ED 170A

REV. 5/21

C.G.S. 10-145 C.G.S. 10-145d, P.A. Regs. 10-145d-412

CONNECTICUT STATE DEPARTMENT OF EDUCATION

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



www.ct.gov/sde/cert

SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE

Submit \$200 (includes \$50 nonrefundable application fee) money order, cashier's check or certified bank check payable to: "Treasurer, State of CT" (NO personal checks or cash accepted).

PART I: PERSONAL INFORMATION (Print all information	on in blue ink and in uppercase letters.)						
LAST NAME							
FIRST NAME	MI GENDER						
SOCIAL SECURITY NUMBER BIRTH DATE (Month-Day-Year) - Required							
ADDRESS (Street ONLY no P.O. Box)	Apt. #						
(City)	(State)						
FORMER LAST NAME(S) Required (Zip Code)							
PHONE (Home/Cell)							
(Work)	Race/Ethnicity 1. Native American 2. Asian/Pacific Islander 3. Black						
BACHELOR'S DEGREE	(Optional) 4. White 5. Hispanic						
BACHELOR'S DEGREE STATE/COUNTRY DEGREE AWARDED	5. Hispanic						
STATE/COUNTRY DEGREE AWARDED	5. Hispanic						
STATE/COUNTRY DEGREE AWARDED E-MAIL ADDRESS	Mo./Yr.						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations?	Mo./Yr. YES NO YES NO YES NO N						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations? 2. Have you been dismissed for cause from any position? 3. Have you ever surrendered a professional certificate, license, permit or other creder (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	Mo./Yr. YES NO YES NO YES NO Ontial d, YES NO NO Ontial tatement of explanation. If there are multiple incidents within each						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations? 2. Have you been dismissed for cause from any position? 3. Have you ever surrendered a professional certificate, license, permit or other creder (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? NOTE: If you answer "YES" to any of the above questions, you must attach a signed state.	Mo./Yr. YES NO YES NO Thial Ad, Tatement of explanation. If there are multiple incidents within each iministrative record(s), including disposition of each case. In must submit, periodically, a database of applicants for an initial						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations? 2. Have you been dismissed for cause from any position? 3. Have you ever surrendered a professional certificate, license, permit or other creder (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? NOTE: If you answer "YES" to any of the above questions, you must attach a signed staguestion, you must list and explain each separately. Submit official copies of court or address and the staguestion of the staguestic of the staguestion of the staguestion of the staguestion of the staguestion of the staguestic of the staguestion of the staguestic of the staguestion of the staguestic of the staguestic of	Mo./Yr. YES NO YES NO THIS NO THE ACT OF						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations? 2. Have you been dismissed for cause from any position? 3. Have you ever surrendered a professional certificate, license, permit or other creder (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? NOTE: If you answer "YES" to any of the above questions, you must attach a signed staquestion, you must list and explain each separately. Submit official copies of court or addressed to the connecticut General Statutes Section 10-221d, the State Board of Education issuance of a certificate, authorization or permit to the State Police Bureau of Investigati initial issuance or renewal of a certificate, authorization or permit must also submit to a abuse and neglect registry established pursuant to Connecticut General Statutes Section	Mo./Yr. YES NO YES NO TYES						
E-MAIL ADDRESS 1. Have you ever been convicted of any crime, excluding minor traffic violations? 2. Have you been dismissed for cause from any position? 3. Have you ever surrendered a professional certificate, license, permit or other creder (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? NOTE: If you answer "YES" to any of the above questions, you must attach a signed staquestion, you must list and explain each separately. Submit official copies of court or address of a certificate, authorization or permit to the State Police Bureau of Investigati initial issuance or renewal of a certificate, authorization or permit must also submit to a busine and neglect registry established pursuant to Connecticut General Statutes Section submit periodically for criminal history records check the database of all persons who had APPLICANT ATTESTATION: I certify that the information provided by me on this amisrepresentations, falsifications or omissions and that all of the information given by missing the content of the submit of the information given by missing the content of the provided by me on this amisrepresentations, falsifications or omissions and that all of the information given by missing the content of the provided by me on this amisrepresentations, falsifications or omissions and that all of the information given by missing the content of the provided by me on this amisrepresentations.	Mo./Yr. YES NO YES NO TYES						

STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION

This institutional recommendation must be signed by the administrative official authorized to make such recommendation (Dean of the School of Education or Certification Officer) and **MUST include the embossed or colored seal of the college or university**.

Print all information in dark ink and in uppercase letters.							
AP	PLICANT'S LAST NAME FIRST NAME	MI	_	SOCIAL SECURITY NUMBER	₹		
NI A	ME OF HIGHER EDUCATION INSTITUTION		CITY	STATE	ZIP CODE		
INA	ME OF HIGHER EDUCATION INSTITUTION		CITY	SIAIE	ZIP CODE		
1a.	The applicant has successfully completed a planned program for certification in: (endorsement codes)						
1b.							
1c.	Student teaching/practica/internship was completed at						
	(circle one) in grade/subject	from	(school/d	to			
	(grade/subject)	(da	ate)	(date)	•		
1d.	Student teaching/practica/internship was completed a	at					
	(circle one)	(school/district) from to					
	(grade/subject)		nte)	(date)	•		
1e.	Check box if student teaching/practica/internship a Durational Shortage Area Permit (DSAP). Please at form.						
1f.	Check box if candidate successfully completed e	dTPA Portfolio Ta	ısks 1 & 3 dı	uring the 2020-21 SBE Portfolio	Waiver Period.		
2.	Subject area major						
3.	Date applicant completed all planned program requirements — — — — — — — — — — — — — — — — — — —						
4.	Check box if applicant is recommended for certification.	fication as a school	l psychologis	st with a deficiency for the interns	ship.		
5.	The applicant is unconditionally recommended for coinstitution's approved planned program, including the character and personal fitness for teaching, and is corrected.	e state's testing req	uirements, h	as the qualities of	ES NO		
TY	PED OR PRINTED NAME OF RECOMMENDING O	OFFICIAL		TITLE			
SIC	NATURE OF RECOMMENDING OFFICIAL			DATE			
TEI	LEPHONE			FAX			
E-N	MAIL						
	eck box if you are requesting additional endorsement(somit official transcript(s).	s) and		PLACE COLLEGE OR UNIVERSITY			
no	eligible for the additional endorsement(s) requested, you tified in writing and required to submit \$100 for each dorsement.	ou will be		SEAL HERE			
Ad	ditional endorsement(s) requested in: (endorsement	t codes)					

ED 170A REV. 5/21C.G.S. 10-145
C.G.S. 10-145d, P.A.
Regs. 10-145d-412

CONNECTICUT STATE DEPARTMENT OF EDUCATION

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

SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE

WHEN TO USE THIS FORM

This form is for individuals who completed an approved educator preparation program at a Connecticut college or university after July 1, 1993. If you completed your program prior to July 1, 1993, or if you completed your program outside of Connecticut, you must submit the general application form ED 170 and official transcripts.

Official transcripts must be submitted with this application.

If you have completed a planned program in an administrative endorsement area or remedial reading and remedial language arts, you are required to provide verification of employment (Form ED 126) upon review of your request.

You may use this application form to request the following:

An Initial Educator Certificate: Eligibility for this certificate is based upon the completion of an approved preparation program at a Connecticut university or college and all required state assessments. It is valid for three years.

Cross Endorsement(s): This application also may be used to request additional endorsements at the time of application for an Initial Educator Certificate. Please check the box on the application and indicate the additional endorsement(s) requested. Official transcripts must be submitted in order to verify course work and must be sent to the bureau directly from the college/university. Subject-area assessment scores (if applicable) must be reported to the Connecticut State Department of Education directly from the testing service prior to the issuance of an endorsement. Upon review of official transcripts and determination of your eligibility for cross endorsement, you will be notified in writing to submit any additional fees required.

HOW TO COMPLETE THIS FORM

- 1. Complete ALL sections on front of application.
- 2. Ensure that the preparing institution completes the back of this application.
- 3. Attach official transcripts.
- 4. Attach the \$200 fee in form of a money order, cashier's check or certified bank check payable to the "Treasurer, State of Connecticut". Applicants who are eligible for more than one endorsement must submit an additional \$100 for each endorsement. Personal checks not accepted.
- 5. Mail completed form with fee to the address at the top of this page.

PLEASE NOTE: ALL TESTING RESULTS MUST BE REPORTED TO THE STATE DEPARTMENT OF EDUCATION BY THE APPROPRIATE TESTING AGENCY PRIOR TO THE ISSUANCE OF A CERTIFICATE.

ED 170A CONNECTICUT STATE DEPARTMENT OF EDUCATION

REV. 5/21 C.G.S. 10-145 C.G.S. 10-145d, P.A.

Regs. 10-145d-412

085

092

093

097

105

School Business Administrator

Superintendent of Schools

Department Chairperson

Intermediate Administration or Supervision

Reading and Language Arts Consultant

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

www.ct.gov/sde/cert

INSTRUCTIONS FOR SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE

WHEN TO USE THIS FORM

This form is for individuals who completed an approved educator preparation program at a Connecticut college or university after July 1, 1993. If you completed your program prior to July 1, 1993, or if you completed your program outside of Connecticut, you must submit the general application form ED 170.

You may use this application form to request the following:

- An Initial Educator Certificate: Eligibility for this three year certificate is based upon the completion of an approved Connecticut educator preparation program.
- Cross Endorsement(s): Please check the appropriate box on page two. Official transcripts must be submitted. We strongly encourage electronic transcripts be sent directly by the college(s) or university to <u>teacher.etranscript@ct.gov</u>.

HOW TO COMPLETE THIS FORM

- 1. Complete ALL sections on the front of the application.
- 2. Ensure that the college/university completes page two of the application.
- 3. Submit all electronic transcripts to teacher.etranscript@ct.gov.
- 4. Submit your \$200 fee in the form of a money order, cashier's check or certified bank check payable to "Treasurer, State of Connecticut." Applicants who are eligible for more than one endorsement must submit an additional \$100 for each endorsement. Personal checks and cash are not accepted.
- 5. Mail completed form with required fee to the address at the top of this page.

PLEASE NOTE:

In order to expedite processing time, please ensure your e-mail address is current and accurate.

CONNECTICUT ENDORSEMENT CODES

Teaching Endorsements Business, 7–12 072 School Nurse-Teacher 015 English, 7-12 073 School Dental Hygienist-Teacher French, 7-12 089 018 Marketing Education, 7–12 019 German, 7-12 World Language Instructor, Elementary 101 020 Italian, 7–12 Remedial Reading & Remedial Language Arts, 1-12 Latin, 7–12 021 Cooperative Work Education/Diversified Occupations 104 Russian, 7-12 022 110 Unique Subject-Area Spanish, 7-12 Teaching English to Speakers of Other Languages (TESOL), PK-12 023 111 Other World Language, 7–12 024 112 Integrated Early Childhood/Special Ed., Birth-Kindergarten History & Social Studies, 7-12 Integrated Early Childhood/Special Ed., Nursery -K-Elem. 1-3 113 Mathematics, 7–12 029 165 Comprehensive Special Education, K-12 030 Biology, 7-12 English, Middle School 215 031 Chemistry, 7-12 History & Social Studies, Middle School 226 Physics, 7-12 032 229 Mathematics, Middle School 033 Earth Science, 7-12 230 Biology, Middle School 034 General Science, 7-12 231 Chemistry, Middle School 035 **Driver Education** Physics, Middle School 232 040 Agriculture, Pre-K-12 233 Earth Science, Middle School Vocational Agriculture, 7-12 041 234 General Science, Middle School 042 Art, PK-12 235 Integrated Science, Middle School Health, PK-12 043 305 Elementary, 1-6 Physical Education, PK-12 044 317 Portuguese, 7–12 Mandarin Chinese, 7–12 045 Home Economics, PK-12 318 047 Technology Education, PK-12 Dance, Pre-K-12 483 Music, PK-12 049 485 Theatre and Drama, Pre-K-12 055 Partially Sighted, PK-12 511 Montesori, Elementary, 1-6 057 Deaf and Hard of Hearing, PK-12 Montesori, Primary, Birth to Kindergarten 512 059 Blind, PK-12 Vocational Department Head: Trade Technology 826 School Library Media Specialist **Administrative Endorsements Special Services Endorsements**

061

068

070

Speech and Language Pathologist

School Counselor

School Psychologist

School Social Worker