ED 197 REV. 9/22

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



CAREER AND TECHNICAL PATHWAYS INSTRUCTOR PERMIT No Fee Required

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)		
(Home) $(Work)$	Race/Ethnicity	 Native American Asian/Pacific Islander Black
E-MAIL ADDRESS	(Required)	 White Hispanic
1. Have you ever been convicted of any crime, excluding minor traffic violat	tions? 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 oth	ner credential YES	NO

5. Have you ever surrendered a professional certificate, incense, permit or other credentia (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?

Pursuant to Connecticut General Statutes Section 10-232d, 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.

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PART II: EDUCATIONAL BACKGROUND OR PROFESSIONAL CREDENTIAL

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	ТО	

PART III: PROFESSIONAL EXPERIENCE

Documentation of a minimum of two years of work experience in the field of such person's associate degree, bachelor's degree, or credential.

NOTE: Verification of experience must be on company/institutional letterhead and contain the original signature of the Head of Human Resources or supervisor. An official transcript(s) must be submitted to verify specialized schooling.

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).

By checking the "I Agree" box, you agree your typed signature is the legal equivalent of your manual signature on this Application.

I Agree.		
ORIGINAL SIGNATURE OF APPLICANT:	DATE:	

PART IV: EMPLOYING AGENT REQUEST

I hereby request issuance of a Career and Technical Pathways Permit for the aforementioned applicant to serve no more than 20 classroom instructional hours per week as indicated below.

Field/Occupation	Grade	From		То	
Initial Permit	Renewal Permit	(Month	/Day/Year)		(Month/Day/Year)
Signature of Superintendent/E (Original signature, no stam			Date		
Typed or Printed Name of Per	son Signing Above		Title		
Street			Telephone N	umber	
City,	State, Zip Code	2	FAX Numbe	r	
			E-Mail Addr	ess	

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INSTRUCTIONS TO APPLICANT FOR CAREER AND TECHNICAL PATHWAYS INSTRUCTOR PERMIT

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:

- b. Submit official transcript(s), signed and sealed by the registrar(s) or copy of your approved credentials. Transcripts must be sent directly from the college/university/specialized school.
- c. Attach verification of Professional Work Experience. Verification must be on institutional and/or company letterhead and signed by the Director of Human Resources or supervisor. Specialized schooling must be verified by submission of official transcripts. Transcripts must be sent directly to CT State Department of Education from the college/university.
- d. Part IV is to be completed and signed by the superintendent of schools, executive director or designee.
- e. Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification.

ENDORSEMENT AREAS

Manufacturing Allied Health Computer Technology Engineering Construction Trades

a. Complete Parts I, II, and III.