ED 175 REV. 9/23 C.G.S. 10-145 C.G.S. 10-145d Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION Bureau of Educator Standards and Certification P.O. Box 150471 Hartford, CT 06115-0471



www.ct.gov/sde/cert

APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER AUTHORIZATION BEYOND THE 60-DAY LIMIT

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

LAST NAME				
FIRST NAME		MI		GENDER
SOCIAL SECURITY NUMBER	1	 BIRTH DATE (Month-Day	/-Year) - Required
ADDRESS (Street)				Apt. #
(City)			(S	tate)
- (Zip Code)		FORMER LAST NAME((S)	
PHONE (Home) - (Work)	-	Race/Ethnicity (Optional)	1. 2. 3. 4. 5.	Native American Asian/Pacific Islander Black White Hispanic
E-MAIL ADDRESS				
1. Have you ever been convicted	of any crime, excluding minor traffic violati	ons? YES		NO
2. Have you been dismissed for c	ause from any position?	YES		NO
(including, but not limited to, a	rofessional certificate, license, permit or oth n education credential); had one revoked, st or denied for cause; or been the subject of a lal action?	ıspended,		NO

Pursuant to Connecticut General Statutes Section 10-232d, 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.

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 use.

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PART II: EDUCATIONAL BACKGROUND

1.	List all education v	you have comple	eted, including	high school.	trade-related	vocational school	ol and/or other	postsecondary	schooling.
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NAME OF INSTITUTION	STATE	DATES ATTENDED From (M/Y) To (M/Y)	MAJOR FIELD OF STUDY	DEGREE AWARDED

- 2. If a bachelor's degree is required for the subject(s) and grade level(s) of the substitute teaching assignment(s), official transcripts are attached verifying the completion of the required bachelor's degree and 12 semester hours of credit in the area(s) requested.
- 3. If this request is for an occupational or trade-related subject for which a bachelor's degree is not required, you must attach verification of eight years of appropriate occupational experience. Verification of experience must be submitted on company letterhead. If you are self-employed, we will accept a notarized statement and photocopies of tax records.

PART III: 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).

By checking the "I Agree" box, you agree your typed signature is the legal equivalent of your manual signature on this application.

I Agree

City,

ORIGINAL SIGNATURE OF APPLICANT

PART IV: EMPLOYIN	G AGENT INFORMATIO	N	
Indicate the subject(s) and which a bachelor's degree	•	ching assignment(s), including o	occupational or trade-related subjects for
Subject	Grade Level	Subject	Grade Level
indicate the number of cer		is position and identify the reaso	ate suitable for this position. Please ons why a certified candidate was not cularly difficult to staff.
3. List and attach a copy of the agency contacts, Internet j.		wspaper advertisements, vacanc	y notices, university postings, teacher
PART V: EMPLOYING	G AGENT ATTESTATION		
I am requesting an extension of	substitute teacher authorization be	yond the 60-day limit for the car	ndidate listed on this application. I
Signature of Superintendent, Exattesting to the accuracy of info (Original signature, no stamp	rmation	Date	
Typed or Printed Name of Person	on Signing Above	Title	
District		Telephone Numbe	er
Street		FAX Number	

Zip Code

State,

E-Mail Address

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INSTRUCTIONS TO APPLICATION FOR EXTENSION OF SUBSTITUTE TEACHER AUTHORIZATION BEYOND THE 60-DAY LIMIT

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Listed below are the required documents which must be submitted to the Bureau of Educator Standards and Certification to process your request for a Substitute Teacher Authorization Beyond the 60-Day Limit. This authorization will expire on June 30 of the school year during which it was approved.

Applicant	t:
	a. Complete Parts I and II.
	b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a bachelor's degree and a minimum of 12 semester hours of credit in the area(s) requested. Official transcripts must include the embossed or colored seal of the college or university.
	c. Return completed application to the superintendent of schools, executive director or designee.
Employin	ng Agent:
	a. Complete Parts IV and V and mail application and supporting documentation to the Bureau of Educator Standards and Certification at the above address.
FOR	OPENCE MODE ONLY
FOR	OFFICE USE ONLY
	erson named on this application is authorized is NOT authorized to serve as a substitute teacher for the board of tion listed on page 2.
Autho	orized Signature: Date: