

THE NEW YORK STATE EDUCATION DEPARTMENT  
CERTIFICATION OF COMPLETION

PART A	TRAINEE INFORMATION
1.	Trainee must complete <b>ALL</b> 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: <input type="text"/>
	First Name: <input type="text"/>
	Middle Name/Initial: <input type="text"/>
2.	Print your address:
	Care of: <input type="text"/>
	Street: <input type="text"/>
	City: <input type="text"/>
	State: <input type="text"/> Zip Code: <input type="text"/> --
3.	Date of Birth      Month      Day:      Year: <input type="text"/>
4.	Last 4 of the Social Security Number: <input type="text"/>
	Trainee's Signature: _____ Date: _____
PART B	CERTIFICATION BY APPROVED TRAINING PROVIDER
<h1 style="color: red; margin: 0;">VOIDED</h1> <p style="font-size: 1.2em; margin: 10px 0 0 0;">This section must be completed by the provider</p>	