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New York, New York 10003-6680
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SCHOOL BUILDING LEADER (SBL) NYS INITIAL CERTIFICATION APPLICATION PACKET

Dear School Building Leader Initial 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 Initial Certification in SBL requires 3 years of paid, full-time 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 Initial Certification to the New York State Education Department.

If you have any questions, please let me know.

Sincerely,



Mark J. Perez
Certification Officer



School Building 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:	Master of Arts	
Program:	29103 Educ Leadership: School Building 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 Building Leader**
- Select the Type of Certificate: **Initial**

B. When prompted for program code enter 29103

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 INITIAL CERTIFICATION FORM

NAME _____

SSN _____ NYU ID _____ DOB _____

ADDRESS _____

E-MAIL _____ TELEPHONE _____

DEGREE COMPLETION/CONFERRAL DATE _____

CERTIFICATE APPLIED FOR Initial Certificate, School Building 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 Initial Certification in School Building 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



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/ospa
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