

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives
www.highered.nysed.gov/tcert

Conditions for Time Extension Application

Individuals who hold an Internship, Residency, or applicable Transitional certificate (Transitional A, B, C, G, H only) must meet one of the following conditions to receive the Time Extension. Please complete the following attestation and send it to tcert@nysed.gov with the subject line "Time Extension".

Section I: Applicant Information		
First Name:	Last Name:	Middle Initial:
Date of Birth:	Last 4 Digits of Social Security Number:	
Certificate title applicant is completing this form for:		
Section II: Check the Box that Applies to You		
<p>I was on leave from my duties as an educator because of childbearing, child rearing, serious illness, or extended illness. I understand I will need to maintain a copy of the Board of Education resolution authorizing such leave of absence for a potential audit by the New York State Education Department (NYSED).</p> <p>I was serving with the Peace Corps or other volunteer organization. I understand I will need to maintain a statement on the official letterhead of the organization showing dates of service for a potential audit by NYSED.</p> <p>My service as an educator has been discontinued as a result of abolition of educator positions in the school district in which they were employed. I understand I will need to maintain a statement from the school district, including the date such action was taken, for a potential audit by NYSED.</p> <p>I, because of extreme hardship or other circumstances beyond my control, was unable to complete the requirements for the Permanent or Professional certificate or for my registered educator preparation program in a timely manner, excluding normal family commitments or inconvenience. I understand I will need to maintain any supporting documentation for a potential audit by NYSED.</p> <p>I have been unable to secure employment as an educator or have been pursuing a career outside of the field of education. I understand I will need to maintain a list of school districts contacted, including dates, for a potential audit by NYSED. If you were pursuing a career outside of the field of education, please enter this information in the text box provided here:</p>		
Section III: Attestation		
I confirm that I have met the condition marked above and attest that I will maintain records in accordance with the condition type and will provide them to NYSED should an audit of my extension and/or certificate(s) occur.		
Signature:		
Date:		