

**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 PROFESSIONAL EXPERIENCE**

Use a separate form for EACH school district or approved nonpublic school in which you have served.

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

LAST NAME

FIRST NAME

MI

-  -   
 SOCIAL SECURITY NUMBER

-  -   
 BIRTH DATE (Month-Day-Year) - **Required**

The Superintendent's office **MUST** complete the grid below. (Applicants do **NOT** complete sections below.)

Position Held (e.g., teacher, administrator, social worker, etc.)	Subject/Field For middle/secondary teachers, indicate each subject taught.	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full-Time (50% or more)	Part-Time (Less than 50%)	From (Month/ Year)	To (Month/ Year)
<b>Adult Education</b>	If the applicant served as an adult education teacher, indicate the number of hours served per school year.		# of hours/yr.	# of hours/yr.	# of hours/yr.		
<b>School Psychologist</b>	If the applicant completed a school psychologist internship (not under contract), please check here. <input type="checkbox"/>						

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

- The applicant named has served successfully in the above position(s) in our public or approved nonpublic schools.
- The applicant named has NOT served successfully in the above position(s) in our public or approved nonpublic schools.

Signature of Superintendent, Executive Director or Designee attesting to accuracy of information <b>(Original Signature: No Signature Stamps Accepted)</b>	Date
Typed or Printed Name of Person Signing Above	Title
Employing Agent	Telephone
City	State      Zip Code
Email Address	

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