

ED 177
 REV. 9/20
 C.G.S. 10-145
 C.G.S. 10-145d
 Regs. 10-145d-421, 422

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 FORM ED 177

APPLICATION FOR **FIRST ISSUANCE** OF THE DURATIONAL SHORTAGE AREA PERMIT (DSAP)

A Durational Shortage Area Permit (DSAP) may be requested by the school or district if a position cannot be filled by an appropriately certified candidate. An application for issuance of a DSAP cannot be initiated by the applicant. The effective date of the DSAP may be the date the original ED 177 is received, provided all requirements for issuance have been met on or before this date. An ED 177 must be submitted prior to the first day of employment.

Please complete the appropriate section of the checklist below.

CANDIDATE

- ☐ a. Complete Parts I, II, and III of the application form (ED 177).
- ☐ b. Attach official transcripts showing the completion of at least 12 semester hours of credit in the subject for which the DSAP is requested. An official transcript showing the completion of a bachelor's degree must be included if the candidate has never held certification in Connecticut.

SCHOOL OR DISTRICT OFFICIAL

The application form (ED 177) and supporting documentation must be submitted by the employing agent to the Bureau of Educator Standards and Certification. The "Evidence of Enrollment" form ED 177 (Attachment) may be submitted separately.

- ☐ a. Complete Parts IV and V of the application form (ED 177).
- ☐ b. Complete the "Evidence of Enrollment" form ED 177 (Attachment) – Part A, if applicable. If this part is required, return the Attachment to the candidate for signature by the appropriate higher education official where the candidate is enrolling in a teacher preparation program or the Alternate Route to Certification program. The Attachment need not be completed if the candidate holds a valid Connecticut certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate* teaching experience in an approved nonpublic school.

EDUCATOR PREPARATION PROVIDER

- ☐ a. Complete the "Evidence of Enrollment" form ED 177 (Attachment) – Part B and Part C, if applicable. The Attachment need not be completed if the candidate holds a valid Connecticut educator certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate* teaching experience in the same approved nonpublic school.

*The twenty months must be in the subject area or field for which the initial educator certificate will be sought (CT State Regulation 10-145d-412 (3)(A)).



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APPLICATION FOR REISSUANCE OF THE DURATIONAL SHORTAGE AREA PERMIT (DSAP)

A Durational Shortage Area Permit (DSAP) may be requested by the employing agent of a board of education if a position cannot be filled by an appropriately certified candidate. An application for issuance of a DSAP cannot be initiated by the applicant. The effective date of the DSAP will be the date the original ED 177 is received, provided all requirements for issuance have been met on or before this date. An ED 177 must be submitted prior to the first day of employment.

The following checklist outlines the sections of the form to be completed and documents which must be submitted by the employing agent in order for the Bureau of Educator Standards and Certification to determine eligibility for a DSAP.

CANDIDATE

- ☐ a. Complete Parts I, II, and III of the application form (ED 177).
- ☐ b. Attach official transcripts showing the completion of at least nine semester hours of credit during the validity period of the previous DSAP in the subject for which the DSAP is requested.

SCHOOL OR DISTRICT OFFICIAL

The application form (ED 177) and supporting documentation must be submitted by the employing agent to the Bureau of Educator Standards and Certification. The Attachment may be submitted separately.

- ☐ a. Complete Parts VI and VII of the application form (ED 177).
- ☐ b. Complete the “Evidence of Enrollment” form ED 177 (Attachment) – Part A, if applicable. If this part is required, return the Attachment to the candidate for signature by the appropriate higher education official where the candidate is enrolling in a teacher preparation program or the Alternate Route to Certification program. The Attachment need not be completed if the candidate holds a valid Connecticut certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate* teaching experience in an approved nonpublic school.

EDUCATOR PREPARATION PROVIDER

- ☐ a. Complete the “Evidence of Enrollment” form ED 177 (Attachment) – Part B and Part C, if applicable. The Attachment need not be completed if the candidate holds a valid Connecticut educator certificate and is completing course work under a DSAP to fulfill requirements for a cross endorsement (except for endorsements 102, 112 or 113), or if the candidate has at least 20 school months of successful appropriate* teaching experience in the same approved nonpublic school.

*The twenty months must be in the subject area or field for which the initial educator certificate will be sought (CT State Regulation 10-145d-412 (3)(A)).



ED 177

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, P–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

Adult Education Endorsements

088	Non-English Speaking Adults
106	High School Credit Diploma Program
107	External Diploma Program/Noncredit Mandated Programs

Special Services Endorsements

061	Speech and Language Pathologist
068	School Counselor
070	School Psychologist
071	School Social Worker
268	School Marriage and Family Therapist

Vocational Endorsements

082	Vocational Technical Administrator
090	Occupational Subject, Vocational Technical Schools
091	Trade-Related Subjects, Vocational Technical Schools
098	Trade & Industrial Occupations – Comprehensive High School
103	Health Occupations – Comprehensive High School
108	Practical Nurse Education Instruction

NOTE: Bilingual codes are not provided. Check appropriate box on application to request a bilingual endorsement.



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APPLICATION FOR DURATIONAL SHORTAGE AREA PERMIT (DSAP)

PART I: PERSONAL INFORMATION (Print all information 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)

 -

ZIP CODE

FORMER LAST NAME(S)

 - -

PHONE

(Home/Cell)

 - -

(Work)

Race/Ethnicity

☐

(Optional)

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

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

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.

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.

Original Signatures Must Be On The Form Submitted

PART II: EDUCATIONAL BACKGROUND

List the names of the colleges or universities attended:

Name of Institution	State/Country	Dates Attended		Major Field of Study	Degree Awarded
		From	To		

PART III: CANDIDATE 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

SIGNATURE OF CANDIDATE:

DATE:

PART IV:**SCHOOL OR DISTRICT REQUEST FOR FIRST ISSUANCE OF THE DSAP**

1. No certified candidate suitable for the position is available to serve in the subject(s) requested. I hereby request issuance of a DSAP for the applicant to serve as:

Specific Subject or Field to be Taught

Grade Level

Endorsement Required for Position
(see endorsement code list)
☐ Check box if bilingual endorsement is sought in above subject.

Indicate language of the bilingual endorsement

2. List the steps that have been taken to secure a suitable certified person, including dates and specific locations of newspaper, media, vacancy notices, university postings, Internet job positions, teacher agency listings, etc. Please note that advertisements must be within 6 months.

a. Total number of candidates who applied for this position:

b. Number of candidates who hold appropriate Connecticut certification:

c. Number of candidates interviewed for this position:

d. Reason(s) why certified candidates, if any, were not hired. Include any circumstances and conditions which make this position difficult to fill: _____

3. Indicate why a DSAP is requested for this particular uncertified applicant. _____

**PART V: ATTESTATION AND SIGNATURE OF EMPLOYING AGENT****The candidate named on this application:**

- ☐ Has been or will be entered into the Connecticut State Department of Education (CSDE) electronic staff file Educator Data System (EDS), with an assignment code appropriate to the endorsement sought under the DSAP.
- ☐ Will be given special attention in the form of supervision and other assistance, as appropriate.

Signature of Superintendent, Executive Director or Designee
attesting to accuracy of information
(**Original Signature:** No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

School or District

Telephone

City State Zip Code

E-mail Address – School or District Contact
Person

Fax



**PART VI:**

SCHOOL OR DISTRICT REQUEST FOR REISSUANCE OF THE DSAP

1. I hereby request reissuance of a DSAP for the applicant to serve as:

Specific Subject or Field to be Taught

Grade Level

Endorsement Required for Position
(see endorsement code list)

☐ Check box if bilingual endorsement is sought in above subject.

Indicate language of the bilingual endorsement _____

PART VII: ATTESTATION AND SIGNATURE OF SCHOOL OR DISTRICT**The candidate named on this application:**

☐ Has completed a minimum of nine semester hours of credit in the subject or field requested during the validity period of the previous DSAP.

☐ Has or will be entered into the CSDE Educator Data System (EDS), with an assignment code appropriate to the endorsement sought under the DSAP.

☐ Has successfully served under the previously issued DSAP.

☐ Will be given special attention in the form of supervision and other assistance, as appropriate.

☐ An ED 177 Attachment is being submitted, if enrollment in a program is required for the endorsement.

Signature of Superintendent, Executive Director or Designee
attesting to accuracy of information
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

School or District

Telephone

City

State Zip Code

E-mail Address – School or District Contact
Person

Fax



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EVIDENCE OF ENROLLMENT IN AN APPROVED EDUCATOR PREPARATION PROGRAM

NOTE: This ED 177 Attachment need not be completed if the candidate holds a valid Connecticut teaching certificate and is completing course work toward a cross endorsement (except for endorsements 102, 112, or 113).

PART A: Verification of Employment (this part must be completed by the employing agent)

Candidate's Last Name First Name MI Social Security Number

Position/Subject or Field Grade Level Endorsement Required for Position
(see endorsement code list)

☐ Check box if bilingual endorsement is sought in above subject.

Indicate language for the bilingual endorsement _____

The candidate named above is being considered for a position which requires the completion of course work under a Durational Shortage Area Permit (DSAP).

Signature of Superintendent, Executive Director or Designee Date
(Original Signature: No Signature Stamp Accepted)

Typed or Printed Name of Person Signing Above Title

School or District Telephone

City State Zip Code E-mail Address – School or District Contact Person

ED 177 – Attachment (continued)

Name of Applicant: _____

PART B: Evidence of Enrollment or Application to an Approved Planned Educator Preparation Program

Evidence of Enrollment for Admission to an Approved Planned Educator Preparation Program

The above-named candidate is currently enrolled in or has applied and been accepted for admission to a approved planned program leading toward the institution's recommendation for certification in:

Position/Subject or Field Grade Level Date of Enrollment **or** Date of Acceptance into the Program

Total number of semester hours of credit required to complete this certification program:

Number of semester hours of credit the candidate has already completed:

PART C: Attestation and Signature of the Certification Officer or the Academic Director of the Alternate Route to Certification (ARC) Program

Signature of Certification Officer or
Academic Director of the ARC Program Date

Typed or Printed Name of Person Signing Above Title

Educator Preparation Provider (College, University, ARC) Telephone

City State Zip Code E-mail Address

Mail Completed Form To:

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
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Information on this application is subject to disclosure pursuant to the Freedom of Information Act.