

THE NEW YORK STATE EDUCATION DEPARTMENT
CERTIFICATION OF COMPLETION

TRAINING IN HARASSMENT, BULLYING, CYBERBULLYING, AND DISCRIMINATION
IN SCHOOLS: PREVENTION AND INTERVENTION (DASA TRAINING)

PART A	TRAINEE INFORMATION
1.	Trainee must complete ALL items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider." An incomplete form will not be processed.
2.	The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification form to the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies for certification.
1.	Print name exactly as it currently appears on New York State Education Department records:
	Last Name: <input style="width: 100%;" type="text"/>
	First Name: <input style="width: 100%;" type="text"/>
	Middle Name/Initial: <input style="width: 100%;" type="text"/>
2.	Print your address:
	Care of: <input style="width: 100%;" type="text"/>
	Street: <input style="width: 100%;" type="text"/>
	City: <input style="width: 100%;" type="text"/>
	State: <input style="width: 100%;" type="text"/> Zip Code: <input style="width: 100%;" type="text"/>
3.	Date of Birth Month Day: Year: <input style="width: 100%;" type="text"/>
4.	Last 4 digits of Social Security Number: <input style="width: 100%;" type="text"/>
Trainee's Signature: _____ Date: _____	
PART B	CERTIFICATION BY APPROVED TRAINING PROVIDER
1.	Provider must complete Part B.
2.	The EDUCATION DEPARTMENT - ORIGINAL COPY and TRAINEE COPY should be returned to the trainee within 21 calendar days of the completion of course work or training.
3.	The provider of the course work or training must retain the PROVIDER COPY. This copy must be retained in the provider's files for not less than six years from the date the course was completed.
Pursuant to Article 2 of the Education Law, Chapter 102 of the Laws of 2012, I certify that the person indicated in Part A has completed the required Training In Harassment, Bullying, Cyberbullying, And Discrimination In Schools: Prevention And Intervention (DASA training)	
Name of Authorized Certifying Officer (Print or Type)	Approved Provider Name
Signature of Authorized Certifying Officer	Identification Number:
	Training/Course work Date(s):