



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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Subject area major  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. 30 credits in endorsement area  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Passed content area assessments for endorsement area  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Enrolled in program for one year<br>(elementary, early childhood, and special ed programs only) | <input type="checkbox"/> YES | <input type="checkbox"/> 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 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 \_\_\_\_\_

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.

<https://portal.ct.gov/sdecertification>

**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.

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

<https://portal.ct.gov/sdecertification>

<b>EVIDENCE OF ENROLLMENT IN A CONNECTICUT APPROVED CERTIFICATION PROGRAM FOR TEACHING ENDORSEMENTS</b>
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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** \_\_\_\_\_ **CANDIDATE EIN** \_\_\_\_\_

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

☐ CREC ☐ Relay ☐ Other \_\_\_\_\_

\_\_\_\_\_  
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 certification program**

\_\_\_\_\_  
Signature of Certification Officer or  
Academic Director of the program                      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

**Mail Completed Form To:**

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

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