

Request to Expedite a NYS Teacher Certification Application

For Schools Not Served by a BOCES Regional Certification Office

Do not submit this request unless you have
checked the status of the application and requirements on TEACH.

There must be an application on file in TEACH and the fee must be paid.

The application should have a status in TEACH of "Ready for Review." If the application is "Not Ready for Review" or "Review Complete Pending Information" you must submit transcripts and/or other supporting documents along with this request.

- If you are **not** sending transcripts or documents:
 - email this completed form to otiadmin@mail.nysed.gov; in the subject line of your email, indicate Box ES.
- If you are sending official transcripts*and/or documentation to the Office of Teaching Initiatives:
 - mail this request and the documentation to the NYS Education Department, Office of Teaching Initiatives, Room 5N, Albany, New York 12234, Attention: BOX ES.
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- **Transcripts: must be original (not photocopy) official (not student copy) transcripts in a sealed college/institution envelope.**

Applicant's Name	(Last)	(First)
SSN (last 4 digits)	New Application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, has documentation been submitted to NYSED? <input type="checkbox"/> Yes, date ____/____/____ <input type="checkbox"/> No	
Certificate Title Requested		
Verify the following: <input type="checkbox"/> Application and fee on file <input type="checkbox"/> Passed all required exams <input type="checkbox"/> Required workshops completed <input type="checkbox"/> All academic requirements met <input type="checkbox"/> Fingerprint application and prints on file <input type="checkbox"/> OFFICIAL transcripts are being sent or are verified <i>received</i> in TEACH ONLINE SERVICES		
Title of Position Offered		
Employing School District, School or Agency		
School District Address		
Name of School District Superintendent/Chief School Officer		
Superintendent/Chief School Officer Contact information	E-Mail Address	Telephone Number
Name of Individual Submitting Request on behalf of the district/school		Email Address
Office of Teaching Initiatives Use Only:		
Date Received: Date Completed: Was Certificate Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, check reason for not issuing: <input type="checkbox"/> Exams <input type="checkbox"/> Workshops <input type="checkbox"/> Coursework <input type="checkbox"/> Fingerprints Notes: