## ED 711

## 9/19

C.G.S. 10-145 P.A. 18-34

Applicant Information

## **Connecticut State Department of Education**



## **Verification of Out-of-State Educator Certification Tests**

**Applicant:** If you passed an educator certification test in another US state or territory, please fill in Applicant Information only. Forward the form for completion and submission by the institution of higher education, department of education or other authorized agency in the state that required the tests. The Connecticut State Department of Education (CSDE) will determine if scores meet requirements.

An active certification application and fee must be on file with the CSDE before submitting this document.

Last Name:			First Name:	First Name:			
Social Security Number:			Date of Birth:				
Institution of Higher Education whether the above applicant ha	· =					•	
Institution of Higher Edu	cation, Depart	ment of Educ	cation or Aut	thorized Agency			
Name of Agency:							
<b>Test Information</b>							
Certification Area & Grade Levels	Required Tests	Date Passed	Test Code	Test Focus	Applicant Score	Minimum Passing Score	
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By checking the "I Agree" box application. I Agree					nual signature o	on this	
<b>Contact Information of A</b>			_				
Printed Name:			Title:	Title:			
Email:			Phone	Phone:			
Signature of Authorized Office	Date	Date:					
Please do not return the con Mail completed form to:	Conne Burea P.O. E	the educator. cticut State Departu of Educator State Box 150471 ord, Connecticut	artment of Educa andards and Cert	ntion	CSDE.		