

### OFFICE OF TEACHER CERTIFICATION

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## 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/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 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](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).

**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]     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: **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, 9<sup>th</sup> Floor  
New York, New York 10012