

Connecticut State Department of Education
Bureau of Educator Standards and Certification

P.O. Box 150471
Hartford, CT 06115-0471
www.ct.gov/sde/cert



Statement of Teacher Registered Apprentice Program

PRINT all information in **blue** ink and in **uppercase** letters.

Last Name

First Name

MI

Educator Identification Number (EIN)

 - -

Birth Date (Month-Day-Year)

The Superintendent's office **MUST** answer all questions below. (Applicants do **NOT** complete sections below.)

District Name: _____

Name of Educator Preparation Program (EPP): _____

Superintendent Attestation: Please check the appropriate box, sign and complete the school information below.

- ☐ The competency logs/portfolio have been completed, and the applicant named has satisfactorily completed an apprenticeship as outlined on the DOL AT-22 form.
- ☐ The competency logs/portfolio have not been completed, and/or the applicant named has not satisfactorily completed an apprenticeship as outlined on the DOL AT-22 form.

Mentor Signature

Mentor Name

Date

Superintendent Attestation: Please sign and complete the school information below.

Signature of Superintendent, Executive Director or
Approved Designee attesting to accuracy of information
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

Employing District

Telephone

City/Town

Email Address