

# Private Career School Teacher Application

BPSS-16 (12/12)

## New York State Education Department Bureau of Proprietary School Supervision Licensing Unit

<b>Applicant Instructions</b> <ul style="list-style-type: none"> <li>◆ Please TYPE or Print in ink.</li> <li>◆ Enclose <u>non-refundable</u> \$100 check or money order with each application made payable to The New York State Education Department. DO NOT SEND CASH. A fee will be charged for all checks returned by the bank.</li> </ul>				<b>For Office Use Only</b>															
<b>MAIL TO:</b> The State Education Department Bureau of Fiscal Management P.O. Box 7346 Albany, NY 12224				ID/ Lic. Number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						ID/ Lic. Number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
1. Last Name:				First Name:						Middle Initial									
2. List any former name(s): Last Name				First Name						Middle Initial									
3. Home Address										Home Phone:									
City:										State: New York									
4. Social Security Number										<b>Privacy Notification:</b> The authority to request personal information from you, including identifying numbers such as Federal Social Security Number, and the authority to maintain such information is found in section 5 of the Tax Law. Your disclosure of this information is <u>mandatory</u> and will be used for administration purposes.									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                 If Social Security Number has not been provided, please explain:  <input type="checkbox"/> SS# applied for or pending    <input type="checkbox"/> other:             </div> <div style="width: 60%;"></div> </div>																			
5. Date of Birth				Month		Day		Year		6. Level Requested <input type="checkbox"/> Permit <input type="checkbox"/> Full									
										<input type="checkbox"/> Provisional									
7. Indicate the subject area(s) for which you wish to be evaluated (see instructions regarding categories and titles).																			
				Certification Area(s) Requested:				#		#		-		#		#		#	
Category Code #				2		3													
(An applicant cannot apply for certification areas in more than one category on the same application. A single application is also limited to no more than six certification areas requested within one category.)																			
8. Education																			
Institution(s) Attended								Dates of Attendance				Type of Diploma or Degree Received (if any)							
								From:								To:			

9. Courses in Professional Education Completed				
Name of Institution or School Association at which Course Was Completed	Course Title		Date Completed	
			2011	
10. Do you hold a currently valid public school teaching certificate?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11. Have you ever held a private career school teacher permit/ license?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
IF YOU ANSWERED "YES" TO ITEM #10 AND/OR #11, ATTACH A PHOTOCOPY OF YOUR DOCUMENT.				
12. Teaching Experience (Include Student Teaching)				
Name and Location (City, State) of School	Dates of Employment		Subject(s) Taught	
	From (Mo./Yr.)	To (Mo./ Yr.)		
13.				
(a) Have you ever resigned from a position rather than face disciplinary charges?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have you ever been discharged from employment as a result of disciplinary action?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Have you ever been convicted of any crime (felony or misdemeanor)? If "yes," submit official copies of court report including disposition of the case.			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Are you currently under charges for any crime (felony or misdemeanor)?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Have you ever had a professional credential revoked, suspended, annulled, or denied?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered "yes" to any question, explain the response on a separate sheet. A "yes" answer to any question is not an automatic bar to the issuance of a license/ permit.				
14. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.				
Signature of Applicant (not valid unless signed by applicant)			Date	
15. SCHOOL CERTIFICATION (required only for teacher applications submitted from schools employing teachers pursuant to Section 5002(6)(a) of Education Law)				
School Name: JAHMENT HOLISTIC STUDIES				
Full School Address: 76-05 Roosevelt Ave. Jackson Heights, NY 11372			First Date of Applicant's Employment (Month/ Day/ Year)	
License Area(s) for which the Applicant Is Qualified and Will Teach				
1.		4.		
2.		5.		
3.		6.		

I certify, to the best of my knowledge, that the applicant herein is able to meet the educational qualifications and/ or practical experience required for licensure as set forth in Commissioner's Regulations for the license area(s) requested.

	RODOLFO FLORES	
<input type="checkbox"/> Director's <input type="checkbox"/> Owner's <input checked="" type="checkbox"/> President's Signature	Print Name of Director/ Owner/ President	Date Signed