



You have requested an application for New York City Student Teaching. This packet is the New York City Application, which will need to be completed in addition to the standard SUNY

Oswego Student Teaching Application. Use this checklist to confirm your New York City Student Teaching Application is complete: <u>In Tk20</u>: SUNY Oswego Field Placement Office Student Teaching Application To be printed from Field Placement Office website and submitted to the Field Placement Office: (Student teaching application is incomplete until the following are submitted to the Field Placement Office) ☐ Page 1-2 Student Application for New York City Student Teaching Application Personal Essay, "Choosing Student Teaching in New York City." ☐ Letter of introduction and resume OSPRA 103 Form (FPO Purposes Only) ☐ Sections I and II ☐ Current Fingerprint Processing for NYS Education Department IdentoGO Centers are operated by MorphoTrust USA using Live Scan (Digital) Technology www.IdentoGo.com (877) 472-6915 Click on New York, Click on Online Scheduling On the IndentoGo website enter the following: ORI Number: TEACH Reason: Certification Application You will need your Social Security Number The fingerprint application fee is: Total Fee: \$99.70 and ☐ To confirm fingerprinting, must bring in <u>verification form</u> from completing agency. (FPO Purposes Only)

Once you receive an email from SUTEC, be sure to complete the online student teaching registration through the SUTEC Portal.

175 Wilber Hall Oswego, NY 13126 315.312.3098 Fax 315.312.3129 fpoffice@ oswego.edu

Student Application for New York City Student

Form A - page 1 of 2

THE STATE UNIVERSITY OF NEW YORK - URBAN TEACHER EDUCATION CENTER



111 Livingston Street, Suite 400, Brooklyn, New York 11201

Directions: Students requesting student teaching assignments in New York City must complete this form. Please return the application package to your campus Director of Student Teaching. Please write legibly.

1.	Last Name:	2. First Name:
3.	Social Security:/ (This information	is needed for the PETS system for fingerprinting)
4.	DOB: / /	
5.	College/University:	6. Expected Graduation: MoYear
7.	Campus Address: Street:	
	City: State:	Zip Code:
8.	Contact Phone:/	Email:
10.	Preferred Method of Contact:	
	Email Home Phone Cell I	Phone Postal Mail
11.	Student Teaching Level:	
	Early Childhood Childhood Middle Childhoo	od Adolescence Special Ed
	Specialty Subject (PreK-12)	
12.	Certification Area(s):	
13.	Student Teaching Term:	
	Fall Spring of Year	
14.	Date(s), if any, you must be on campus during your students.	dent teaching term:

Student Application for New York City Student

Form A-page 2 of 2

15. Permanent Address: Street: City: State: Zip Code: Phone: ____/___/ 16. Are you applying for housing through SUTEC? Yes ____ No 17. If you are not applying for housing, where do you plan to reside while student teaching in New York City? Provide your address: Street: State: Zip Code: ____ Phone: ____/___/ 18. If you have a preference for a placement site, please mark at least two of the following boroughs: Bronx ____ Manhattan ____ Reason(s): The Director of Student Teaching on your campus is: Nichole Brown Email: fpoffice@oswego.edu Phone 315-312-3098 20. Please note any special accommodations needed: 21. Resume and Personal Essay: 1) SUTEC requires each applicant to submit his/her resume with a short personal essay of no more than 500 words explaining his/her reasons for "Choosing Student Teaching in New York City". Your essay should focus on one or two reasons.

Please be aware that ALL accepted applicants must follow the academic calendar set by SUTEC which may not coincide

"Choosing Student Teaching in New York City".

with your campus calendar. If you have any questions regarding student teaching in New York City school please contact the SUTEC office at 718-802-3337 or send an e-mail to Natalie.Lukas@suny.edu.

Note: If your campus requires you to submit an education statement, you may submit that statement in lieu of



OSPRA 103 (11 01)

Authorization to Forward Criminal History Record Information to the City School District of the City of New York

Type or Print All Information

Office of School Personnel Review and

Accountability
NYS Education Department
987 Education Building Annex Albany, NY 12234

ph: (518) 473-2998 fax: (518) 473-8812

www.highered.nysed.gov/tccrt/ospra

OSPRA@mail.nysed.gov

Instructions to Applicant: Please complete Se (N	ctions 1 and 2 an YCBOE) addres				he Ne	w Yori	c City	Board	of Ed	ucation			
Please Note: This form is to be filed by individuals New York State Education De Inaccura	who have submi partment and are te information w	seeki	ng emj	oloyme	nt with	of sub h the N	mittin IYCB(g their DE.	finge	iprints	to the		
	SECTIO	N 1	,								,, <u>.</u>		
. Name: (Last)				First)				(Middle)					
					<u> </u>								
Home Address: (Street, Apt. #)		·····	Socia	Social Security Number:									
	•									<u> </u>			
City, State, Zip:	Telsphone: (Area Code and Number)												
				<u> </u>		<u> </u> -							
E-mail Address:	Date of Birth: (Month, Day, Year)												
	,		٠				-	***************************************					
	SECTIO	N 2											
I hereby authorize the Commissioner of Education to forward the content of my criminal history record as secured from DCJS and the FBI to the NYCBOE as a condition of my employment application with the NYCBOE. I further understand that the Commissioner of Education is authorized to forward subsequent criminal history notifications received from DCJS to the NYCBOE.													
Signature:		,			D	ate:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	SECTIO	N 3											
Signature of NYCBOE Office of Personnel Investigation Representative:													
	SECTIO	N 4											
				ion of					•	•			

MAIL TO:



65 Court Street Brooklyn, New York 11201

Ph: (718) 935-2666/7 Fax: (718) 935-2178