



APPLICATION FOR CONTINUATION OF PROFESSIONAL EDUCATOR CERTIFICATE

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)

E-MAIL ADDRESS

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

(Optional)

- Have you ever been convicted of any crime, excluding minor traffic violations?  YES  NO
- Have you been dismissed for cause from any position?  YES  NO
- Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); but 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: STATEMENTS OF PROFESSIONAL EXPERIENCE**

Check the appropriate box to indicate service under your current Professional Educator Certificate.

- A. I have not served under my current Professional Educator Certificate for a Board of Education.\*
- B. I have served under my current Professional Educator Certificate in the following positions for a Connecticut Board of Education.

If you checked “B” please complete the Grid below.

Employing District	Position Held (e.g., teacher, administrator, social worker, substitute)	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full-Time (50% or more)	Part-Time (less than 50%)	From (Month/Year)	To (Month/Year)

**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:

\***Board of Education** means a Connecticut local or regional Board of Education, regional educational service center, unified school district, cooperative arrangement established pursuant to 10-158A of the Connecticut General Statutes, the Connecticut Technical High School System, approved private special education facilities, the Gilbert School, Norwich Free Academy or Woodstock Academy.

*Original Signatures Must Be On Form Submitted*

