

# NURSE/HEALTH CARE Substitute Registry Profile Form For TST BOCES

|                            |      |      |       |
|----------------------------|------|------|-------|
| <b>For Office Use Only</b> |      |      |       |
| 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.

***CURRENTLY THE ONLY DISTRICT FOR NURSE SUB IS ITHACA***

**School District to return completed form to:**

SubFinder Pro Coordinator  
TST BOCES, 555 Warren Rd., Ithaca, NY 14850  
607-257-1555 EXT.1059

**For TST BOCES office use only**

Assigned Substitute ID #: \_\_\_\_\_