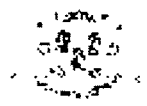


ED 170A  
REV. 5/03  
C.G.S. 10-145  
C.G.S. 10-145d, P.A. 03-168  
Regs. 10-145d-412

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.

THERRON 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  
6/23/06  
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