



New York State Teacher Certification Examinations™ (NYSTCE®)

APPLICATION FOR NYSTCE PARTICIPATION

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|---------------------|
| For Office Use Only |
| D P F N _____ |
| A D _____ |

Please complete this form and fax it to the Committee Recruitment Group at Evaluation Systems at (866) 565-4877 (toll free).

1. Salutation: _____ Name: | _____ | _____ | _____
(Dr./Mr./Mrs./Ms.) (First Name) (Middle) (Last Name)

2. Your title: _____

3. School/Institution name: _____

4. School district name: _____

5. Work address: Address line 1 _____
(If indicating a P.O. Box, please include actual street address for FedEx purposes.)

Address line 2 _____

City: _____ State: _____ Zip: _____

6. Home address: Address line 1 _____
(If indicating a P.O. Box, please include actual street address for FedEx purposes.)

Address line 2 _____

City: _____ State: _____ Zip: _____

7. Preferred address for correspondence: Home Work

8. Work phone: (____) _____ Ext.: _____ TDD? Yes No
(Area Code) Number

9. Home phone: (____) _____ TDD? Yes No
(Area Code) Number

10. Cell phone: (____) _____ 11. Fax: (____) _____
(Area Code) Number (Area Code) Number

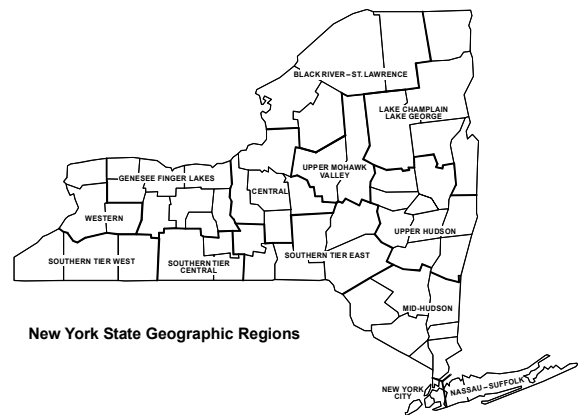
12. E-mail address (work): _____

13. E-mail address (home): _____

14. Preferred method of communication: E-mail Phone Mail

15. Geographic region (refer to map):

- New York City
- Nassau-Suffolk
- Mid-Hudson
- Upper Hudson
- Lake Champlain-Lake George
- Black River-St. Lawrence
- Upper Mohawk Valley
- Central
- Southern Tier-East
- Southern Tier-Central
- Southern Tier-West
- Genesee-Finger Lakes
- Western



16. Student population of district:

- Less than 3,000 3,001–10,000 10,001–100,000 Over 100,000

17. What is the highest level of education you have attained? Bachelor's degree Master's degree Doctoral degree

18. Do you currently hold a valid New York State teaching certificate? Yes No

19. To confirm your certification, please provide your social security number: _____ / _____ / _____

20. Are you certified to teach in public schools in another state? Yes (State: _____) No

21. Are you a National Board for Professional Teaching Standards certified teacher? Yes No

22. Area(s) of New York State professional level certification (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> German | <input type="checkbox"/> Physics |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Gifted Education (extension) | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Greek | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Blind and Visually Impaired | <input type="checkbox"/> Health Education | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Business and Marketing | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Speech and Language Disabilities |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Italian | <input type="checkbox"/> Students with Disabilities |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Japanese | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Latin | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Library Media Specialist | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Earth Science | <input type="checkbox"/> Literacy | |
| <input type="checkbox"/> Educational Technology Specialist | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Bilingual Education (extension) |
| <input type="checkbox"/> English | <input type="checkbox"/> Mathematics | indicate language(s) |
| <input type="checkbox"/> English to Speakers of Other Languages | <input type="checkbox"/> Multi-Subject (Common Branch) | _____ |
| <input type="checkbox"/> Family and Consumer Sciences | <input type="checkbox"/> Music | |
| <input type="checkbox"/> French | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Other _____ |

23. At what level(s) are you permanently certified? (Please check all that apply.)

- Elementary Teacher
 Secondary Teacher
 School Administration and Supervision (School Building Leader)
 School District Administrator (School District Leader)
 School Business Administrator (School District Business Leader)

24. How many years of teaching experience do you have?

- 0–3 years 4–6 years 7–10 years 11 or more years

25. List professional organization(s) (up to three) of which you are a member: _____



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SUPPLEMENTAL PERSONAL INFORMATION FOR NYSTCE PARTICIPANTS

Name: _____

School/Institution Name: _____

The New York State Teacher Certification Examinations™ is committed to having diversity among individuals participating in the New York State Teacher Certification Examinations program. This includes men and women with appropriate representation of racial and ethnic groups and individuals with disabilities. To enable the New York State Teacher Certification Examinations to accomplish this goal, you are asked, but not required, to provide the information on this form.

1. Ethnicity (choose one):

- American Indian or Alaskan Native Black/African American (not of Hispanic origin)
 Hispanic Asian or Pacific Islander
 White (not of Hispanic origin) Multi-racial (two or more of the above)

2. Gender: Female Male

3. Do you have a disability? No Yes

4. If yes, please specify: _____

National Evaluation Systems is now the Evaluation Systems group of Pearson.