ED 172

REV. 8/12

C.G.S. 10-145 C.G.S. 10-145d, P.A. 03-168 Regs. 10-145d-414

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification P.O. Box 150471 – Room 243 Hartford, CT 06115-0471



www.ct.gov/sde

APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

PART I: PERSONAL INFORMATION (Print all inform	ation in blue ink and in uppercase letters.				
LAST NAME					
FIRST NAME	MI GENDER (M/F)				
SOCIAL SECURITY NUMBER	BIRTH DATE (Month-Day-Year) – Required				
ADDRESS (Street)	(Apt #)				
(City)					
(State) (Zip Code)	ORMER LAST NAME(S)				
PHONE (Home) (Work)	Race/Ethnicity 1. Native American 2. Asian/Pacific Islander 3. Black (Optional) 4. White 5. Hispanic				
E-MAIL ADDRESS					
. Have you ever been convicted of any crime, excluding minor traffic violations?					
. Have you ever been dismissed for cause from any position?					
3. Have you ever surrendered a professional certificate, license, permit o (including, but not limited to, an education credential); had one revok annulled, invalidated, rejected or denied for cause; or been the subject adverse or disciplinary credential action?	ed, suspended,				

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must complete a criminal history records check on each applicant for an initial issuance or renewal of a certificate, authorization or permit. 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 a 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.

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

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1. Have you fulfilled the PRAXIS	YES	NO			
2. Have you fulfilled the PRAXIS	YES	NO			
PART III: EDUCATIONA	L BACKGRO	DUND			
List higher education institution(s)	which you attend	ded. Attach a	separate sheet	if you need additional s	pace.
NAME OF INSTITUTION	STATE	DATES AT FROM	TENDED TO	DEGREE/MAJOR	
APPLICANT ATTESTATION: I ce tains no material misrepresentations, f I understand that all application and acomission may result in the denial or re ORIGINAL SIGNATURE OF APPLICATION.	alsifications or omi ecompanying information of my cer	ssions and that nation may be	all of the inform verified and that	ation given by me is true, of any material misrepresent	complete and accurate. ation, falsification or
DADT IV. EMPLOYING	CENT DEO				
PART IV: EMPLOYING A I hereby request issuance of a Tem (NOTE: 90 school days.)			he aforementio	ned applicant to serve a	s indicated below.
Endorsement Area	Grade_	Fr	om(Month/	Day/Year) To(M	onth/Day/Year)
Check box if bilingual endorse	ement is sought for	or above disci	pline.		
Position (check one) 50% or	More	Less than 5	0%		
The Board of Education will provi holders of the Temporary 90-Day cies and procedures.					
Signature of Superintendent/Exec. (Original signature, no stamps a	_			Date	
Typed or Printed Name of Person	Signing Above			Title	
Board of Education*				() Telephone Number	
Street City	7in	Code		E-Mail Address	
- I I I	21p				

^{*}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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033 Earth Science, 7 - 12

034 General Science, 7 – 12

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INSTRUCTIONS TO APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

	THIS CHECKLIST MUST BE ATTACE	HED TO THE	COMPLETE APPLICATION PACKET					
Appl	icant:							
	a. Complete Parts I, II and III.							
	b. Attach official transcript(s), signed and sealed by the registrar(s).							
	c. Attach Preparing Higher Education Institution form signed by the Alternate Route To Certification Director							
	d. Have fulfilled the PRAXIS I (PPST) and PRAXIS II or ACTFL requirements. (Please Note: A 90-Day Certificate will not be issued until all assessment requirements have been met and notification received from the appropriate testing agency.)							
	e. Return completed application to the superintendent of schools.							
Loca	l Board of Education:							
	a. Part IV is to be completed and signed by t	the superintend	dent of schools, executive director or designee.					
	 b. Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification. 							
	CONNECTICUT ENDORSEM THE ALTERNATE ROU							
015	English, 7 – 12	042	Art, Pre-K – 12					
018	French, 7 – 12	045	Family and Consumer Sciences, Pre-K – 12					
019	German, 7 – 12	047	Technology Education, Pre-K – 12					
020	Italian, 7 – 12	049	Music, Pre-K – 12					
021	Latin, 7 – 12	215	English, Middle School					
022	Russian, 7 – 12	226	History & Social Studies, Middle School					
023 024	Spanish, 7 – 12	229 230	Mathematics, Middle School					
024	Other World Language, 7 – 12 Mathematics, 7 – 12	230	Biology, Middle School Chemistry, Middle School					
030	Biology, 7 – 12	231	Physics, Middle School					
031	Chemistry, 7 – 12	232	Earth Science, Middle School					
032	Physics, 7 – 12	234	General Science, Middle School					

235

Integrated Science, Middle School