



Adjunct Authorization Verification Form

An adjunct instructor is an expert in a content area and who is with or without formal education training in that area OR who does not yet meet the requirements for licensure in that content area. The purpose of adjunct instruction is to provide students with highly specialized academic enrichment in support of required content areas. **Adjunct authorizations cannot be issued with special education or special services endorsements.**

DIRECTIONS

Applicant: Complete the "applicant" section below and then forward this form to your employing school district/BOCES for verification and approval. Upload the completed and signed form into your application **prior** to submission to CDE.

School District/BOCES: Complete the "Employing School District/BOCES" section below in **its entirety** and return this signed form to the applicant to upload into his/her/their application. **Please note: It is the school district/BOCES responsibility to verify and have on file the applicant's past five years of employment history or bachelor's or higher degree in the specialized area.**

To Be Completed by the Applicant

* Required Field by Applicant

Last Name*	First Name*	Middle Name	Date of Birth*
List any Previous Names Used* <input type="checkbox"/> None			Contact Daytime Phone*
Mailing Street Address*		City*	State* Zip*
Social Security Number* <small>(complete)</small>	Email Address*		

To Be Completed by the School District/BOCES

The school district/BOCES below hereby requests that an Adjunct Authorization Instructor Authorization be issued to the individual identified above:

School District/BOCES Name				Date of Request
Street Address	City	State	Zip	Phone Number

1 The above applicant is a: (select one) New Applicant Ongoing Need/Renewal Request

2 On file with the school district/BOCES is the applicant's: Five (5) years' employment in the requested area Bachelor's or higher degree in the requested area

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

3 Grade Level(s)

4 Area of Specialization (excl. special education or special services endorsement)

5 Full-time* Part-time % FTE _____
**rural schools/districts only*

Authorized School District/BOCES Representative Completing Form

Name (printed)	Title
Signature	Contact Email Address