ED 198 REV. 1/20 C.G.S. 10-145a 2010 Supplement C.G.S.

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Standards and Certification P.O. Box 150471 Hartford, CT 06115-0471



www.ct.gov/sde/cert

ADJUNCT ARTS INSTRUCTION PERMIT No Fee Required

PART I: PERSONAL INFORMATION (Print all information	on in blue ink and in uj	opercase letters.)
LAST NAME		
FIRST NAME	MI	GENDER
SOCIAL SECURITY NUMBER	BIRTH DATE (Month-Day-	Year) - Required
ADDRESS (Street)		Apt. #
(City)		(State)
(Zip Code)	FORMER LAST NAME(S)
PHONE (Home)		
(Work) - -	Race/Ethnicity	 Native American Asian/Pacific Islander Black White
E-MAIL ADDRESS	(Optional)	5. Hispanic
1. Have you ever been convicted of any crime, excluding minor traffic viola	tions? 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 of (including, but not limited to, an education credential); had one revoked, annulled, invalidated, rejected or denied for cause; or been the subject of adverse or disciplinary credential action?	suspended,	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 use.

PART II: EDUCATIONAL BACKGROUND

List higher education institution(s) which you attended. Attach a separate sheet if you need additional space.

NAME OF INSTITUTION	STATE	DATES ATTENDED		DEGREE/MAJOR
		FROM	TO	

PART III: ARTISTIC EXPERIENCE

Verification of three years of work experience in the artistic area OR one year experience and two years specialized schooling related to the artistic specialty.

PART IV: PROFESSIONAL EXPERIENCE

Cooperative Arts and Humanities Magnet High School in New Haven

State,

Zip Code

Street

City,

Verification of 180 hours of cumulative experience working with children in private or public settings or two years of experience as a full-time faculty member at an institution of higher education.

NOTE: Verification of experience must be on company/institutional letterhead and contain the original signature of the Head of Human Resources or supervisor. An official transcript(s) must be submitted to verify specialized schooling.

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 is falsification or omission may result in the denial or revocation	nformation may be verified and	hat any material misrepresentation,	
ORIGINAL SIGNATURE OF APPLICANT:		DATE:	
PART V: EMPLOYING AGENT REQUEST			
(must be an Interdistrict Arts Magnet High School (approved of School in New Haven)	on or before 7-1-09) or Cooperat	ive Arts and Humanities Magnet High	
I hereby request issuance of an Adjunct Instructor Permit for thours per week as indicated below.	he aforementioned applicant to s	erve no more than 15 classroom instruct	ional
Endorsement Area Grade Fr	om	То	
Initial Permit Renewal Permit	(Month/Day/Year)	(Month/Day/Year)	
Signature of Superintendent/Exec. Dir./Designee (Original signature, no stamps accepted)	Date		
Typed or Printed Name of Person Signing Above	Title		
Name of Director of Interdistrict Arts Magnet High School or	Telephone N	umber	

FAX Number

E-Mail Address

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INSTRUCTIONS TO APPLICANT FOR ADJUNCT ARTS INSTRUCTOR PERMIT

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant	
a.	Complete Parts I, II, III and IV.
b.	Submit official transcript(s), signed and sealed by the registrar(s). Transcripts must be sent directly from the college/university/specialized school.
c.	Attach verification of Artistic and Professional Work Experience. Verification must be on institutional and/or company letterhead and signed by the Director of Human Resources or supervisor. Specialized schooling must be verified by submission of official transcripts. Transcripts must be sent directly to CT State Department of Education from the college/university.
d.	Return completed application to the Executive Director of the school requesting the permit.
	terdistrict Arts Magnet High Schools or Cooperative Arts and Humanities Magnet High School in ew Haven
a.	Part V is to be completed and signed by the superintendent of schools, executive director or designee.
b.	Return the completed application, attachments and checklist to the Bureau of Educator Standards and Certification.
	rt time employment only in Interdistrict Arts Magnet High Schools or Cooperative Arts and Humanities gh School in New Haven.
ENDORSE	EMENT AREAS
Art Dance Music	