

# District Late Hire Documentation Verification Form

**This form will NOT be accepted prior to August 1**

## Applicant Information

Applicant's Full Name			
Address			
Street	City	State	Zip
<p>I understand that I am submitting an application for licensure which I know to be incomplete. I understand that PTSB does not accept incomplete applications except in the case of late hiring where time constraints do not allow sufficient time to request proper documentation from issuing institutions. This form will not be accepted prior to August 1, of any school year.</p> <p>Documentation that is not included in this application, but has been requested from the issuing institution includes:</p> <p><input type="checkbox"/> Institutional Recommendation</p> <ul style="list-style-type: none"> <li>• College/University Name _____ Date requested: _____</li> </ul> <p><input type="checkbox"/> Official Transcripts</p> <ul style="list-style-type: none"> <li>• College/University Name _____ Date requested: _____</li> </ul> <p><input type="checkbox"/> Other _____</p> <p>If I do not submit the required documentation listed above within 30 calendar days, I understand my application will be cancelled, I will not be issued a Wyoming license, and I forfeit all fees. If, for any reason, I am not able to submit the required documentation within the 30 day requirement, I must contact my district and PTSB.</p> <p>If documentation is received within the specified time period, the validity date of my License will begin on the date that PTSB receives this form AND all other application documentation, except that which has been indicated above.</p> <p style="color: red;">Please note that you are not considered a candidate to be in a classroom until PTSB has received a clear background check. Once we have received your background check and it is clear, you may be in the classroom while your certification is pending processing with our agency.</p>			
<b>Applicant Signature</b>			
By signing below, I affirm that I understand the conditions I must meet to obtain Wyoming Licensure and that the information provided on this form is true and accurate.			
Signature			Date

## Authorized Signature of District Representative

By signing below, you affirm that you have verified the documents listed above have been requested by the applicant.

Printed Name	Title		
School District (Include District No.)	Telephone No.		
Address			
Street	City	State	Zip
Signature		Date	