

THE NEW YORK STATE EDUCATION DEPARTMENT
 CERTIFICATION OF COMPLETION

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. Mail to: NYS Education Department, Office of Teaching Initiatives, 89 Washington Ave., Albany, NY 12234
1.	Print name exactly as it currently appears on New York State Education Department records:
	Last Name: _____
	First Name: _____
	Middle Name/Initial: _____
2.	Print your address:
	Care of: _____
	Street: _____
	City: _____
	State: _____ Zip Code: _____
3.	Date of Birth Month Day: Year: _____
4.	Last 4 of the Social Security Number: _____
	Trainee's Signature: _____ Date: _____
PART B	CERTIFICATION BY APPROVED TRAINING PROVIDER
<p>VOIDED</p> <p>This section must be completed by the provider</p>	