ED 172 REV. 2/20 C.G.S. 10-145 C.G.S. 10-145d Regs. 10-145d-414

## 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 TEMPORARY 90-DAY CERTIFICATE

PART I: PERSONAL INFORMATION (Print all information in bl	lue ink and in up	opercase letters.)
LAST NAME		
FIRST NAME	MI	GENDER
SOCIAL SECURITY NUMBER  BIRTH	DATE (Month-Day-	Year) - <b>Required</b>
ADDRESS (Street)		Apt. #
(City)		(State)
	MER LAST NAME(S	
PHONE		
(Home)  (Work)  E-MAIL ADDRESS	Race/Ethnicity (Required)	<ol> <li>Native American</li> <li>Asian/Pacific Islander</li> <li>Black</li> <li>White</li> <li>Hispanic</li> </ol>
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 crede (including, but not limited to, an education credential); had one revoked, suspende annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action?	ed,	□ 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 use.

## **ED 172**

## PART II: APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

1. Have you fulfilled the Praxis Core Academic	Skills Test or w	aiver requirements?	YES	NO
2. Have you fulfilled the Praxis II and/or ACTFL requirements?			YES	NO 🗌
PART III: EDUCATIONAL BACKO	GROUND			
List higher education institution(s) you attended	. Attach a sepera	te sheet if you need	additional space.	
Names of Institutions	mes of Institutions  State  Dates Attended From To (mm/yyyy) (mm/yyyy)		Degree/Major	
By checking the "I Agree" box, you agree your I Agree.  ORIGINAL SIGNATURE OF APPLICANT	typed signature i	s the legal equivalen		ignature on this Application.  TE:
PART IV: EMPLOYING AGENT R	EQUEST			
I hereby request issuance of a temporary 90-day must reflect 90 school days. The requested effective of the requested effective o				
Endorsement Area	Grade	From (mm/dd/	уууу)	To (mm/dd/yyyy)
Check box if applicant is being employed in a:	(Check one)	Permanent Pos	ition Sul	bstitute Position
	(Check one)	50% or more F	TE Les	ss than 50% FTE
Please read and sign the following to acknowled	lge agreement to	the terms listed belo	ow:	
• The holder of the temporary 90-day certific	eate must be in th	ne same position (sa	ne school/same cla	assroom) for the entire validity

- The holder of the temporary 90-day certificate must be in the same position (same school/same classroom) for the entire validity period of the temporary 90-day certificate.
- Temporary 90-day certificates will be issued effective, the date the application (ED 172) is received in our office if the district neglects to submit the application prior to the candidate's first day of service and there are not enough days in the assignment (less than 90 school days), we will be unable to issue the temporary 90-day certificate and the district will need to default to requesting a long-term substitute authorization to cover the service. No exceptions will be made to this policy.
- If for any reason, the applicant fails to complete 90 school days consecutively under the 90-day certificate or the district does not retain the applicant for the full 90-days consecutively, the service cannot be banked or combined with other experiences/districts. No exceptions will be made to this policy.
- The certificate is not transferable to any other school district. If the holder of a temporary 90-day certificate is released from employment prior to the expiration date of the temporary 90-day certificate, the time served will not count toward the issuance of the initial educator certificate. Notice of the release from employment is required, and the educator will need to serve 90-days under another temporary 90-day certificate to become eligible for an initial educator certificate.
- The holder of the temporary 90-day certificate must be evaluated a minimum of two times during the period of the 90-day certificate.

Signature of Superintendent/Exec. Dir./Designee (Original signature, no stamps accepted)				Date			
Typed or Printed Name of Person Signing Above				Title			
Board of Education*				Telephone Number			
Stree	t			FAX Number			
City,		State, Zip	Code	E-Mail Address			
distric appro	ved private special education facil	ished pursuant ities, the Gilber	to 10-158A of the Conr rt School, Norwich Fre	necticut General Statuto e Academy or Woodsto	es, the Technical High School System, ock Academy.		
	anent means the position is indefi- its and contributes to the Teachers'			s paid on the teacher sa	lary schedule, provided with employee		
Substitutime.	tute means a long-term substitute	position that is	filled by a person who	takes the place of a pe	rmanent teacher for a defined period of		
Appl	INSTRUCTIONS TO THIS CHECKLIST MU  icant:  a. Complete Parts I, II and II	FOR HOLE IST BE ATT	DERS OF 90-DAY	CERTIFICATES			
	b. Attach official transcript(s	), signed and se	ealed by the registrar(s)	ı <b>.</b>			
[	c. Attach ED 125 Statement Executive Director.	of Preparing H	igher Education Institu	tion form signed by the	e Alternate Route to Certification		
[					nts. (Please note: A 90-day certificate eceived from the appropriate testing		
[	e. Return completed applicat	ion to the supe	rintendent of schools.				
Loca	Board of Education:  a. Part IV is to be completed	and signed by	the superintendent of s	chools, executive direc	tor or designee.		
[	b. Return the completed appl	lication, attachr	ments and checklist to t	he Bureau of Educator	Standards and Certification.		
			ORSEMENT COD TE ROUTE TO CE				
010 015 018 019 020 021 022 023	Business, 4–12 English, 4–12 French, 4–12 German, 4–12 Italian, 4–12 Latin, 4–12 Russian, 4–12 Spanish, 4–12	024 029 030 031 032 033 034	Other World Language Mathematics, 4–12 Biology 4–12 Chemistry, 4–12 Physics, 4–12 Earth Science, 4–12 General Science, 4–12 Art, PK–12	, 4–12 045 047 049 101 112 305	Family and Consumer Sciences, PK-12 Technology Education, PK-12 Music, PK-12 Elementary World Language Integrated Early Childhood, B-K Elementary, PK-6		