

NURSE/HEALTH CARE EMPLOYEE Registry Profile Form For TST BOCES

For Office Use Only			
From School:	_____		
Date BOE Appvd:	_____		
GRADE LEVEL:			
ELEM.	MID.	HIGH	OTHER

DISTRICT PLEASE INITIAL AND VERIFY GRADE LEVEL APPROVED FOR

This information will be used solely for the purposes of the TST BOCES substitute calling service.

Directions:

1. **Substitute to complete this form and other new sub hire paperwork and return to the school District that sent the forms.**
2. School District to process and distribute forms as necessary (return this completed form to TST BOCES).

Personal Information

Last Name:	First Name:	MI:
Home Street Address:		PO Box:
City:	State:	Zip:
Home Phone: ()	Alternate Phone: ()	E-Mail Address

Do you have a college degree? Yes No

Type of Degree & Subject area: _____

Do you hold teaching certification? Yes No If yes, which State(s): _____

Certification Area(s): _____

Nurse/ Health

Other _____:

Do you prefer: Elementary, Middle and/or High Schools? _____

Are there any restrictions regarding your availability as a substitute? (For example: dates/days when you are not able to sub?) - use reverse side for additional space if needed. Mon. Tues. Wed. Thurs. Fri.

School District(s) in the TST BOCES area **that you want to be Board approved** as a substitute:

(Circle ONLY those that APPLY):

Ithaca CURRENTLY THE ONLY DISTRICT FOR NURSE SUB

School District to return completed form to:

SubFinder Pro Coordinator
TST BOCES, 555 Warren Rd., Ithaca, NY 14850
607-257-1555 (x1059)

For TST BOCES office use only

Assigned Substitute ID #: _____