

**New York State Education Department
Bureau of Proprietary School Supervision Licensing Unit**

<p align="center"><i>Applicant Instructions</i></p> <ul style="list-style-type: none"> ◆ Please TYPE or Print in ink. ◆ Enclose <u>non-refundable</u> \$50 check or money order with each application made payable to The New York State Education Department. DO NOT SEND CASH. A fee will be charged for all checks returned by the bank. <p>MAIL TO: The State Education Department Bureau of Fiscal Management P.O. Box 7346 Albany, NY 12224</p>		For Office Use Only	<input type="checkbox"/> Permit	<input type="checkbox"/> Full								
		Date Issued _____		Date Expired _____								
		SED Code			ID/ Lic. Number							
		ID/ Lic. Number										
1. Last Name		First Name		Middle Initial								
2. List any former name(s): Last Name		First Name		Middle Initial								
3. School Name												
School Address Street			School Phone									
City		State		Zip								
4. Home Address Street			Home Phone									
City		State		Zip								
5. Social Security Number		<p>Privacy Notification: The authority to request personal information from you, including identifying numbers such as Federal Social Security Number, and the authority to maintain such information is found in section 5 of the Tax Law. Your disclosure of this information is <u>mandatory</u> and will be used for administration purposes.</p>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
<p>If Social Security Number has not been provided, please explain:</p> <input type="checkbox"/> SS# applied for or pending <input type="checkbox"/> other:												
6. Date of Birth		Month		Day								
				Year								
8. Education Including High School or Equivalency												
Institution(s) Attended		Dates of Attendance		Type of Diploma or Degree Received (if any) (attach photocopy of college/ university transcript or photocopy of high school diploma/GED)								
		From:	To:									
9. Date you attended the required 15 hour Directors' Course												
10. Do you now or have you ever held a licensed private school teacher permit/ license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Do you now or have you ever held a registered private business school teacher permit/ license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No								
IF YOU ANSWERED "YES" TO ITEM #10, ATTACH A PHOTOCOPY OF YOUR DOCUMENT.												

11. Experience: Applicants must have a total of five years of relevant experience in teaching, administration or supervision, and/or an appropriate occupation in one or more of the courses taught at the school. Director applicants for registered business schools must also document completion of a bachelor's degree. Attach additional sheets if necessary.

a. Teaching Experience (attach original letters from employers listed verifying experience)

Name and Location (City, State) of School	Dates of Employment		Subject and Level(s) Taught
	From (Mo./Yr.)	To (Mo./ Yr.)	

b. Administrative/ Supervisory Experience (attach original letters from employers listed verifying experience)

Name and Location (City, State) of School	Dates of Employment		Title/ Duties
	From (Mo./Yr.)	To (Mo./ Yr.)	

c. Occupational Experience (attach original letters from employers listed verifying experience. If you are (were) self-employed, you must follow special instructions which are enclosed with this application.)

Name and Address of Employer	Dates of Employment		Title/ Duties
	From (Mo./Yr.)	To (Mo./ Yr.)	

13.

- | | | |
|---|------------------------------|-----------------------------|
| (a) Have you ever resigned from a position rather than face disciplinary charges? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have you ever been discharged from employment as a result of disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Have you ever been convicted of any crime (felony or misdemeanor)?
If "yes," submit official copies of court report including disposition of the case. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Are you currently under charges for any crime (felony or misdemeanor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you ever had a professional credential revoked, suspended, annulled, or denied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to any question, explain the response on a separate sheet.
A "yes" answer to any question is not an automatic bar to the issuance of a license/ permit.

14. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.

Signature of Applicant (not valid unless signed by applicant)	Date

15. SCHOOL CERTIFICATION

School Name	
Full School Address	First Date of Applicant's Employment (Month/ Day/ Year)

I certify, to the best of my knowledge, that the applicant herein is able to meet the educational qualifications and/ or practical experience required for licensure as set forth in Commissioner's Regulations for the license area(s) requested.

<input type="checkbox"/> Owner's <input type="checkbox"/> President's Signature	Print Name of Owner/ President	Date Signed
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