



Adjunct Authorization Verification Form

An adjunct instructor is a specialist or expert in a content area not available through regular or alternative teacher preparation in an endorsable content area, and who is without formal training. The purpose of the adjunct instruction is to provide students with highly specialized academic enrichment, outside of, and supportive of required content areas.

INSTRUCTIONS

Applicant: Print this page and upon completion of the "applicant" section (shaded) below - forward this form to your employing school district/BOCES. When they have completed their portion, upload this completed and signed form into your application prior to submission to CDE. Do not mail hardcopies to CDE, it must be uploaded into your application.

School District/BOCES: Please complete the "Employing School District/BOCES" section below in its entirety and return this signed form either in hardcopy format or electronically to the applicant. The applicant will then be required to upload the completed form into their application with us. Please note that it is the school district/BOCES responsibility to verify and have on file the applicant's past five years of employment in the applicant's specialized area of the applicant's Bachelor's degree.

To be completed by the Applicant

* Required Field by Applicant

Form section for applicant completion including fields for Last Name, First Name, Middle Name, Date of Birth, Previous Names, Contact Daytime Phone, Mailing Street Address, City, State, Zip, Social Security Number, and Email Address.

To be completed by the Employing School District/BOCES

The below named school district/BOCES hereby requests that an Adjunct Authorization Instructor be issued to the applicant named above

Form section for school district/BOCES completion including fields for School District/BOCES Name, Date of Request, Street Address, City, State, Zip, and Phone Number.

1 The above applicant is a: (select one) [] New Applicant [] Continuing Need/Renewal

2 On-file with the School District/BOCES is the Applicant's: [] Past Five Years of Employment History in the Specialized Area [] Bachelor's Degree

The above named applicant shall be employed as an instructor as follows:

3 Grade Level

4 Area of Specialization

5 [] Full-time [] Part-time

List a specific grade level (e.g. elementary, secondary, early childhood, etc., and the non-endorsable content areas to be taught).

Authorized School District/BOCES Representative Completing Form

Signature and Title fields for the authorized representative, including Name (printed), Title, Signature, and Contact Email Address.