

Substitute Summary & Availability Information

Name: _____ # of ECE units: _____

Currently in Live Scan? Yes No

Through Which Facility? _____

Are you CPR certified? No Yes Expiration Date: _____

Please provide the info. below and check the best method to contact you:

____ email: _____

____ home #: _____

____ cell #: _____

How late may we contact you? _____

How early may we contact you? _____

We are open Monday - Friday from 7:00 a.m. - 5:30 p.m. Please indicate days and hours available:

Mon. _____

Tues. _____

Wed. _____

Thurs. _____

Fri. _____