



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK /  
ALBANY, NY 12234**

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*Office of Teaching Initiatives  
89 Washington Avenue, Room 5NEB  
Phone: (518) 474-4661  
Fax: (518) 473-0271*

**Application for Approval as a  
Provider of Coursework or Training in Harassment, Bullying,  
Cyberbullying, and Discrimination in Schools:  
Prevention and Intervention (DASA training)  
Required Under the NYS Dignity for All Students Act**

## Instructions for Completing the Application to Offer Coursework or Training in Harassment, Bullying, Cyberbullying, and Discrimination in Schools: Prevention and Intervention (DASA Training)

These instructions outline information required on the Application for Approval as a DASA Training Provider. Prior to completing the Application, please read all of the instructions carefully.

You must apply to the State Education Department for provider approval.

**Below are detailed instructions about how to answer each question on the application.**

**Question 1:** Please list the official name and address, including the county, of the applicant/provider.

**Question 2:** The telephone number is the number at which the contact person may be reached during regular business hours, and the fax number if applicable.

**Question 3:** Web address of provider applicant.

**Question 4:** The contact person is the individual to whom any questions about the application should be addressed.

**Question 5:** Email address of contact person.

**Question 6:** Check the appropriate category in which the applicant/provider belongs. Please note: providers are limited by regulation to the listed categories; applicants from other categories are ineligible.

**Question 7:**

- If you are an institution of higher education with a teacher / leader / pupil personnel service preparation program, and if you will be providing this workshop to individuals not enrolled in that program, **check the “Yes” box.**
- If you are an institution of higher education with a teacher/leader/pupil personnel service preparation program and will **not** be offering this workshop to individuals not enrolled in the program, **check the “No” box.**
- If you are not an institution of higher education with a teacher/leader/pupil personnel service preparation program, **check the “This question does not apply” box.**

**Question 8:** Identify the name, phone number and fax number of the person responsible for maintaining records of completion, program materials and uploading the forms. Identify the location where verification of completion and copies of all program materials used for each presentation will be maintained.

**Question 9:** Describe the experience your organization has in providing coursework or training in Harassment, Bullying and Discrimination: Prevention and Intervention.

**Question 10:** List the fee you will be charging each participant for the training.

**Question 11:** Describe the financial, physical, and personnel resources that you (expect to) use to provide training.

**Question 12:** Indicate the length in hours and delivery format(s) of your training course is available in. Include a course outline or syllabus. The course must cover all items listed in the "Dignity Act Syllabus for Training in Harassment, Bullying, Cyberbullying, and Discrimination in Schools: Prevention and Intervention (DASA Training)".



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**APPLICATION FOR APPROVAL AS A PROVIDER OF TRAINING IN  
HARASSMENT, BULLYING, CYBERBULLYING, AND DISCRIMINATION IN SCHOOLS:  
PREVENTION AND INTERVENTION**

This application is established pursuant to Chapter 102 of the Laws of 2012, Article 2 of the Education Law (Education Law §§10 through 18) and Part 57-4 and Part 80 of the Regulations of the Commissioner of Education which requires that anyone applying for an administrative or supervisory service, classroom teaching service, or school service certificate or license on or after December 1, 2013, shall have completed at least six clock hours of coursework or training in Harassment, Bullying and Discrimination Prevention and Intervention.

Potential training providers must request approval of their application from the State Education Department.

1. Applicant/Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

2. Phone\_(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Fax:\_(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

3. Web page address: \_\_\_\_\_

4. Contact Person/Title: \_\_\_\_\_

5. Email address: \_\_\_\_\_

6. Provider Category: (Check One)

- Teachers' or professional organization/association
- School district
- Board of Cooperative Educational Services
- Nonpublic school
- Institution of higher education
- Government agency or office
- Social service agency training in harassment, bullying, cyberbullying, and discrimination in schools: prevention and intervention

7. If you are a New York State institution of higher education with a teacher / leader / pupil personnel services preparation program, will you be providing this workshop to individuals other than those participating in your teacher / leader / pupil personnel services preparation program?

Yes       No       This question does not apply.

8. Name, location, and telephone number of the person responsible for maintaining and uploading the workshop completion forms/files and program materials:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

9. Briefly describe your organization's experience in providing coursework or training in Harassment, Bullying and Discrimination: Prevention and Intervention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List the fee you will be charging for the training: \_\_\_\_\_

11. Describe the financial and physical / personnel resources that you expect to utilize in order to offer the coursework or training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following will be used for informational purposes only:

12. What format will you be offering the training in? Please check all that apply.

6 Hours Face-to-Face       3 Hours Face-to-Face and 3 hours on line

Submit the completed Application for Approval, including the fee of \$600 (unless you are a New York State institution of higher education) made payable to the New York State Education Department to:

**New York State Education Department  
Office of Teaching Initiatives  
Room 5N EB  
89 Washington Ave  
Albany, NY 12234  
Attn: DASA Training**

If approved as a DASA training provider, instructions regarding how to upload files containing information about how to electronically report workshop completers will be emailed to the address provided in #5 of this application.

**Certification is valid for three years, and may be renewed.**

**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

PROVIDER ID: \_\_\_\_\_

# **Coursework or Training in Harassment, Bullying, Cyberbullying, and Discrimination in Schools: Prevention and Intervention**

## **Provider Checklist**

### **PLEASE CHECK THAT THESE ITEMS ARE ENCLOSED WITH THE APPLICATION:**

- Application fee of \$600 is made payable to the NYS Education Department (unless you are a New York State institution of higher education). The Department will accept money orders and certified checks, but cannot process purchase orders or vouchers.

### **Applications cannot be reviewed without the appropriate fee.**

- Completed Application form, signed by an authorized official, and supporting information.
- Course Outline or Syllabus
- Instructor Qualifications Forms
- Signed Provider Agreement

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