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 ONLY no P.O. Box)        APT. #

(CITY)           (STATE)

(ZIP CODE)

PHONE

(Home)

(Work)

BACHELOR’S DEGREE

STATE/COUNTRY—DEGREE AWARDED ———— Mo./Yr.

1. Have you ever been convicted of any crime, excluding minor traffic violations? □ 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 other credential (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? □ 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 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.
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.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>STATE</th>
<th>DATES ATTENDED</th>
<th>DEGREE/MAJOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>FROM</td>
<td>TO</td>
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</table>

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.

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 __________________________ Date __________

(Original signature, no stamps accepted)

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.
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.
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:

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.