

Registered Business School Teacher Application

BPSS-16 (7/99)

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

| <p style="text-align: center;"><i>Applicant Instructions</i></p> <ul style="list-style-type: none"> ◆ Please TYPE or Print in ink. ◆ Enclose non-refundable \$50 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. | <p>For Office Use Only</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>MAIL TO: The State Education Department Bureau of Fiscal Management P.O. Box 7346 Albany, NY 12224</p> | <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">ID/ Lic. Number</td> <td style="width: 50%;">ID/ Lic. Number</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table> | ID/ Lic. Number | ID/ Lic. Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. Last Name</p> | <table style="width: 100%; text-align: center;"> <tr> <td style="width: 40%;">First Name</td> <td style="width: 20%;"></td> <td style="width: 40%;">Middle Initial</td> </tr> </table> | First Name | | Middle Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | Middle Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. List any former name(s): Last Name</p> | <table style="width: 100%; text-align: center;"> <tr> <td style="width: 40%;">First Name</td> <td style="width: 20%;"></td> <td style="width: 40%;">Middle Initial</td> </tr> </table> | First Name | | Middle Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | Middle Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Home Address Street</p> | <p>Home Phone</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>City</u></p> | <p><u>State</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Social Security Number</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | <p>Privacy Notification: 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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If Social Security Number has not been provided, please explain: <input type="checkbox"/> SS# applied for or pending <input type="checkbox"/> other:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Date of Birth Month Day Year</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | <p>6. Level Requested <input type="checkbox"/> Permit <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Restricted</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Indicate the subject area(s) for which you wish to be evaluated by checking the box next to the appropriate title(s)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">(74)</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 450px;">Management/ Marketing</td> <td style="width: 50px; text-align: center;">(62)</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="width: 450px;">English for Speakers of Other Languages</td> </tr> <tr> <td style="text-align: center;">(52)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Office Skills</td> <td style="text-align: center;">(70)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Court Reporting</td> </tr> <tr> <td style="text-align: center;">(53)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Accounting</td> <td style="text-align: center;">(71)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Paralegal</td> </tr> <tr> <td style="text-align: center;">(54)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Computer Applications</td> <td style="text-align: center;">(72)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Travel and Tourism</td> </tr> <tr> <td style="text-align: center;">(61)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Computer Programming</td> <td style="text-align: center;">(75)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hospitality Management</td> </tr> <tr> <td style="text-align: center;">(55)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>General Academic Subjects</td> <td style="text-align: center;">(76)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bank Teller</td> </tr> <tr> <td style="text-align: center;">(84)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4">Restricted Business License (school <u>must</u> complete item #15 on back)</td> </tr> </table> | (74) | <input type="checkbox"/> | Management/ Marketing | (62) | <input type="checkbox"/> | English for Speakers of Other Languages | (52) | <input type="checkbox"/> | Office Skills | (70) | <input type="checkbox"/> | Court Reporting | (53) | <input type="checkbox"/> | Accounting | (71) | <input type="checkbox"/> | Paralegal | (54) | <input type="checkbox"/> | Computer Applications | (72) | <input type="checkbox"/> | Travel and Tourism | (61) | <input type="checkbox"/> | Computer Programming | (75) | <input type="checkbox"/> | Hospitality Management | (55) | <input type="checkbox"/> | General Academic Subjects | (76) | <input type="checkbox"/> | Bank Teller | (84) | <input type="checkbox"/> | Restricted Business License (school <u>must</u> complete item #15 on back) | | | | |
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| (52) | <input type="checkbox"/> | Office Skills | (70) | <input type="checkbox"/> | Court Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>8. Education</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>9. Courses in Professional Education Completed</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: center;">Name of Institution or School Association at which Course Was Completed</th> <th style="width: 40%; text-align: center;">Course Title</th> <th style="width: 20%; text-align: center;">Date Completed</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> | Name of Institution or School Association at which Course Was Completed | Course Title | Date Completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--|---------------------|---|-----------------------------|
| 10. Do you hold a currently valid public school teaching certificate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever held a registered private business school teacher permit/ license? | | <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No |
| (b) Have you ever been discharged from employment as a result of disciplinary action? | | <input type="checkbox"/> Yes | <input 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 type="checkbox"/> No |
| (d) Are you currently under charges for any crime (felony or misdemeanor)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you ever had a professional credential revoked, suspended, annulled, or denied? | | <input type="checkbox"/> Yes | <input 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 for restricted business teacher applications and teacher applications submitted from schools on behalf of applicants.) | | | |
| School Name | | | |
| Full School Address | | 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.

| | | |
|---|--|-------------|
| <input type="checkbox"/> Director's <input type="checkbox"/> Owner's <input type="checkbox"/> President's Signature | Print Name of Director/ Owner/ President | Date Signed |
|---|--|-------------|

| | | |
|---|--|--|
| TRANSCRIPT/ EXPERIENCE VERIFICATION INSTRUCTIONS | | |
| ➔ Provide an <u>official and original</u> transcript for each institution listed in #8 of this application. | | |
| ➔ Transcripts will <u>not</u> be considered official unless they bear the original registrar's signature and school seal. | | |
| ➔ Letters documenting experience <u>must</u> be originals. | | |
| ➔ Mail all supporting documents (transcripts, etc.) which are NOT attached to this application to: The State Education Department Bureau of Proprietary School Supervision, Room 962, EBA Albany, NY 12234 | | |