

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.



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