

Emergency Substitute Verification

I, _____ (*print name of emergency substitute*),

hereby certify that I am at least 18 years of age. I also certify that I have never been convicted of a crime, and I have never been investigated for abuse or neglect by any federal, state, or local government agency.

Signature of Emergency Substitute

____/____/____
Date

Signature of Licensee or Certificate Holder

____/____/____
Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.
Emergency Substitute Verification DOH/BCCL 10/08

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