

## **EMERGENCY SUBSTITUTE REGISTRATION FORM**

<b>Registration Form (PLEASE PRINT LEGIBLY)</b>	
<b>(CIRCLE)</b> DR. MR. MRS. MS. MISS	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
<b>FIRST NAME:</b>	
<b>LAST NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE &amp; ZIP CODE</b>	
<b>EMAIL ADDRESS: CONFIRMATION OF RECEIVED REGISTRATION WILL BE SENT</b>	<b>PLEASE PRINT CLEARLY</b>
<b>PHONE NUMBER(S) TO BE CALLED FOR SUBBING PURPOSES:</b>	
<b>PA ACT 126 – CHILD ABUSE RECOGNITION AND MANDATED REPORTING TRAINING?</b>	<input type="checkbox"/> I <b>have</b> completed this requirement ( <b>provide printed copy of certificate</b> )
<b>PA DEPT. OF EDUCATION TIMS PROFILE TEACHER INFORMATION MANAGEMENT SYSTEM</b>	<input type="checkbox"/> I <b>have</b> a registered account in <b>TIMS</b> <input type="checkbox"/> I <b>do not</b> have an existing account in <b>TIMS</b> You will need to create an account in TIMS – instructions will be emailed to you.
<b>COLLEGE/UNIVERSITY AWARDING DEGREE:</b>	
<b>BACHELOR’S DEGREE FIELD OF STUDY:</b>	
<b>GRADUATION DATE:</b>	