

## Emergency COVID-19 Teaching Certificate Cover Sheet

Agency Name:

Agency Provider ID:

Agency Contact Person:

Agency Contact Email Address:

Agency Contact Phone Number:

Employee Name:

Employee NPI (if known):

Please check the boxes below to indicate you included the following required documentation:

Copy of Employee's  
Emergency COVID-19  
Teaching Certificate

Copy of Employee's  
Master's Degree

Please complete the following Student Teaching section:

Number of student  
teaching hours  
per week employee  
has completed  
(working w/ students  
with disabilities,  
birth to age 5)

Number of student  
teaching weeks  
completed by  
employee (working  
w/ students with  
disabilities, birth  
to age 5)