



### APPLICATION FOR NONRENEWABLE ADULT EDUCATOR AUTHORIZATION

#### 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)

Apt. #

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE (Home)

(Work)

Race/Ethnicity

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

(Optional)

E-MAIL ADDRESS

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 use.

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



**PART II: REQUEST FOR ADULT EDUCATOR AUTHORIZATION**

Please check the appropriate box(es):

- English to Speakers of Other Language – Endorsement 088
- High School Credit Diploma Programs – Endorsement 106
- External Diploma Program/Noncredit Mandated Programs (ABE, GED, EDP) – Endorsement 107
- I have NOT completed the following assessment requirements:
  - PRAXIS I – PPST
  - PRAXIS II (Required for Endorsement 106 ONLY)
  - ACTFL (Required for Endorsement 106 ONLY)

**PART III: APPLICANT ATTESTATION**

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 AND SIGNATURE**

I request the issuance of a Nonrenewable Adult Educator Authorization for the applicant named on this application in the program(s) checked in Part II.

\_\_\_\_\_  
Signature of Superintendent/Executive Director/Designee  
**(Original signature, no stamps accepted)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Printed Name of Person Signing Above

\_\_\_\_\_  
Title

\_\_\_\_\_  
District

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-Mail Address

*Original Signatures Must Be On Form Submitted*



ED 188  
REV. 7/19  
C.G.S. 10-145  
C.G.S. 10-145d

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Bureau of Educator Standards and Certification  
P.O. Box 150471  
Hartford, CT 06115-0471  
[www.ct.gov/sde/cert](http://www.ct.gov/sde/cert)

**INSTRUCTIONS TO APPLICATION FOR NONRENEWABLE  
ADULT EDUCATOR AUTHORIZATION**

**NOTE:** Please use this form, if you meet all requirements for adult education certification except for assessments, to request a nonrenewable authorization to teach adult education. Applicants who have completed all requirements, including assessment requirements, must submit for ED 170. **A fee is NOT required for this authorization.**

**THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET**

**Applicant:**

- a. Complete Parts I, II and III.
- b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a bachelor's degree. Official transcripts must include the embossed or colored seal of the university.
- c. Return completed application to the superintendent of schools.

**Employing Agent:**

- a. Part IV is to be completed and signed by the superintendent of schools or designee.
- b. Return completed application, attachments and checklist to the Bureau of Educator Standards and Certification at the above address.