



APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION
FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR'S DEGREE

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

Grid of boxes for LAST NAME

LAST NAME

Grid of boxes for FIRST NAME, MI, and GENDER (M/F)

FIRST NAME

MI

GENDER (M/F)

Grid of boxes for SOCIAL SECURITY NUMBER and BIRTH DATE

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) – Required

Grid of boxes for ADDRESS (Street) and Apt #

ADDRESS (Street)

(Apt #)

Grid of boxes for City

(City)

Grid of boxes for State and Zip Code

(State)

(Zip Code)

FORMER LAST NAME(S)

Grid of boxes for PHONE

PHONE

(Home/Cell)

Race/Ethnicity

Box for 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 ever been dismissed for cause from any position? YES NO
3. Have you ever surrendered a professional certificate, license, permit or other credential... YES NO

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must complete a criminal history records check on each applicant for an initial issuance or renewal of a 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.

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



PART II: EDUCATIONAL BACKGROUND

List all education you have completed, including high school, trade-related vocational school and/or other postsecondary schooling.

NAME OF SCHOOL	STATE	DATES ATTENDED		EDUCATION LEVEL COMPLETED (H.S. Diploma, GED, Assoc. Degree)
		From (M/Y)	To (M/Y)	

List **ALL** substitute teaching experience or any other experiences you have had working with school-age children, along with any unique qualifications for the substitute position. (Please attach your resume, or a separate sheet, if necessary.)

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).

ORIGINAL SIGNATURE OF APPLICANT DATE:

PART IV: EMPLOYING AGENT INFORMATION AND ATTESTATION

The applicant will serve only as a substitute teacher in random assignments and only up to 40 days in one assignment.

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

Date

Typed or Printed Name of Person Signing Above

Title

District

Telephone

Street

FAX Number

City, State, Zip Code

E-mail Address

FOR OFFICE USE ONLY

The person named on this application is authorized is NOT authorized to serve as a substitute teacher for the board of education listed above.

Authorized Signature: _____

Date: _____



ED 174
REV. 1/12
C.G.S. 10-145, P.A. 11-27
C.G.S. 10-145d
Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Standards and Certification
P.O. Box 150471 – Room 243
Hartford, CT 06115-0471

www.ct.gov/sde

**INSTRUCTIONS TO APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION
FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR’S DEGREE**

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 for candidates who have NOT completed a bachelor’s degree. This authorization will expire on June 30 of the school year during which it was approved.

Applicant:

- a. Complete Parts I, II and III.
- b. Return completed application to the superintendent of schools, executive director or designee.

Employing Agent:

- a. Complete Part IV and mail application and supporting documentation to the Bureau of Educator Standards and Certification at the above address.

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