

## OFFICE OF TEACHER CERTIFICATION

Joseph and Violet Pless Hall  
82 Washington Square East, 2<sup>nd</sup> Floor  
New York, New York 10003-6680  
(212) 998-5033 tel  
(212) 995-4835 fax  
mark.perez@nyu.edu

## MUSIC EDUCATION PROFESSIONAL CERTIFICATION APPLICATION PACKET

Dear Music Education Professional Teacher 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 and 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/tcert/resteachers/mentoring.htm](http://www.highered.nysed.gov/tcert/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 certification to the New York State Education Department.**

If you have any questions, please let me know.

Sincerely,



Mark J. Perez  
Certification Officer



# 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](http://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. If you can not remember your login and password call TEACH Technical Support at (518) 486-6041.

**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:	<b>New York University - Main</b>		
Award Title:	<b>Master of Arts</b>		
Program:	<b>24690 Teaching Music, All Grades</b>		
Major:	<b>Education</b>		
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: **Classroom Teacher**
- Select your Subject Area: **Music**
- Select the Grade Level: **PreK-12 All Grades**
- Select the Title: **Music**
- Select the Type of Certificate: **Professional**

**B. When prompted for program code, enter 24690**

**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? <b>Mark J. Perez, Certification Officer</b> (212) 998-5033 <a href="mailto:mark.perez@nyu.edu">mark.perez@nyu.edu</a>	Problems using TEACH? <b>New York State Education Dept. Contact Info:</b> Technical support available to you by telephone Monday – Friday from 8:00 a.m. until 6:30 p.m. at (518) 486-6041. Web: <a href="https://portals.nysed.gov/tcert/technical.htm">https://portals.nysed.gov/tcert/technical.htm</a>
--	--

## REQUEST FOR RECOMMENDATION FOR PROFESSIONAL NEW YORK STATE CERTIFICATION

NAME \_\_\_\_\_

SSN \_\_\_\_\_ NYU ID \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DEGREE AND MAJOR \_\_\_\_\_

DEGREE COMPLETION/CONFERRAL DATE \_\_\_\_\_

CERTIFICATE APPLIED FOR Music, All Grades, Professional

### 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 their 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 in Music, All Grades.

\_\_\_\_\_  
Signature of Certification Liaison/Advisor/Dept Rep

\_\_\_\_\_  
Date

**RETURN FORM TO:** Ira Shankman, Certification Liaison  
Field Observations and Student Teaching  
Department of Music and Performing Arts Professions  
35 West 4<sup>th</sup> Street, Suite 777A  
New York, NY 10012



### 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](http://www.highered.nysed.gov/tcert/ospra)  
[OSPRA@mail.nysed.gov](mailto: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