The University of the State of New York

THE STATE EDUCATION DEPARTMENT

Office of Teaching Initiatives www.highered.nysed.gov/tcert

Attestation for the First Initial Reissuance of a Classroom Teacher, School Building Leader, or School Counselor Certificate

To document that you have LESS than three years of acceptable teaching experience **and/or** have not completed the educational requirements for Professional certification, please complete the following attestation and send it to tcert@nysed.gov with the subject line "First Initial Reissuance".

Section I: Applicant Information				
First Name:	Last N	Jame:	Middle Initial:	
Date of Birth:	Last 4	Last 4 Digits of Social Security Number:		
Initial reissuance certificate title applicant	is completing this form	n for:		
Section II: Check the Box that Applies	to You			
Initial Classroom Teacher Certificate	Holders			
I hold an Initial Classroom Teacher certific	cate and have met all o	f the requirements for the Profe	essional certificate except (please check	
all that apply):	hla taaching aynarians	with anawar of mentared av	noriones AND/OB	
I do not have three years of accepta	bie teaching experience	e with one year of mentored exp	perience, AND/OK	
I do not hold an acceptable master's	degree, and for teache	ers who hold an unrelated mast	er's degree, also do	
not have 12 semester hours of grad	uate coursework in the	subject area of the Initial certif	icate.	
Initial School Building Leader Certific	cate Holders			
I hold an Initial School Building Leader ce	rtificate and have met a	all of the requirements for the P	Professional certificate except:	
I do not have three years of accepta	ble educational leaders	hip experience with one year of	f mentored experience.	
Initial School Counselor Certificate H	olders			
I hold an Initial School Counselor certifica	te and have met all of	the requirements for the Profes	sional certificate except (please	
check all that apply):				
I do not have three years of accepta AND/OR	ble school counselor ex	operience with one year of men	tored experience,	
I do not hold a master's degree or h	igher, AND/OR			
I have not completed 60 semester h	ours of graduate cours	ework in school counseling in s	pecified core content areas.	
Section III: Attestation	<u> </u>	Ţ,		
I confirm that I have LESS than three year	rs of acceptable experie	ence, and/or have not complete	ed the educational requirements as	
required for the Professional certificate.		, ,	•	
Signature:				
Date:				