



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

Endorsement Area _____ Grade _____

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.

Original Signatures Must Be On Form Submitted



RESIDENT EDUCATOR CERTIFICATE FOR ADMINISTRATORS



PART V: ASSESSMENT REQUIREMENTS

1. Have you fulfilled the PRAXIS I (PPST) or waiver requirements?
(For individuals who do not hold a valid Connecticut educator certificate) YES NO
2. Have you fulfilled the CAT requirement?
(for administration candidates only)

PART VI: EDUCATIONAL BACKGROUND

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	

PART VII: TEACHING EXPERIENCE

1. Have you completed at least 40 school months of teaching experience, of which at least ten school months are in a position requiring certification at a public school, in this state or another state? YES NO

Please provide a complete history, starting with your most recent position. Do not include student teaching, substitute or paraprofessional experience. Attach completed form ED 126 for each public school district or private school.

NAME OF SCHOOL	LOCATION (City, State)	JOB TITLE	SUBJECT/FIELD	GRADES	DATES EMPLOYED

PART VIII: DO YOU HOLD/HAVE YOU HELD AN OUT-OF-STATE CERTIFICATE? YES NO

_____ (specify state and type of certificate)
(Attach a copy of both sides of out-of-state certificates, covering any of the experiences listed above.)

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 IX: EMPLOYING AGENT REQUEST

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

The aforementioned applicant will be serving in a contracted position in the following:

Name of School _____ From _____ To _____
(Month/Day/Year) (Month/Day/Year)

The aforementioned applicant has been entered into the Connecticut State Department of Education (CSDE) electronic file (EDS) with an administrative assignment code.

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.

Original Signatures Must Be On Form Submitted



ED 199 – TEACH
REV. 12/18
45m as amended
by P.A. 12-156 (7)

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 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.

ED 199 – ADMIN
REV. 12/18
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

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INSTRUCTIONS TO APPLICANT FOR RESIDENT EDUCATOR CERTIFICATE

USE FOR ADMINISTRATIVE ENDORSEMENTS

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:

- a. Complete Parts I, V, VI, VII and VIII.
- b. Submit official transcript(s), signed and sealed by the registrar(s).
- c. Include Attachment – ADMIN signed by the approved Alternate Route To Certification program.
- d. Have fulfilled the PRAXIS I (PPST) requirement. (For individuals who do not hold a valid Connecticut educator certificate.)
- e. Include statement of Professional Experience for (ED 126) and copy of out of state certificate (if applicable).
- f. Return completed application to the superintendent of schools from the requesting district.

Achievement First, Inc., New Haven Public Schools, or Hartford Public Schools:

- a. Part IX 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.

Use for employment by Achievement First, Inc., New Haven Public Schools, or Hartford Public Schools.

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

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
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

AF Administration

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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Bureau of Educator Standards and Certification
P.O. Box 150471
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EVIDENCE OF ENROLLMENT IN A CONNECTICUT APPROVED
ALTERNATE ROUTE TO CERTIFICATION (ARC) PROGRAM

FOR ADMINISTRATIVE 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):

Achievement First, Inc.

Other

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

Employing Agent:

Achievement First, Inc.

New Haven Public Schools

Hartford Public Schools

Signature of Certification Officer or
Academic Director of the ARC Program

Date

Typed or Printed Name of Person Signing Above

Title

Street

Telephone Number

City, State, Zip Code

FAX Number

E-Mail Address

Mail Completed Form To:

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Bureau of Educator Standards and Certification
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