute, no educational obligation
Type 08: Foreign exchange teacher in bona fide teacher exchange program
Act 97 Waiver
2. Enter the school year this permit will cover. (Example 2009-2010) **Please note, applications for the upcoming school year should not be submitted to the Bureau prior to July 1st. All applications received prior to July 1st are issued for the current school year.**
3. Check the box for *initial issuance* if this is the **first** emergency permit being requested by this public school entity for this person in the desired subject area. Check the *reissuance* box if this is a subsequent emergency permit being requested by this public school entity for the same person in the same subject area(s).

Applicants must document that they have earned a **Bachelor's Degree** from an accredited institution for all initial Emergency Permits submitted to PDE. Applicants must provide official transcripts in an unopened college-sealed envelope confirming possession of a bachelor's degree, or a copy of any Pennsylvania Level I or II Certificates held.

4. If you checked "yes" for reissuance, indicate whether this permit is being requested for a "testing year". Testing years are permitted when a candidate has met *all academic requirements* for professional educator certification, but still has not completed all testing requirements.

The reissuance of an Emergency Permit for a candidate who is unable to meet his or her testing obligations is limited to a single (1) time.

5. Subject Area(s) and Code: Enter the Subject Area(s) and Code exactly as listed on the Subject Area and Codes listing. Vocational Subject Area and Codes are listed separately. **Note: If requesting a Type 06, subject areas do not need to be specified. The Type 06 will automatically be issued to cover all subject areas.**

SECTION IV: Candidate Agreement-Type 01 Emergency Permits Only

(This section must be completed by the candidate as per Federal legislation)

1. *Type 01 Permits require an Educational Obligation.* Place a check in the box indicating whether you have, or have not, completed a state approved teacher certification program in the subject area for which this emergency permit is being requested. Verify your statement by initialing the appropriate statement.
2. Read and sign the Candidate Agreement. Your signature indicates an agreement with PDE to complete necessary educational and testing requirements.

SECTION V: Chief School Administrator Affidavit

(This section is to be reviewed and completed by the public school entity's Chief School Administrator.)

Complete the PDE 338 E Form by signing and dating the application. Your signature certifies that the conditions of the Emergency Permit have been met.

APPLICATION SUBMITTAL

The PDE 338 E form must be submitted with a PDE 338 G form and all required documentation. Missing or incomplete information, and/or missing documentation, may cause significant delays in the processing of the Emergency Permit request.

1. Review the form for completeness and accuracy of information provided.
2. Applicants must document that they have earned a **Bachelor's Degree** from an accredited institution for all initial Emergency Permits submitted to PDE, Applicants must provide official transcripts in an unopened college-sealed envelope confirming possession of a bachelor's degree, **or** a copy of any Pennsylvania Level I or II Certificates held.
3. Vocational applicants (Type 01 and Type 04 permits only) holding a Bachelor's degree must include official Baccalaureate transcripts in an unopened college-sealed envelope. A PDE 338 ES Form must be submitted with the application for a Type 01 reissuance.
4. If the Emergency Permit is being requested for School Nurse or Dental Hygienist, the candidate must hold a current Pennsylvania Professional License. Include a photocopy of the appropriate and current license with this application.
5. The public school entity should retain a copy of the Emergency Permit application in its records.