Program:

Staff Credentials Form
Substitutes

Complete, save and email this form along with required documentation. See CECE Standard 4.4 for full description of substitute requirements.

Day to Day Teacher Substitutes *(evidence will be reviewed on site).*

Name: DOB:
- ☐ Holds a valid Substitute Permit **OR**
- ☐ Holds valid Rhode Island Teaching Certificate in any field

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- ☐ Holds a valid Substitute Permit **OR**
- ☐ Holds valid Rhode Island Teaching Certificate in any field

Teaching Assistant Substitutes *(evidence will be reviewed on site).*

Name: DOB:
- ☐ Meets minimum qualifications for the position (see Standard 4.3) **OR**
- ☐ Holds a valid substitute permit **OR**
- ☐ Holds valid Rhode Island Teaching Certificate in any field

Name: DOB:
- ☐ Meets minimum qualifications for the position (see Standard 4.3) **OR**
- ☐ Holds a valid substitute permit **OR**
- ☐ Holds valid Rhode Island Teaching Certificate in any field

Name: DOB:
- ☐ Meets minimum qualifications for the position (see Standard 4.3) **OR**
- ☐ Holds a valid substitute permit **OR**
- ☐ Holds valid Rhode Island Teaching Certificate in any field

Long-term Substitute (if applicable) *(evidence will be reviewed on site).*

Name: DOB: Position:
- ☐ Meets minimum qualifications for the position (see Standard 4.3)