SCHOOL DISTRICT LEADER (SDL)
NYS PROFESSIONAL CERTIFICATION APPLICATION PACKET

Dear School District Leader Professional Certification Applicant:

The New York State Education Department (NYSED) – Office of Teaching Initiatives requires students competing certification programs to apply online for their certificates through the TEACH Online system.

On the TEACH Online system you may submit an online certification application, submit an online fingerprint clearance application, pay application fees online by using a credit card, check online for the status of your certificate application and view online all correspondence sent by the Office of Teaching. TEACH is available 24 hours a day, 7 days a week so that you may enter your application online and check the status of your application at your convenience.

Attached please find a Student Application Information Sheet to assist you with the application process as well as a Request for Recommendation Form.

Please be advised that Professional Certification in SDL requires 3 years of paid, full-time administrative, classroom teaching or pupil personnel services experience. Experience includes experience earned in a public or approved nonpublic preschool, elementary, middle, or secondary school. Enter your experience on the TEACH Online system at the time of application. Experience will not be credited immediately but needs to be approved by an evaluator at the NYSED before the certificate will issue.

Once you have completed the online application process, please return the Request for Recommendation Form to your departmental certification liaison (bottom of form), so that we may recommend you for Professional Certification to the New York State Education Department.

If you have any questions, please let me know.

Sincerely,

Mark J. Perez
Certification Officer
School District Leader

Student Application Information Sheet
New York State Teacher Certification

Please use the information provided below to assist you in completing your online application for NYS Teacher Certification.

First: Create User Login and Password

In order to apply online, you will enter TEACH online services via the Office of Teaching Initiatives Web site at www.highered.nysed.gov/tcert and create a TEACH login and password at the New York State Directory Services site. Click on "TEACH Online Services" then on "Self Registration" in top right hand corner. Instructions are provided as you go through this process. Once you have created your login and password this step is completed and you never have to repeat this process (unless you forget your password).

Do not complete fingerprint info or pay the $94.25 fee if you have already been fingerprinted through the NYSED or by the NYCDOE. If you have been fingerprinted by the NYCDOE and your fingerprint clearance does not appear on the TEACH system, complete the attached OSPRA 104 and forward to NYCDOE (address/fax at bottom of form).

Second: Creating a TEACH Account & Completing the Application

Step 1: Create Applicant Profile

Enter your personal information and preferences (such as opting to be included in the statewide teacher clearinghouse or having most correspondence from us transmitted via email).

Use the information below to complete the Self-Reported education portion of the online application:

Institution Name: New York University - Main
Award Title: Advanced Certificate
Program: 29102 Educ Leadership: School District Leader
Major: Education
Date Degree Received: / / [Date Format: mm/dd/yyyy] Number of Credits:
Date Attended From: / / Date Attended To: / /

Step 2: Select Certificate(s)

A. Use the following information to select the appropriate certificate title and type:

- Select your Area of Interest: Administration and Pupil Personnel Services
- Select your Subject Area: School Administration and Supervision
- Select the Grade Level: PreK-12 All Grades
- Select the Title: School District Leader
- Select the Type of Certificate: Professional

B. When prompted for program code enter 29102

C. Select “I want my application to be reviewed by the State Education Department”

Continue through the application answering all required questions; sign the affidavit and application; and make your payment. You may pay online using a credit card or print out the payment coupon and mail in a US Postal Money Order.

Need help?

Problems completing your application?
Mark J. Perez, Certification Officer
(212) 998-5033
mark.perez@nyu.edu

Problems using TEACH?
New York State Education Dept. Contact Info:
Technical support available to you by telephone Monday – Friday from 8:00 a.m. until 6:30 p.m. at (518) 486-6041. Web:
https://portals.nysed.gov/tcert/technical.htm
REQUEST FOR RECOMMENDATION
FOR NEW YORK STATE PROFESSIONAL CERTIFICATION FORM

NAME ____________________________________________________________

SSN ______________________ NYU ID _______________________ DOB _______________

ADDRESS

________________________________________________________________________

________________________________________________________________________

E-MAIL ______________________ TELEPHONE __________________________

DEGREE COMPLETION/CONFERRAL DATE _________________________________

CERTIFICATE APPLIED FOR Professional Certificate, School District Leader

REQUEST FOR RECOMMENDATION

I have applied online to the New York State Education Department for my teaching certificate. I will qualify for this certificate on the basis of my degree, and have completed the certification program, including the required internships, at New York University. I hereby request that New York University recommend me for certification to the New York State Education Department.

________________________________________________________________________

Signature of Applicant ___________________________ Date ____________

RECOMMENDATION OF PROGRAM ADVISOR

I certify that, upon completion/conferral of the master’s degree, the above named student will have acquired the skills, attitudes and knowledge set forth as the requirements for the program and should be recommended for NYS Professional Certification in School District Leader.

________________________________________________________________________

Signature of Advisor ___________________________ Date ____________

RETURN FORM TO:  Terry Astuto
Admin, Leadership & Technology
East Building, 239 Greene Street, 314
New York, New York 10003
Tel: (212) 998-5179
Fax: (212) 995-4041
terry.astuto@nyu.edu
Please Note: This form is to be filed by individuals who have been previously fingerprinted (after July 1, 1990) for a license and/or employment by the New York City Board of Education (NYCBOE) and are authorizing the NYCBOE to forward their criminal history to the New York State Education Department for certification application and/or employment purposes.

SECTION 1
(Inaccurate or incomplete information will delay processing)

Name: (Last) (First) (Middle) Sex: (M/F)

Home Address: (Street, Apt. #) Social Security Number

City, State, Zip: Telephone (Area Code and Number)

E-mail Address: Date of Birth (Month, Day, Year)

SECTION 2

Please choose (✓) one of the following:

[ ] I am leaving or have left the employ of the NYCBOE and am seeking clearance for certification and/or employment.
[ ] I am remaining in the employ of the NYCBOE and I am seeking clearance for certification.
[ ] I am remaining in the employ of the NYCBOE and I am seeking additional employment in a covered school other than the NYCBOE.

SECTION 3

- I hereby authorize the NYCBOE to forward the content of my criminal history record as secured from DCJS and the FBI to the New York State Education Department as a condition of my application for certification and/or clearance for employment. I further understand that the NYCBOE is authorized to forward subsequent criminal history notifications received from DCJS to the New York State Education Department.

- I understand that if my fingerprints have not been retained by DCJS, I will have to be fingerprinted again to meet the requirements of Chapter 180 of the Laws of 2000.

- I understand that if I am seeking clearance for employment, an OSPRA 102 will have to be filed by my prospective employer before a clearance will be issued.

Signature: ___________________________ Date: ___________________________

SECTION 4

MAIL TO:

Division of Human Resources
HR Connect Walk-in Center
65 Court Street, Room 102
Brooklyn, New York 11201
Ph: (718) 935-4000 Fax: (718) 935-2726