

Minnesota Emergency Short-call Substitute License Application

Application General Information and Checklist

General Information: The emergency short-call substitute license is a joint application between the applicant and the district. An emergency short-call substitute licensure candidate must be provided district training and hold a minimum of an associate's degree, or a high school diploma, GED, or high school equivalency and at least one year of work experience as an Educational Support Professional (ESP) or a Paraprofessional in the hiring district.

This short-call substitute emergency license is valid for three years and must be renewed via paper application.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

Partial or incomplete packets will be returned to the applicant for completion and resubmission. Review and check each of the following questions to ensure you have completed the required paperwork and included all required materials for submission.

- ☐ **Application processing fee in the form of a check or money order made payable to "PELSB."**
 - For initial/first-time applicants: an initial application and fingerprint card processing fee of \$90.25.
 - For existing license holders: an application fee of \$57.00 (fingerprint card is not required).
- ☐ **Fingerprint card completed for initial applications, signed and dated. Be sure NOT to fold or bend the card.**
 - Fingerprints should be submitted on a white fingerprint card with light blue borders (FD-258). Additional fingerprint card information can be found [here](#).
 - Include the completed fingerprint card with the complete application.
- ☐ **Official transcripts from all colleges or universities attended in an institution's sealed envelope. In most instances, earned degrees must be posted on transcripts.**
 - For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The [National Association of Credential Evaluation Services](#) (NACES) or the [Association of International Credential Evaluators](#) (AICE) has a list of approved providers. Please mail the original course-by-course evaluation of your foreign preparation to PELSB.
- ☐ **Completed application, including Sections 1-4. Address changes must be completed within 30 days of address change.**
 - **SSN/ITIN** – if an out-of-country applicant does not have a SSN/ITIN, a district/charter school letter explaining why a number has not been acquired is included in the application materials.
 - **Home Address:** Your home address remains private if a designated address is supplied. If there is no designated address, the home address does not remain private after a license is issued.
 - **Designated Address:** Your designated address may be a residence, PO Box, or place of business. Please note that the address you designate on this form does not remain private after a license is issued.
- ☐ **Section 5A: Conduct Review Statement completed, signed and dated AND, if you answered YES to questions 1, 2, 3, 4, or 6, complete Section 5B. If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12, include the additional materials requested.**
- ☐ **Section 6: District Verification Form**
 - This form has been completed, signed and dated by an authorized school or district official.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Minnesota Emergency Short-call Substitute License

It is the applicant's responsibility to submit the required items in ONE complete packet to PELSB. To ensure the submission of a complete packet, review and follow the instructions below.

*A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.***

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB and include with the complete application.
- Existing Minnesota License Holder Application Fee: \$57.00 (does not require a fingerprint card.)

Mailing Address	Telephone Number	Web Address	Email Address
PELSB 1021 Bandana Blvd. East, Suite 222 Saint Paul, MN 55108-5111	651-539-4200	https://mn.gov/pelsb/	pelsb@state.mn.us

[Minnesota Statute 122A.441](#) Short-call Emergency Substitute Teacher Program

Important Information

- This application is for an initial short-call substitute **EMERGENCY** teaching license only.
- If this is an initial Minnesota license or you have only previously held a Community Expert permission, completion of a fingerprint card and submission of official transcripts is required. You will pay the \$90.25 fee. Include the completed fingerprint card with the complete application.

Section 1: Applicant Information

- All applicants are required to provide a current street address, telephone number, and email address. Updates to changes in address, telephone number, and email address must be completed within 30 days of changes.
- Name: Provide your legal name as it appears on your social security card. If you are renewing an existing Minnesota license AND you have a NAME CHANGE, please go to the [online licensing system](#) to change your name.
- Social Security or Individual Taxpayer Identification Number: [Minnesota Statute 270C.72, Subdivision 4](#) requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided. Indicate that you do not have a SSN/ITIN by checking the box in this section.
 - If an out-of-country applicant does not have a SSN or ITIN number, the applicant must have the hiring district or charter school provide a letter as to why a SSN or ITIN number has not been acquired. The applicant will have 60 days from the date the license is issued to provide PELSB with a SSN or ITIN.
- Email: It is important to provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license. Email addresses do not remain private after a license has been issued.
- **Home Address: Your home address remains private if you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.**
- **Designated Address: Your designated address may be a residence or place of business. Please note that the address you designate on this form does not remain private after a license is issued.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application. You may choose more than one option.

Section 2: Application Type

- Check the statement in this section if you are applying for an emergency substitute license based on an associate's degree and district training.
- Check the statement in this section if you are applying for an emergency substitute license based on district training and holding a high school diploma, GED, or high school equivalency and at least one year of work experience as an Educational Support Professional (ESP) or a Paraprofessional in the hiring district.

Section 3: Educational Background

- Official transcripts in an institution's sealed envelope must be included with the rest of the required application materials for licensure if using an associate's degree to meet the substitute emergency license requirement. All mailed materials must be submitted in one complete packet.
- If you do not have a degree, choose degree code 0 or write NO DEGREE.

Section 4: Licensure Requirements

- Complete this section to determine what documentation and sections must be submitted.

Section 5: Conduct Review

- All applicants are required to complete Section 5A.
- If this is NOT your first application for a Minnesota education license, your answers on the conduct review statement apply only to the period **since your last license was issued**.
- If you answered YES to questions 1, 2, 3, 4, or 6; complete Section 5B.
- If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12; include the additional materials requested.

Section 6: District Verification for an Emergency Short-Call Substitute

- If you are using an AA degree, submit your transcript and this form completed by an authorized school official.
- If you are using at least one year of work experience as an Educational Support Professional (ESP) or a Paraprofessional and a high school diploma or equivalency, this form must be completed by an authorized school official.

Privacy Statement:

The data you provide on an application for Minnesota education licensure will be used by Minnesota Professional Educator Licensing and Standards Board to assess your qualifications for licensure. You are not legally required to provide this data. However, if you fail to provide information, PELSB may be unable to process your license application. Until licensure is granted, the information you provide on the application is private data, accessible to only you, PELSB, its staff, and/or staff of the Attorney General's Office representing PELSB. Your application and all submitted application materials, except your Social Security number, become public data if licensure is granted, according to [Minn. Stat. § 13.41, Subd. 5](#).

Under [Minn. Stat. § 270C.72](#), PELSB is required to provide your Social Security number to the Minnesota Commissioner of Revenue. This information may be used to deny the issuance and renewal of your license or to revoke your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. PELSB will provide only your Social Security number to the Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to share this information to the Internal Revenue Service. Failing to supply this information may jeopardize or delay the issuance or your license or processing your renewal application.

When working with required data reporting from Minnesota public school districts, PELSB will use your private or confidential data only for purposes of confirming unique identity. PELSB staff having access to this data are only those working directly with licensing or the data reporting systems.

I authorize PELSB to share the data provided in this joint application with the school district listed on the District Verification Form that I will submit with my application.

Application for an Emergency Short-call Substitute License

PELSB
1021 Bandana Blvd East,
Suite 222
Saint Paul, MN 55108-5111

General Information and Instructions: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.

A completed Conduct Review Statement must accompany every application.

If you have questions, call 651-539-4200, go to the [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>, or send an [email](mailto:pelsb@state.mn.us) to pelsb@state.mn.us

A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB. Include the completed fingerprint card with the complete application.
- Existing Minnesota License Holders Application Fee: \$57.00 (does not require a fingerprint card).

Section 1: Applicant Information

MINNESOTA FILE FOLDER NUMBER		Enter your MN File Folder Number, if applicable.		REGISTER NUMBER (for state use only)	
Last Name		First Name		Middle Name	Previous Name
Social Security Number/ITIN (required) <input type="checkbox"/> Check here if you do not have a SSN/ITIN-see Section 1 of Instructions			Birthdate: mm/dd/yyyy		Gender (optional) <input type="radio"/> Male <input type="radio"/> Female
Contact Information:	Daytime Telephone Number		Email Address (PELSB communications will be sent to this email address.)		
Home Address:	Street		City	State	ZIP
Designated Address:	Street		City	State	ZIP
Ethnicity/Race (optional; choose all that apply) <input type="radio"/> Alaskan Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Hispanic/Latino <input type="radio"/> White					

Section 2: Application Type

- ☐ Check here if this emergency short-call substitute application is based on an associate's degree.
- ☐ Check here if this emergency short-call substitute license is based on a high school diploma, GED, or high school equivalency and one or more years of experience as an ESP or paraprofessional.

Section 3: Educational Background

Use the following for Degree Code: 0 – No Degree 1 – Associate's Degree 2 – Bachelor's Degree 3 – 5 th Year/Non-degree Program 4 – Master's Degree 5 – Specialist 6 – Doctorate					
College or University	Located at (city and state)	Degree Code	Date of Degree	Degree Field	FOR STATE USE ONLY College Code

Name	File Folder Number
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Section 4: Licensure Requirements

Check one of the following:

- ☐ 1. The applicant meets the educational or professional requirements by holding an associate's degree *(submit official transcripts; the degree must be identified on the transcript, and Section 6 completed by an authorized school or district official)*
- ☐ 2. **OR, the applicant meets the professional requirements by holding a high school diploma, GED, or high school equivalency and completion of at least one year of work experience as an Educational Support Professional or Paraprofessional in the hiring district. *(Submit Section 6 completed by an authorized school or district official.)***

Section 5A: Conduct Review Statement

(required for ALL applications)

Last Name	First Name	Middle Name	Previous Name
File Folder Number		Social Security Number/ITIN (required)	
Birthdate: mm/dd/yyyy		FOR STATE USE ONLY	

You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. Check the appropriate boxes below. If there is any writing on this form, it cannot be scanned properly and your application will be delayed. If you are submitting additional information, you must use either the Supplemental Information Form or other sheets of paper.

IF YOU ARE COMPLETING THE CONDUCT REVIEW FOR A RENEWAL OF OR ADDITION TO AN EXISTING MINNESOTA LICENSE, ONLY DISCLOSE INCIDENTS THAT HAVE OCCURRED SINCE YOUR LAST LICENSE WAS ISSUED.

☐ Yes ☐ No 1. Have you ever been convicted of a crime?

A “crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine. Crimes include misdemeanors, gross misdemeanors, and felonies. DWIs and DUIs are included in this definition and must be disclosed. Do NOT include petty misdemeanors in your disclosures as these are not crimes.

The term “conviction” includes a finding of guilt by a jury or judge, an admission of guilt or a plea of guilty, an Alford plea (a plea without admission of guilt), a plea of “no contest,” and/or charges that have resulted in a stay of imposition of sentence. If your criminal conviction has been expunged by a court order, you do NOT need to disclose the conviction; however, you may first wish to verify if your conviction is subject to full expungement versus a court records expungement (“inherent authority expungement”). Inherent authority expungement orders do not prohibit convictions from showing up on a background check. Convictions subject to an inherent authority expungement need to be disclosed.

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

☐ Yes ☐ No 2. Have you ever been referred to a pre-trial diversion program after being arrested?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

☐ Yes ☐ No 3. Have you ever been acquitted, found not guilty, or given a stay of adjudication of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

☐ Yes ☐ No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?

If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.

☐ Yes ☐ No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?

If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.

☐ Yes ☐ No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?

If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.

☐ Yes ☐ No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?

If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.

☐ Yes ☐ No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?

If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.

☐ Yes ☐ No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?

If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.

☐ Yes ☐ No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?

If you answered "yes," you must attach material explaining the action or charges, location, date, status of investigation and board/employer involved.

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

☐ Yes

☐ No

11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

If you answered "yes," you must attach material explaining the action or charges, location, date, and employer involved.

☐ Yes

☐ No

12. Have you or a school district in which you were employed ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?

If you answered "yes," you must attach material explaining the situation including the date and location of the school district.

WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A TRUTHFUL MANNER OR FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO DENIAL OR DISCIPLINARY ACTION BEING TAKEN AGAINST ANY EDUCATOR LICENSE.

Certification of Information

I certify the foregoing information is true and correct. I hereby authorize any listed courts and law enforcement agencies identified in this application to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board (PELSB).

Signature of Applicant: Signature may be digitally signed, but not merely typed.	Date
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Name	File Folder Number
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<p align="center">Section 5B: Supplemental Information Form (required only if you answered "YES" to questions 1, 2, 3, 4 or 6)</p>

Please photocopy and complete a separate form for each conviction or outstanding charge.

1. Convicted or currently charged with:

2. Level of offense (check one): ☐ Felony ☐ Gross Misdemeanor ☐ Misdemeanor

3. Date of offense:

4. Name of arresting agency (police, county sheriff, etc.):

5. Court jurisdiction (i.e., Hennepin County District Court, Minneapolis, Minnesota):

6. Plea and conditions of probation, if any:

7. Date of release from probation:

8. If still on probation, name and telephone number of probation officer:

9. Details of incident:

Verification/Authorization of Information
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I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board.

File Folder Number	Printed Name	Date of Birth
Signature of Applicant: Signature may be digitally signed, but not merely typed.		Date

Name	File Folder Number
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Section 6: District Verification for an Emergency Short-Call Substitute

This completed form must be submitted along with the rest of the application for all applicants. The form must be completed by an authorized authority at the district or school. This application is a joint application between the applicant and the district per Minnesota Statute 122A.441 Short-call Emergency Substitute Teacher application.

For all applicants: As the designated administrator of the school district or charter school, my signature verifies the district or charter school (**check all that apply**)

- ☐ Has obtained the results of a background check completed in accordance with [MN Statute 123B.03](#).
- ☐ Will provide short-call substitute training as defined by the district. The school district or charter may be removed from the emergency program if training is not provided.

For Paraprofessional or ESP applicants: As the designated administrator of the school district or charter school, my signature verifies the district or charter school (**check all that apply**)

- ☐ Has confirmed that the applicant holds a high school diploma, GED, or equivalency
- ☐ Has confirmed that the paraprofessional or ESP has completed one year of work experience in our district/charter school. One year of work experience is equivalent to 90 student contact days within the school year. See [MN Statute 122A.40 Subdivision 5\(e\)](#).

I confirm this information is correct.

Print Full Name of District or Charter School		Six-Digit District Number (XXXX-XX)
Human Resources Contact Name	HR Contact Email Address	HR Contact Telephone Number/Ext
Printed Name of the Superintendent, Director, or Charter School Administrator		
Signature of the Superintendent, Director, Charter School Administrator, or HR Director		Date