

SUBSTITUTE TEACHER TRAINING REGISTRATION FORM

EPIC office

109 S. College Street, Martinsburg, WV 25401

February 5 & 6, 2019

8:30am - 3:30pm (both days)

Please print your name clearly and as you want it printed on your certificate of completion

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

I would like to substitute in _____ * county(ies).

***Circle the "home" county, which is the county where you live.**

PLEASE NOTE:

- You must hold *at least* a Bachelor's Degree
- No registration refunds

I am seeking to (please check one):

_____ Obtain my First Substitute Permit

_____ Renew my Substitute Permit (you must hold a current, unexpired WV state substitute permit to be considered a renewal candidate)

Please read and **initial each statement** below:

_____ I acknowledge that I hold at least a Bachelor's Degree with a minimum of a 2.0 GPA

_____ I understand that a disclosure of background information and fingerprinting will be required by the counties

_____ I understand there are no registration refunds

Signature: _____

RETURN BY MAIL TO: Melissa Acquino
EPIC
109 South College Street
Martinsburg, WV 25401

RETURN BY FAX TO: Melissa Acquino - (304) 267-3599

RETURN BY EMAIL TO: mgacquino@wvesc.org

*If returning by fax or email, please be sure to also mail in the \$150.00 registration fee (check or money order payable to EPIC) with your original initialed, signed, and completed registration form (INITIALS AND SIGNATURE MAY NOT BE COMPUTER GENERATED). I must have both your registration and payment to register you and hold a spot in the training. In order to pay with a credit card over the phone, please call me at 304.596.2661 between 8:00am and 3:00pm, M-F.

For office use only: Payment: _____ Date: _____ Amount: _____ Check #: _____
Deposit into account: 14.00029.01989