ED 172 REV. 2/20 C.G.S. 10-145 C.G.S. 10-145d Regs. 10-145d-414

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



www.ct.gov/sde/cert

## APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

PART I: PERSONAL INFORMATION (Print all information of the content	on in blue ink and in up	opercase letters.)
LAST NAME		
FIRST NAME	MI	GENDER
SOCIAL SECURITY NUMBER	BIRTH DATE (Month-Day-	Year) - <b>Required</b>
ADDRESS (Street)		Apt. #
(City)		(State)
(Zip Code)	FORMER LAST NAME(S	)
PHONE Grant - Grant Gran		
(Work)	Race/Ethnicity (Optional)	<ol> <li>Native American</li> <li>Asian/Pacific Islander</li> <li>Black</li> <li>White</li> <li>Hispanic</li> </ol>
E-MAIL ADDRESS_		5. Hispanic
1. Have you ever been convicted of any crime, excluding minor traffic viol	ations? YES	NO
2. Have you been dismissed for cause from any position?	YES	□ NO
3. Have you ever surrendered a professional certificate, license, permit or c (including, but not limited to, an education credential); had one revoked annulled, invalidated, rejected or denied for cause; or been the subject of adverse or disciplinary credential action?	, suspended,	□ NO

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. Each applicant seeking an initial issuance or renewal of a certificate, authorization or permit must also submit to a records check of the Department of Children and Families' child abuse and neglect registry established pursuant to Connecticut General Statutes Section 17a-101k. In addition, the State Board of Education is required to submit periodically for criminal history records check the database of all persons who hold any certificate, authorization or permit.

**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. Submit official copies of court or administrative record(s), including disposition of each use.

## **ED 172**

## PART II: APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

1. Have you fulfilled the Praxis Core Academic	Skills Test or w	aiver requirements?	YES	S	NO		
2. Have you fulfilled the Praxis II and/or ACTF	L requirements?		YES	S	NO		
PART III: EDUCATIONAL BACKO	CROUND						
		to shoot if you need	additional	cnace			
List higher education institution(s) you attended. Attach a seperate sheet if you need additional space.							
Names of Institutions State		From (mm/yyyy)			Degree/Major		
I understand that all application and accompany omission may result in the denial or revocation of By checking the "I Agree" box, you agree your I I Agree.	of my certificate	(s), permit(s) or auth	norization(s	s). manual signat	-		
DRIGINAL SIGNATURE OF APPLICANT DATE:							
PART IV: EMPLOYING AGENT R	<b>EQUEST</b>						
I hereby request issuance of a temporary 90-day must reflect 90 school days. The requested effect							
Endorsement Area	Grade	From (mm/dd/	/уууу)		mm/dd/yyyy)		
Check box if applicant is being employed in a:	(Check one)	Permanent Pos	sition	Substitu	ate Position		
	(Check one)	50% or more I	FTE	Less tha	an 50% FTE		
Please read and sign the following to acknowled	lge agreement to	the terms listed belo	ow:				
			1 1	, 1	) C 4		

- The holder of the temporary 90-day certificate must be in the same position (same school/same classroom) for the entire validity period of the temporary 90-day certificate.
- Temporary 90-day certificates will be issued effective, the date the application (ED 172) is received in our office if the district neglects to submit the application prior to the candidate's first day of service and there are not enough days in the assignment (less than 90 school days), we will be unable to issue the temporary 90-day certificate and the district will need to default to requesting a long-term substitute authorization to cover the service. No exceptions will be made to this policy.
- If for any reason, the applicant fails to complete 90 school days consecutively under the 90-day certificate or the district does not retain the applicant for the full 90-days consecutively, the service cannot be banked or combined with other experiences/districts. No exceptions will be made to this policy.
- The certificate is not transferable to any other school district. If the holder of a temporary 90-day certificate is released from employment prior to the expiration date of the temporary 90-day certificate, the time served will not count toward the issuance of the initial educator certificate. Notice of the release from employment is required, and the educator will need to serve 90-days under another temporary 90-day certificate to become eligible for an initial educator certificate.
- The holder of the temporary 90-day certificate must be evaluated a minimum of two times during the period of the 90-day certificate.

Signature of Superintendent/Exec. Dir./Designee (Original signature, no stamps accepted)			Date				
Туре	ed or Printed Name of Person	Signing Above		Title			
Board of Education*				Telephone Number			
Stree	et			FAX Number			
City	,	State, Zip	Code	E-Mail Address			
distri	ard of Education means a Connect, cooperative arrangement esta	blished pursuant t	to 10-158A of the Con	necticut General Statute	es, the Technical High School System,		
	nanent means the position is indifits and contributes to the Teacher			s paid on the teacher sa	lary schedule, provided with employee		
Substime.	-	te position that is	filled by a person who	takes the place of a per	rmanent teacher for a defined period of		
App	THIS CHECKLIST M  licant:  a. Complete Parts I, II and		ACHED TO THE	E COMPLETE AF	PPLICATION PACKET		
	b. Attach official transcrip						
	c. Attach ED 125 Stateme Executive Director.	nt of Preparing H	igher Education Institu	tion form signed by the	Alternate Route to Certification		
					nts. (Please note: A 90-day certificate exceived from the appropriate testing		
	e. Return completed applie	cation to the super	rintendent of schools.				
Loca	al Board of Education:  a. Part IV is to be complet	ed and signed by	the superintendent of s	chools, executive direc	tor or designee.		
	b. Return the completed ap	oplication, attachn	nents and checklist to t	he Bureau of Educator	Standards and Certification.		
				ES AVAILABLE TI RTIFICATION (AI			
010 015 018 019 020 021 022 023	Business, 7–12 English, 7–12 French, 7–12 German, 7–12 Italian, 7–12 Latin, 7–12 Russian, 7–12 Spanish, 7–12	024 029 030 031 032 033 034	Other World Language, Mathematics, 7–12 Biology 7–12 Chemistry, 7–12 Physics, 7–12 Earth Science, 7–12 General Science, 7–12 Art, PK–12	7–12 045 047 049 101 112 305	Family and Consumer Sciences, PK-12 Technology Education, PK-12 Music, PK-12 Elementary World Language Integrated Early Childhood, B-K Elementary, 1-6		