

OFFICE OF TEACHER/PPS CERTIFICATION

Joseph and Violet Pless Hall
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(212) 995-4835 fax
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**SCHOOL COUNSELOR
PERMANENT CERTIFICATION PACKET**

Dear M.A. in School Counseling Applicant for NYS Permanent Certification:

The New York State Education Department – 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 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 Request for Recommendation Form and a Student Application Information Sheet to assist you with the application process.

Please be advised that Permanent Certification requires 2 years of paid, full-time 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 Permanent 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 certification to the New York State Education Department – Office of Teaching Initiatives.

If you have any questions, please let me know.

Sincerely,



Mark J. Perez
Certification Officer



Student Application Information Sheet

New York State Certification

Please use the information provided below to assist you in completing your online application for NYS 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" (if you haven't created an account already). 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 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 Arts	
Program:	7888 Counseling and Guidance	
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: **See Attached**
- Select the Grade Level: **See Attached**
- Select the Title: **See Attached**
- Select the Type of Certificate: **Permanent Certificate**

B. When prompted for program code enter 7888

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>

Applied Psychology – School Counselor Certification Codes

Master of Arts Certification Codes

For “Self-Reported Education” Section	For “Select Certificates” Section		
Program	Subject Area	Grade Level	Title
7888 Counseling and Guidance *To Add Bilingual in Area of Interest choose Other Extensions	School Counseling Bilingual Education (PPS/Admin)	PreK-12 – All Grades PreK-12 – All Grades	School Counselor Bilingual Education (PPS/Admin)

REQUEST FOR RECOMMENDATION FOR NEW YORK STATE PERMANENT CERTIFICATION

NAME _____

SSN _____ NYU ID _____ DOB _____

ADDRESS _____

E-MAIL _____ TELEPHONE _____

DEGREE AND MAJOR _____

DEGREE COMPLETION/CONFERRAL DATE _____

CERTIFICATE(S) APPLIED FOR _____

REQUEST FOR RECOMMENDATION

I have applied online to the New York State Education Department for my teaching certificate(s). I will qualify for this/these certificate(s) 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 certification for the Permanent Certificate in School Counseling.

Signature of Advisor

Date

RETURN FORM TO:

Corinne Miller Weinman, LMHC, LPsyA, CRC
Director of Internship - MA Counseling Programs
Department of Applied Psychology
NYU Steinhardt School of Culture, Education, and Human Development
246 Greene Street Room 714
New York, NY 10003
Office: 212-998-5285 FAX: 212-995-4358
E-mail: cweinman@nyu.edu



OSPRA 104 (10/07)

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

Type or Print All Information

Office of School Personnel Review and Accountability
NYS Education Department
ph: (518) 473-2998

www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

Instructions to Applicant: Please complete Sections 1, 2 and 3 and mail the form to the address in Section 4.

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