EDUCATIONAL THEATRE
INITIAL CERTIFICATION APPLICATION PACKET

Dear Educational Theatre Initial Teacher Certification Applicant:

The New York State Education Department – 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 system you may submit an online teacher certification 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.

Do not complete fingerprint info or pay the $91.50 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 the NYCDOE (address/fax at bottom of form).

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

Once you have completed the online application process, please submit the Request for Recommendation Form to your advisor who will sign and submit to your department’s certification liaison (bottom of form), so that we may recommend you for certification to the New York State Education Department.

If you have any questions, please let me know.

Sincerely,

Mark J. Perez
Certification Officer
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 though 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 $91.50 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:** Bachelor of Science or Master of Arts
- **Program:** See Attached
- **Major:** Education
- **Date Degree Received:** [Date Format: mm/dd/yyyy]  
- **Number of Credits:**
- **Date Attended From:** [Date Format: mm/dd/yyyy]  
- **Date Attended To:** [Date Format: mm/dd/yyyy]

**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: See Attached
- Select the Grade Level: See Attached
- Select the Title: See Attached
- Select the Type of Certificate: Initial

B. When prompted for program code, see attached 5 digit code listed before your program major

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 by phone Monday - Friday from 9:00am – 4pm at (518) 466-6041. Web:  
# Educational Theatre Programs

## Bachelor of Science

<table>
<thead>
<tr>
<th>Program Code and Major</th>
<th>Subject Area</th>
<th>Grade Level</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>22761 Educational Theatre, All Grades</td>
<td>Theatre</td>
<td>PreK-12 All Grades</td>
<td>Theatre</td>
</tr>
</tbody>
</table>

## Master of Arts

<table>
<thead>
<tr>
<th>Program Code and Major</th>
<th>Subject Area</th>
<th>Grade Level</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>24689 Educational Theatre, All Grades</td>
<td>Theatre</td>
<td>PreK-12 All Grades</td>
<td>Theatre</td>
</tr>
<tr>
<td>28220 Educational Theatre, All Grades and English 7-12</td>
<td>Theatre Also add: English</td>
<td>PreK-12 All Grades</td>
<td>Theatre</td>
</tr>
<tr>
<td>31726 Educational Theatre, All Grades and Social Studies 7-12</td>
<td>Theatre Also add: Social Studies</td>
<td>PreK-12 All Grades</td>
<td>Theatre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adolescent - Grades 7-12</td>
<td>English Language Arts 7-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adolescent - Grades 7-12</td>
<td>Social Studies 7-12</td>
</tr>
</tbody>
</table>
REQUEST FOR RECOMMENDATION
FOR NEW YORK STATE INITIAL CERTIFICATION

NAME ________________________________

SSN __________________ NYU ID ________________ DOB ________________

ADDRESS ________________________________

________________________________________

E-MAIL __________________ TELEPHONE __________________

DEGREE AND MAJOR __________________

DEGREE COMPLETION/CONFERRAL DATE __________________

CERTIFICATE APPLIED FOR __________________

REQUEST FOR RECOMMENDATION

I have applied online to the New York State Education Department for my teaching certificate(s). I will qualify 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 B.S or M.A. 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 certification for teachers of

________________________________________

______________________________  __________________
Signature of Certification Liaison/Advisor/Dept Rep               Date

RETURN FORM TO: Rochelle Brown
Educational Theatre Program
Pless Annex, 26 Washington Place, 2nd floor
New York, NY 10003
Authorization to Forward Criminal History Record Information from the City School District of the City of New York to the New York State Education Department

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

OFFICE OF SCHOOL PERSONNEL REVIEW AND ACCOUNTABILITY
NYS EDUCATION DEPARTMENT
PH: (518) 473-2998
WWW.HIGHERED.NYSED.GOV/TECH/OSPRA
OSPRA@MAIL.NYSED.GOV