

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

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 <i>For middle/second- ary teachers, indi- cate each subject taught.</i>	Grade Level	Certification Endorsement Required for Position	Check Below if:		Dates of Service	
				Full- Time (50% or more)	Part- Time (less than 50%)	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

E-mail Address