ALTERNATIVE ROUTE VERIFICATION FORM

Substitute Permit

This route is for applicants who have not earned an Associate's degree or sixty (60) semester hours of college credit. Please contact your local school district or BOCES to inquire if the district offers the Alternative Route.

Applicant Instructions: Please complete the Applicant Information below only. Then please send the form to your employer to complete the District or BOCES Section below. Once this form has been completed it can be uploaded to our portal for our review.

Applicant Information

Applicant's Legal Name	22			
Mailing Address				
Street:		City:	State: Zip:	
Telephone No.		Email Address		
Primary:	Work:			

District or BOCES Section

District or BOCES Instructions: The above applicant is applying to the Wyoming Professional Teaching Standards Board to obtain a Substitute Permit through the alternative route. Please complete this section below and return this form to the applicant.

Requirements the applicant must meet:

- 1. Verification of a High School Diploma or High School Equivalency Certificate
- 2. 24 total hours of in-service training In-service training workshops are offered through individual Wyoming school districts. Districts or BOCES may authorize substitute teaching candidates to meet this requirement by taking PTSB-approved workshops. If the in-service training workshops listed below will not cover the required topics or be completed in a timely manner, please contact your school district for workshop dates. The in-service training should assure competency in the following areas:
 - Age level communication skills
 - Use and application of lesson plans
 - Use of instructional technology
 - Professional attitude, behaviors, and dispositions
- 3. 30 Hours of classroom observation The applicant must contact the school district directly and make arrangements with the district superintendent to complete the classroom observation required (10 hours must be completed at EACH level: elementary, junior high/middle, and high school). You may find a Substitute Observation Record Sheet for tracking observation hours on our website.

By signing below, you hereby verify that the applicant listed above has completed all of the requirements to obtain a Substitute Permit through the alternative route.

District or BOCES Representative Signature

Printed Name			Title	Title			
	Yh .	2					
School District (Inclue	de District No.) or BOCES			Telephone No.			
		ande	D				
Mailing Address			Emai	il Address			
Street	City	State Zip					
I affirm that the information provided on this Substitute Permit Alternative Route Verification Form is true and accurate to the best of my knowledge.							
Signature				Date			