

Las Vegas Office
2080 E. Flamingo Road
Suite 210
Las Vegas, Nevada 89119
702-486-6458



Carson City Office
700 East Fifth Street
Suite 105
Carson City, Nevada 89701
775-684-5980

Emergency Substitute Request

Submit this form, along with a completed Application for Licensure, to the Office of Educator Licensure

School District: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

We are requesting that the following individual be licensed to serve as an emergency substitute pursuant to the provisions of Adopted Temporary Regulation of the Commission on Professional Standards in Education amending NAC 391.0896:

Name: _____

Date of Birth: _____ Last 4 Digits of Social Security Number: _____

This is not an application for licensure. To obtain a license as an emergency substitute, the individual named above **must** submit a completed Educator Licensure Application to the Office of Educator Licensure, along with this completed and signed form, a completed and signed fingerprint card or livescan fingerprint submission, and a copy of his/her high school diploma or the equivalent.

NAC 391.0896 – Endorsement as an Emergency Substitute Teacher

To receive an endorsement as an emergency substitute teacher, a person must earn a high school diploma or its equivalent. An endorsement as an emergency substitute is valid for one (1) year after the date of issuance.

A school district may, in an emergency, hire an emergency substitute teacher to serve as a teacher in kindergarten through grade 12, as needed. Upon the written request of a school district, the Department may, in an emergency, authorize the district to hire an emergency substitute teacher to serve as a teacher in kindergarten through grade 12 in a school.

An applicant for an endorsement as an emergency substitute teacher is exempt from the provisions of [NAC 391.036](#), and [NAC 391.065](#).

Per **NAC 391.0896**, I the superintendent named below am requesting licensure for the applicant as an emergency substitute.

Requesting Superintendent (or Designee):

Printed Name: _____ Title: _____

Signature: _____ Date: _____