



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:**

**In Tk20:**

- SUNY Oswego Clinical Practice and Partnership Office Student Teaching Application

**This Packet:** To be printed from the CPP Office website and submitted to the CPP Office: (Student teaching application is incomplete until the following are submitted to the CPP 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 (CPPO Purposes Only) Sections I and II**
- **Current Fingerprint Processing for NYS Education Department**

**New Procedures for Fingerprinting Effective of July 1, 2020**

You must call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment *or* use the following URL: <https://uenroll.identogo.com/workflows/14ZGQT>

Provide the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT

Please note that the fingerprint application fee as of January 1, 2022 is \$101.75 and is subject to change.

And

- To confirm fingerprinting, must bring in copy of receipt from completing agency (CPPO Purposes Only)

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

2/21/22

# Student Application for New York City Student Teaching

Form A - page 1 of 2

## THE STATE UNIVERSITY OF NEW YORK - URBAN TEACHER EDUCATION CENTER



SUTEC

New York City Department of Education Offices  
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 required for PETS system for fingerprinting)
4. DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. College / University: \_\_\_\_\_
6. Expected Graduation: Mo. \_\_\_\_ Year \_\_\_\_
7. Campus Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Contact Phone: \_\_\_\_\_
9. E-mail: \_\_\_\_\_
10. Preferred Method of Contact:  
E-mail  Home Phone  Cell Phone  Postal-mail
11. Student Teaching Level:  
Early Childhood  Childhood  Special Education  Adolescence   
Specialty Subject (PreK- 12)
12. Certification Area: \_\_\_\_\_
13. Student Teaching Term:  
Fall  Spring  of Year \_\_\_\_\_
14. Date(s), if any, you must be on campus during your student teaching term:  
\_\_\_\_\_

# Student Application for New York City Student Teaching

Form A – page 2 of 2

**15. Permanent Address:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**16. Where do you plan to reside while student teaching in New York City?**

Provide your address:

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**17. If you have a preference for a placement site, please mark at least two of the following boroughs:** \_\_\_\_\_

Bronx  Manhattan

Reason(s): \_\_\_\_\_

**18. The Director of Student Teaching on your campus is:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**19. Personal Essay:**

- 1) SUTEC requires each applicant to submit his/her 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.

*Note:* If your campus requires you to submit an education statement, you may submit that statement in lieu of *“Choosing Student Teaching in New York City.”*

If you have any questions regarding student teaching in a New York City school please contact the SUTEC office at 718-802-3337 or send an e-mail to [Natalie.Lukas@suny.edu](mailto:Natalie.Lukas@suny.edu)



**OSPRA 103 (10/07)**

**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**

ph: (518) 473-2998  
[www.highered.nysed.gov/tcert/ospa](http://www.highered.nysed.gov/tcert/ospa)  
[OSPRA@nysed.gov](mailto:OSPRA@nysed.gov)

Instructions to Applicant: Please complete Sections 1 and 2 and email the form to the address in Section 4.

Please Note: This form is to be filed by individuals who have submitted, or are in the process of submitting, their fingerprints to the New York State Education Department and are seeking employment with the NYCBOE.  
*Inaccurate information will delay processing.*

**SECTION 1**

Name: (Last)	(First)	(Middle)	Sex: (M/F)
Home Address: (Street, Apt. #)		Social Security Number:	
City, State, Zip:		Telephone: (Area Code and Number)	
E-mail Address:		Date of Birth: (Month, Day, Year)	

**SECTION 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.

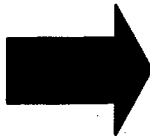
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3**

Signature of NYCBOE Office of  
Personnel Investigation Representative: \_\_\_\_\_

**SECTION 4**

**EMAIL TO:**



**Division of Human Capital  
HR Connect Fingerprinting Unit  
Email: [HRCServiceCenter@schools.nyc.gov](mailto:HRCServiceCenter@schools.nyc.gov)**