

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



STATEMENT OF PROFESSIONAL EXPERIENCE

Use a separate form for EACH school district or approved nonpublic school in which you have served.

PRINT all information in **blue** ink and in **uppercase** letters.

LAST NAME

FIRST NAME

MI

- -
 SOCIAL SECURITY NUMBER

- -
 BIRTH DATE (Month-Day-Year) - **Required**

The Superintendent's office **MUST** Complete the grid below. (Applicants do **NOT** complete sections below this line.)

Position Held (e.g., teacher, administrator, social worker, etc.)	Subject/Field For middle/secondary teachers, indicate each subject taught.	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full-Time (50% or more)	Part-Time (50% or Less)	From (Month/ Year)	To (Month/ Year)
Adult Education	If the applicant served as an adult education teacher, indicate the number of hours served per school year.			# of hours/yr.	# of hours/yr.	# of hours/yr.	
School Psychologist	If the applicant completed a school psychologist internship (not under contract), please check here. <input type="checkbox"/>						

Superintendent Attestation: Please check the appropriate box, sign and complete the school information below.

- The applicant named has served successfully in the above position(s) in our public or approved nonpublic schools.
- The applicant named has NOT served successfully in the above position(s) in our public or approved nonpublic schools.

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
Employing Agent	Telephone
City	State Zip Code
Email Address	

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