

ED 199
REV. 12/23
C.G.S. 10-145m
C.G.S. 10-145p

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Standards and Certification
P.O. Box 150471
Hartford, CT 06115-0471
<https://portal.ct.gov/sdecertification>



APPLICATION FOR RESIDENT EDUCATOR CERTIFICATE
No Fee Required

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

[Empty boxes for name and address]

LAST NAME

[Empty boxes for last name]

FIRST NAME

[Empty boxes for first name]

MI

GENDER

EDUCATOR IDENTIFICATION NUMBER (EIN)

[Empty boxes for EIN]

BIRTH DATE (Month-Day-Year) - Required

[Empty boxes for birth date]

ADDRESS (Street ONLY no P.O. Box)

[Empty boxes for street address]

APT. #

[Empty boxes for apt. #]

(CITY)

[Empty boxes for city]

(STATE)

(ZIP CODE)

[Empty boxes for zip code]

FORMER LAST NAME(S) Required

PHONE

[Empty boxes for phone number]

(Home)

[Empty boxes for phone number]

(Work)

Race/Ethnicity

[Empty box for race/ethnicity]

(Required)

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

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 10-232d, 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 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: REC REQUIREMENTS (Check all that apply)

- 1. Subject area major YES NO
- 2. 30 credits in endorsement area YES NO
- 3. Passed content area assessments for endorsement area YES NO
- 4. Enrolled in program for one year YES NO
(elementary, early childhood, and special ed programs only)

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 recommend and request issuance of a Resident Educator Certificate for the aforementioned applicant to serve in a full-time contracted position indicated below. The candidate will be given special attention in the form of supervision and other assistance, as appropriate.

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
(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.



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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 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.

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**EVIDENCE OF ENROLLMENT IN A CONNECTICUT APPROVED CERTIFICATION PROGRAM
FOR TEACHING ENDORSEMENTS**

Attachment must be completed by the Academic Director of the Connecticut approved program.

Evidence of Enrollment or Acceptance in a Connecticut approved program

CANDIDATE NAME _____ **CANDIDATE EIN** _____

The candidate listed above has been accepted or is enrolled in the following certification program (check one):

CREC Relay Other _____

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 certification program

Signature of Certification Officer or Academic Director of the program

Date

Typed or Printed Name of Person Signing Above

Title

College / University / Institution

Telephone Number

Street

FAX Number

City, State, Zip Code

E-Mail Address

Mail Completed Form To:

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