SPEECH AND LANGUAGE DISABILITIES
NYS PROFESSIONAL CERTIFICATION APPLICATION PACKET

Dear Speech and Language Disabilities Professional Certification Applicant:

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

On the TEACH Online system you may submit an online teacher 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 requires 3 years of paid, full-time classroom teaching experience. Classroom teaching experience includes experience earned in a public or approved nonpublic preschool, elementary, middle, or secondary school. Enter your teaching experience on the TEACH Online system at the time of application. Teaching experience will not be credited immediately but needs to be approved by an evaluator at the NYSED before the Professional Certificate will issue.

Professional Certification also requires also requires 1 year of mentored experience. Documentation of the mentored experience must be provided by the superintendent of the employing school district. For details including Verification of Mentored Experience Form, please visit www.highered.nysed.gov/teert/resteachers/mentoring.htm

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
Speech and Language Disabilities

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: Master of Science (formerly Master of Arts)
Program: 24691 Communicative Sciences and Disorders
(formerly Speech Language Pathology)
Major: Education
Date Degree Received: [Date Format: mm/dd/yyyy]
Date Attended From: [Date Format: mm/dd/yyyy]
Date Attended To: [Date Format: mm/dd/yyyy]
Number of Credits:

Step 2: Select Certificate(s)

A. Use the following information to select the appropriate certificate title and type:
   - Select your Area of Interest: Classroom Teacher
   - Select your Subject Area: Speech and Language Disabilities
   - Select the Grade Level: PreK-12 All Grades
   - Select the Title: Speech and Language Disabilities
   - Select the Type of Certificate: Professional

B. When prompted for program code enter 24691

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, Speech and Language Disabilities

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 Professional 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 Speech and Language Disabilities.

_______________________________  ______________________________
Signature of Advisor  Date

RETURN FORM TO: Certification Liaison
Communicative Sciences and Disorders (formerly Speech Language Pathology)
665 Broadway, 9th Floor
New York, New York 10012