

ED 170A
REV. 5/03
C.G.S. 10-145
C.G.S. 10-145d, P.A. 03-168
Regs. 10-145d-412

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Preparation and Certification
P.O. Box 150471 - Room 243
Hartford, CT 06115-0471
www.state.ct.us/sde



JUN 15 2006

SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE

Enclose \$100 (includes \$50 nonrefundable application fee) money order, cashier's check or certified bank check payable to: "Treasurer, State of CT"

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

T H E R R I E N

LAST NAME

R I C H A R D

FIRST NAME

A

MI

M

GENDER (M/F)

0 4 2 - 7 0 - 2 9 2 0

SOCIAL SECURITY NUMBER

1 2 - 2 1 - 1 9 6 4

BIRTH DATE (Month-Day-Year) - Required

3 9 B V R R S T R E E T

ADDRESS (Street)

(Apt #)

W E S T H A R T F O R D

(City)

FORMER LAST NAME(S)

C T 0 6 1 0 7 - 2 5 0 5

(State)

(Zip Code)

PHONE 8 6 0 - 3 1 3 - 0 0 9 5

(Home)

8 6 0 - 6 6 8 - 3 8 1 0

(Work)

BACHELOR'S DEGREE Case Western Reserve
College/University

Race/Ethnicity

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

4

(Optional)

E-MAIL ADDRESS RichTherrn@mac.com

- 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 (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.

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).

SIGNATURE OF APPLICANT

Rich Therrn

DATE

June 3, 2006

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.

THEERKEN RICHARD A 042-70-2920
APPLICANT'S LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER
CENTRAL CT STATE UNIVERSITY NEW BRITAIN CT 06050
NAME OF HIGHER EDUCATION INSTITUTION CITY STATE ZIP CODE

1a. The applicant has successfully completed a planned program for certification in: 092
(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 SUFFIELD HIGH
(circle one) (school/district)
in grade/subject 9-12 Admin from 8/30/06 to 5/20/06
(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.

2. Subject area major Intermediate Administration / Supervision

3. Date applicant completed all course work 05-20-2006
(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 recommended for certification without qualification (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

Anne Pautz, Ph.D.
TYPED OR PRINTED NAME OF RECOMMENDING OFFICIAL

Anne Pautz
SIGNATURE OF RECOMMENDING OFFICIAL
860-832-2125
TELEPHONE

pautza@ccsu.edu
E-MAIL

Assistant Dean/Certification Officer
TITLE

4/23/06
DATE
860-832-2109
FAX

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 \$50 for each endorsement.
Additional endorsement(s) requested in:
(endorsement codes)

PLACE COLLEGE
OR UNIVERSITY
SEAL HERE