



PART II: EDUCATIONAL BACKGROUND OR PROFESSIONAL CREDENTIAL

List higher education institution(s) which you attended. Attach a separate sheet if you need additional space.

NAME OF INSTITUTION	STATE	DATES ATTENDED		DEGREE/MAJOR
		FROM	TO	

PART III: PROFESSIONAL EXPERIENCE

Documentation of a minimum of two years of work experience in the field of such person’s associate degree, bachelor’s degree, or credential.

NOTE: Verification of experience must be on company/institutional letterhead and contain the original signature of the Head of Human Resources or supervisor. An official transcript(s) must be submitted to verify specialized schooling.

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of 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 IV: EMPLOYING AGENT REQUEST

I hereby request issuance of a Career and Technical Pathways Permit for the aforementioned applicant to serve no more than 20 classroom instructional hours per week as indicated below.

Field/Occupation _____ Grade _____ From _____ To _____
 (Month/Day/Year) (Month/Day/Year)

Initial Permit Renewal Permit

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

 Date

 Typed or Printed Name of Person Signing Above

 Title

 Street

 Telephone Number

 City, State, Zip Code

 FAX Number

 E-Mail Address



CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Standards and Certification
P.O. Box 150471
Hartford, CT 06115-0471

www.ct.gov/sde/cert

**INSTRUCTIONS TO APPLICANT FOR CAREER AND TECHNICAL PATHWAYS
INSTRUCTOR PERMIT**

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:

- a. Complete Parts I, II, and III.
- b. Submit official transcript(s), signed and sealed by the registrar(s) or copy of your approved credentials. Transcripts must be sent directly from the college/university/specialized school.
- c. Attach verification of Professional Work Experience. Verification must be on institutional and/or company letterhead and signed by the Director of Human Resources or supervisor. Specialized schooling must be verified by submission of official transcripts. Transcripts must be sent directly to CT State Department of Education from the college/university.
- d. Part IV is to be completed and signed by the superintendent of schools, executive director or designee.
- e. Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification.

ENDORSEMENT AREAS

Manufacturing
Allied Health
Computer Technology
Engineering
Construction Trades