



APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER
AUTHORIZATION BEYOND THE 40-DAY LIMIT

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

LAST NAME

FIRST NAME

MI

GENDER

SOCIAL SECURITY NUMBER

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? 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 other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? YES 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.

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

PART II: EDUCATIONAL BACKGROUND

1. List all education you have completed, including high school, trade-related vocational school and/or other postsecondary schooling.

NAME OF INSTITUTION	STATE	DATES ATTENDED		MAJOR FIELD OF STUDY	DEGREE AWARDED
		From (M/Y)	To (M/Y)		

- If a bachelor's degree is required for the subject(s) and grade level(s) of the substitute teaching assignment(s), official transcripts are attached verifying the completion of the required bachelor's degree and 12 semester hours of credit in the area(s) requested.
- If this request is for an occupational or trade-related subject for which a bachelor's degree is not required, you must attach verification of eight years of appropriate occupational experience. Verification of experience must be submitted on company letterhead. If you are self-employed, we will accept a notarized statement and photocopies of tax records.

PART III: 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).

ORIGINAL SIGNATURE OF APPLICANT DATE:

PART IV: EMPLOYING AGENT INFORMATION

1. Indicate the subject(s) and grade level(s) of the substitute teaching assignment(s), including occupational or trade-related subjects for which a bachelor's degree is not required.

Subject _____ Grade Level _____ Subject _____ Grade Level _____

- Attach a letter documenting steps taken by the board of education to secure a certified candidate suitable for this position. Please indicate the number of certified applicants who applied for this position and identify the reasons why a certified candidate was not hired. Additionally, indicate any circumstances and conditions which make this position particularly difficult to staff.
- List and attach a copy of the specific location and dates of newspaper advertisements, vacancy notices, university postings, teacher agency contacts, Internet job postings, etc.

PART V: APPLICANT COURSEWORK

- Does the applicant hold a subject area major in the content area of this long-term substitute authorization? Yes No
- Does the applicant hold a subject area minor in the content area of this long-term substitute authorization? Yes No
- If applicant does not hold a major or minor in the content area, please list the coursework the district accepted toward the twelve credit requirement to be issued the long-term substitute authorization.

COURSE NUMBER	COURSE TITLE	NUMBER OF CREDITS

Please provide any additional information the district would like considered for the issuance of the long-term substitute authorization (e.g. evidence of enrollment in a certification program, evidence of successful work experience within the district serving under a different role).

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PART VI: EMPLOYING AGENT ATTESTATION

I am requesting an extension of substitute teacher authorization beyond the 40-day limit for the candidate listed on this application. I understand that, if approved, this candidate may serve in this position until June 30 of the current school year.

Signature of Superintendent, Executive Director or designee
attesting to the accuracy of information
(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

ED 175
REV. 11/20
C.G.S. 10-145
C.G.S. 10-145d, P.A. 03-168
Regs. 10-145d-420

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 APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER AUTHORIZATION BEYOND THE 40-DAY LIMIT

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Listed below are the required documents which must be submitted to the Bureau of Educator Standards and Certification to process your request for a Substitute Teacher Authorization Beyond the 40-Day Limit. This authorization will expire on June 30 of the school year during which it was approved.

Applicant:

- a. Complete Parts I, II and III.
- b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a bachelor's degree and a minimum of 12 semester hours of credit in the area(s) requested. Official transcripts must include the embossed or colored seal of the college or university.
- c. Return completed application to the superintendent of schools, executive director or designee.

Employing Agent:

- a. Complete Parts IV, V and VI and mail application and supporting documentation to the Bureau of Educator Standards and Certification at the above address.

FOR OFFICE USE ONLY

The person named on this application is authorized is NOT authorized to serve as a substitute teacher for the board of education listed on page 2.

Authorized Signature: _____

Date: _____