

ED 199

REV. 1/20

C.G.S. 10-145m as amended

by P.A. 12-156 (7)

C.G.S. 10-145p as amended

by P.A. 12-156 (9)

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 RESIDENT EDUCATOR CERTIFICATE

No Fee Required

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

Grid of 30 empty boxes for identification number

LAST NAME

Grid of 25 empty boxes for last name

FIRST NAME

Grid of 10 empty boxes for first name

MI

GENDER

SOCIAL SECURITY NUMBER

Grid of 9 empty boxes for social security number

BIRTH DATE (Month-Day-Year) - Required

Grid of 7 empty boxes for birth date

ADDRESS (Street ONLY no P.O. Box)

Grid of 20 empty boxes for address

APT. #

Grid of 3 empty boxes for apartment number

(CITY)

Grid of 10 empty boxes for city

(STATE)

(ZIP CODE)

Grid of 5 empty boxes for zip code

FORMER LAST NAME(S) Required

Three horizontal lines for former last name

PHONE

Grid of 10 empty boxes for home phone

(Home)

Grid of 10 empty boxes for work phone

(Work)

Race/Ethnicity

Grid of 1 empty box for race/ethnicity

(Optional)

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

BACHELOR'S DEGREE

STATE/COUNTRY DEGREE AWARDED

Mo./Yr.

- 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.



PART II: ASSESSMENT REQUIREMENTS

- 1. Have you fulfilled the PRAXIS I (PPST) or waiver requirements? YES NO
- 2. Have you fulfilled the PRAXIS II and/or ACTFL requirements? YES NO
- 3. Have you fulfilled the Foundations of Reading Test?
(for elementary candidates only) YES NO

PART III: EDUCATIONAL BACKGROUND

- 1. Do you possess a minimum undergraduate GPA of 3.0? YES NO
- 2. 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	

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 IV: EMPLOYING AGENT REQUEST

I hereby recommend and request issuance of a Resident Educator Certificate for the aforementioned applicant to serve in a full-time contracted position indicated below.

Name of School _____ Endorsement Area _____ Grade _____

The aforementioned applicant has been entered into the Connecticut State Department of Education (CSDE) electronic certified staff file (EDS). YES NO

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

Date

Typed or Printed Name of Person Signing Above

Title

Board of Education*/State Charter School

Telephone Number

Street

FAX Number

City, State, Zip Code

E-Mail Address

*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 Technical High School System, approved private special education facilities, the Gilbert School, Norwich Free Academy or Woodstock Academy.



ED 199 – **TEACH**
REV. 1/20
45m as amended
by P.A. 12-156 (7)

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INSTRUCTIONS TO APPLICANT FOR RESIDENT EDUCATOR CERTIFICATE

USE FOR TEACHING ENDORSEMENTS

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).
- c. Include Attachment – TEACH signed by the approved Alternate Route To Certification program.
- d. Have fulfilled the PRAXIS I (PPST), PRAXIS II, or ACTFL requirements and the Foundations of Reading Test (for elementary and early childhood (113) endorsement).
- e. Return completed application to the superintendent of schools from the requesting district.

Local Board of Education:

- a. Part IV is to be completed and signed by the superintendent of schools, executive director or designee.
- b. Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification.

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**EVIDENCE OF ENROLLMENT IN A CONNECTICUT APPROVED
ALTERNATE ROUTE TO CERTIFICATION (ARC) PROGRAM**

FOR TEACHING ENDORSEMENTS

Attachment must be completed by the academic director of the Alternate Route to Certification (ARC) Program.

Evidence of Enrollment or Acceptance in a Connecticut approved Alternate Route Program

CANDIDATE NAME _____ **CANDIDATE EIN** _____

The candidate listed above has been accepted or is enrolled in the following certification program (check one):

TFA

Relay

CREC #305

Subject or Field Grade Level Date of Enrollment **or** Date of Acceptance

Attestation and Signature of the Certification Officer or the Academic Director of the Alternate Route to Certification (ARC) Program

Signature of Certification Officer or Academic Director of the ARC Program

Date

Typed or Printed Name of Person Signing Above

Title

College or University

Telephone Number

Street

FAX Number

City, State, Zip Code

E-Mail Address

Mail Completed Form To:

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