ED 199			
<b>REV. 12/23</b>			
C.G.S. 10-145m			
C.G.S. 10-145p			

# CONNECTICUT STATE DEPARTMENT OF EDUCATION Bureau of Educator Standards and Certification P.O. Box 150471 Hartford, CT 06115-0471 https://portal.ct.gov/sdecertification



APPLICATION FOR RESIDENT EDUCATOR CERTIFICATE No Fee Required

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)			
LAST NAME			
FIRST NAME	MI	GENDER	
	-		
EDUCATOR IDENTIFICATION NUMBER (EIN) BIRTH D	OATE (Month-Day-Year) - Re	quired	
ADDRESS (Street ONLY no P.O. Box)		APT. #	
(CITY)		(STATE)	
	FORMER LAST NAME(S)	Required	
(ZIP CODE)			
PHONE			
(Home)			
	Race/Ethnicity 1.	Native American Asian/Pacific Islander	
(Work)	( <b>Optional</b> ) 3.	Black White	
BACHELOR'S DEGREE	( <b>Optional</b> ) 4. 5.	Hispanic	
STATE/COUNTRY DEGREE AWARDED Mo./Yr.			
1. Have you ever been convicted of <b>any</b> crime, excluding minor traffic violat		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 oth	YES NO		

(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?

Pursuant to Connecticut General Statutes Section 10-232d, 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 case. Also provide a minimum of three letters of professional recommendation to include, but not limited to, a reference to character, signed and dated within three months of submission.

### ED 199 – TEACH RESIDENT EDUCATOR CERTIFICATE FOR TEACHERS

## **PART II: REC REQUIREMENTS (Check all that apply)**

1.	Subject area major	YES	NO	
2.	30 credits in endorsement area	YES	NO	
3.	Passed content area assessments for endorsement area	YES	NO	
4.	Enrolled in program for one year (elementary, early childhood, and special ed programs 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		DATES ATTENDED		DEGREE/MAJOR
		FROM	ТО			

**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 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. The candidate will be given special attention in the form of supervision and other assistance, as appropriate.

Name of School		Endorsement Area		Grade	
	ant has been entered into the Connectic cronic certified staff file (EDS).	eut State Department	YES	NO	
Signature of Superintend (Original signature, no	dent/Exec. Dir./Designee stamps accepted)	Date			
Typed or Printed Name	of Person Signing Above	Title			
Board of Education*/State Charter School		Telephone Numbe	er		
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.

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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 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 CERTIFICATION PROGRAM

## FOR TEACHING ENDORSEMENTS

Attachment must be completed by the Academic Director of the Connecticut approved program.

Evidence of Enrollment or Acceptance in a Connecticut approved program

CANDIDATE NAME The candidate listed above has been accepted or is enrolled in the following certification program (check one):		CANDIDATE EIN	
		CREC Relay Other	
Subject or Field	Grade Level	Date of Enrollment or Date of Acceptance	
Attestation and Signatu	re of the Certification Officer or	the Academic Director of the certification program	
Signature of Certification Academic Director of the		Date	
Typed or Printed Name of Person Signing Above		Title	
College / University / Institution		Telephone Number	
Street		FAX Number	
City,	State, Zip Code	E-Mail Address	
City,	State, Zip Code	E-Mail Address	

**Mail Completed Form To:** 

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