

**ED 170A**  
**REV. 04/25**  
C.G.S. 10-145  
C.G.S. 10-145d

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
**Bureau of Educator Standards and Certification**  
**P.O. Box 150471**  
**Hartford, CT 06115-0471**  
[www.ct.gov/sde/cert](http://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.)**

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) **Required** \_\_\_\_\_

PHONE \_\_\_\_\_

(Home/Cell) \_\_\_\_\_

(Work) \_\_\_\_\_

Race/Ethnicity

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

**(Required)**

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 10-232d, 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.

**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: \_\_\_\_\_

*Information on this application is subject to disclosure pursuant to the Freedom of Information Act.  
Original Signatures Must Be On The Form Submitted*

**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	EDUCATOR IDENTIFICATION NUMBER (EIN)
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.
- 1f. The applicant has successfully passed all assessments applicable to the endorsement
- 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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**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 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.**

## 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 ten 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](mailto: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](mailto: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.

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## CONNECTICUT ENDORSEMENT CODES

### Teaching Endorsements

010	Business, 4–12	072	School Nurse-Teacher
015	English, 4–12	073	School Dental Hygienist-Teacher
018	French, 4–12	089	Marketing Education, 4–12
019	German, 4–12	101	World Language Instructor, Elementary
020	Italian, 4–12	102	Remedial Reading & Remedial Language Arts, 1–12
021	Latin, 4–12	104	Cooperative Work Education/Diversified Occupations
022	Russian, 4–12	110	Unique Subject-Area
023	Spanish, 4–12	111	Teaching English to Speakers of Other Languages (TESOL), PK–12
024	Other World Language, 4–12	112	Integrated Early Childhood/Special Ed., Birth–Kindergarten
026	History & Social Studies, 4–12	113	Integrated Early Childhood/Special Ed., Nursery -K–Elem. 1–3
029	Mathematics, 4–12	165	Comprehensive Special Education, K–12
030	Biology, 4–12	215	English, Middle School
031	Chemistry, 4–12	226	History & Social Studies, Middle School
032	Physics, 4–12	229	Mathematics, Middle School
033	Earth Science, 4–12	230	Biology, Middle School
034	General Science, 4–12	231	Chemistry, Middle School
035	Driver Education	232	Physics, Middle School
040	Agriculture, Pre-K–12	233	Earth Science, Middle School
041	Vocational Agriculture, 4–12	234	General Science, Middle School
042	Art, PK–12	235	Integrated Science, Middle School
043	Health, PK–12	305	Elementary, PK–6
044	Physical Education, PK–12	317	Portuguese, 4–12
045	Home Economics, PK–12	318	Mandarin Chinese, 4–12
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		

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### Administrative Endorsements

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

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### Special Services Endorsements

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