

ED 170A
REV. 7/19
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 in blue ink and in uppercase letters.)

Grid of boxes for LAST NAME

LAST NAME

Grid of boxes for FIRST NAME

FIRST NAME

MI

MI

GENDER

GENDER

Grid of boxes for SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Grid of boxes for BIRTH DATE

BIRTH DATE (Month-Day-Year) - Required

Grid of boxes for ADDRESS

ADDRESS (Street ONLY no P.O. Box)

Grid of boxes for Apt. #

Apt. #

Grid of boxes for City

(City)

Grid of boxes for State

(State)

Grid of boxes for Zip Code

(Zip Code)

FORMER LAST NAME(S) Required

Grid of boxes for PHONE (Home/Cell)

PHONE

(Home/Cell)

Grid of boxes for PHONE (Work)

(Work)

Race/Ethnicity

Grid of boxes for Race/Ethnicity

(Optional)

- 1. Native American
- 2. Asian/Pacific Islander
- 3. Black
- 4. White
- 5. Hispanic

BACHELOR'S DEGREE _____

STATE/COUNTRY _____ DEGREE AWARDED _____

Mo./Yr.

E-MAIL ADDRESS _____

- 1. Have you ever been convicted of any crime, excluding minor traffic violations? YES NO
- 2. Have you been dismissed for cause from any position? YES NO
- 3. Have you ever surrendered a professional certificate, license, permit or other credential (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? YES NO

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.

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check. 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 criminal history records check the database of all persons who hold any certificate, authorization or permit.

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

ORIGINAL SIGNATURE OF APPLICANT: _____ DATE: _____

ED 170A
SHORT FORM



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.

- -

APPLICANT'S LAST NAME FIRST NAME MI

SOCIAL SECURITY NUMBER

NAME OF HIGHER EDUCATION INSTITUTION CITY STATE ZIP CODE

1a. The applicant has successfully completed a planned program for certification in:
(endorsement codes)

1b. Check box if the applicant completed a planned program for bilingual education in above discipline(s).

1c. Student teaching/practica/internship was completed at _____
(circle one) (school/district)
in grade/subject _____ from _____ to _____
(grade/subject) (date) (date)

1d. Student teaching/practica/internship was completed at _____
(circle one) (school/district)
in grade/subject _____ from _____ to _____
(grade/subject) (date) (date)

1e. Check box if student teaching/practica/internship was waived on the basis of preapproved experience or if applicant taught under a Durational Shortage Area Permit (DSAP). Please attach a written explanation and the Statement of Professional Experience form.

2. Subject area major _____

3. Date applicant completed all planned program requirements - -
(month) (day) (year)

4. Check box if applicant is recommended for certification as a school psychologist with a deficiency for the internship.

5. The applicant is unconditionally recommended for certification (has satisfactorily completed the institution's approved planned program, including the state's testing requirements, has the qualities of character and personal fitness for teaching, and is competent in the areas for which certification is sought). YES NO

TYPED OR PRINTED NAME OF RECOMMENDING OFFICIAL

TITLE

SIGNATURE OF RECOMMENDING OFFICIAL

DATE

TELEPHONE

FAX

E-MAIL

Check box if you are requesting additional endorsement(s) and submit official transcript(s).

If eligible for the additional endorsement(s) requested, you will be notified in writing and required to submit \$100 for each endorsement.

Additional endorsement(s) requested in:
(endorsement codes)

PLACE COLLEGE
OR UNIVERSITY
SEAL HERE



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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.

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CONNECTICUT STATE DEPARTMENT OF EDUCATION**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 teacher.etranscript@ct.gov.

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**

| | | | |
|-----|---------------------------------|-----|--|
| 010 | Business, 7–12 | 072 | School Nurse-Teacher |
| 015 | English, 7–12 | 073 | School Dental Hygienist-Teacher |
| 018 | French, 7–12 | 089 | Marketing Education, 7–12 |
| 019 | German, 7–12 | 101 | World Language Instructor, Elementary |
| 020 | Italian, 7–12 | 102 | Remedial Reading & Remedial Language Arts, 1–12 |
| 021 | Latin, 7–12 | 104 | Cooperative Work Education/Diversified Occupations |
| 022 | Russian, 7–12 | 110 | Unique Subject-Area |
| 023 | Spanish, 7–12 | 111 | Teaching English to Speakers of Other Languages (TESOL), PK–12 |
| 024 | Other World Language, 7–12 | 112 | Integrated Early Childhood/Special Ed., Birth–Kindergarten |
| 026 | History & Social Studies, 7–12 | 113 | Integrated Early Childhood/Special Ed., Nursery -K–Elem. 1–3 |
| 029 | Mathematics, 7–12 | 165 | Comprehensive Special Education, K–12 |
| 030 | Biology, 7–12 | 215 | English, Middle School |
| 031 | Chemistry, 7–12 | 226 | History & Social Studies, Middle School |
| 032 | Physics, 7–12 | 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 | 232 | Physics, Middle School |
| 040 | Agriculture, Pre-K–12 | 233 | Earth Science, Middle School |
| 041 | Vocational Agriculture, 7–12 | 234 | General Science, Middle School |
| 042 | Art, PK–12 | 235 | Integrated Science, Middle School |
| 043 | Health, PK–12 | 305 | Elementary, 1–6 |
| 044 | Physical Education, PK–12 | 317 | Portuguese, 7–12 |
| 045 | Home Economics, PK–12 | 318 | Mandarin Chinese, 7–12 |
| 047 | Technology Education, PK–12 | 483 | Dance, Pre-K–12 |
| 049 | Music, PK–12 | 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 | 512 | Montesori, Primary, Birth to Kindergarten |
| 059 | Blind, PK–12 | 826 | Vocational Department Head: Trade Technology |
| 062 | School Library Media Specialist | | |

Administrative Endorsements

| | |
|-----|--|
| 085 | School Business Administrator |
| 092 | Intermediate Administration or Supervision |
| 093 | Superintendent of Schools |
| 097 | Reading and Language Arts Consultant |
| 105 | Department Chairperson |

Special Services Endorsements

| | |
|-----|---------------------------------|
| 061 | Speech and Language Pathologist |
| 068 | School Counselor |
| 070 | School Psychologist |
| 071 | School Social Worker |