



APPLICATION FOR TEMPORARY EMERGENCY AUTHORIZATION

No Fee Required

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER

EDUCATOR IDENTIFICATION NUMBER (EIN)

BIRTH DATE (Month-Day-Year) - Required

ADDRESS (Street)

Apt. #

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE (Home)

(Work)

Race/Ethnicity (Optional)

- 1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

- 1. Have you ever been convicted of any crime, excluding minor traffic violations?
2. Have you been dismissed for cause from any position?
3. Have you ever surrendered a professional certificate, license, permit or other credential...

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.



**PART II: APPLICANT ATTESTATION**

I have reviewed this application and affirm that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

By checking the "I Agree" box, you agree your typed signature is the legal equivalent of your manual signature on this Application.

I Agree

ORIGINAL SIGNATURE OF APPLICANT  DATE:

**PART III: EMPLOYING AGENT'S REQUEST (must be completed by the superintendent)**

I hereby request a Temporary Authorization for an Emergency Endorsement for the applicant.

Endorsement area requested for emergency authorization:

- Emergency Generalist, PK-8 (#201)
- Emergency Generalist, 7-12 (#202)
- Emergency Teacher of English Learners, PK-12 (#204)

**PART IV: EMPLOYING AGENT'S SIGNATURE**

\_\_\_\_\_  
Signature of Superintendent/Exec. Dir./Designee  
(Original signature, no stamps accepted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Person Signing Above

\_\_\_\_\_  
Title

\_\_\_\_\_  
District

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-Mail Address

**INSTRUCTIONS TO APPLICATION FOR TEMPORARY EMERGENCY AUTHORIZATION**

**Applicant:**

- a. Complete Parts I and II.
- b. Return completed application to the superintendent of schools.

**Employing Agent:**

- a. Parts III and IV are to be completed and signed by the superintendent of schools, executive director or designee.
- b. Return the completed application, along with a rationale for why this candidate is the best fit for the position and a brief explanation of supports and resources made available to the educator to help ensure successful transition to the emergency assignment, to the Bureau of Educator Standards and Certification. Applications may be submitted through U.S. mail or via email ([SDEdistricts.cert@ct.gov](mailto:SDEdistricts.cert@ct.gov)). If submitting electronically, please indicate "ED 2020 District Submission" in the subject line of the email.

