

The University of the State of New York
The State Education Department

Application for Appointment to the

State Professional Standards and Practices Board for Teaching

<p>Category of Candidacy (Check only one)</p> <p><input type="checkbox"/> Higher education</p> <p><input type="checkbox"/> Public (parent, school board member, business or community representative)</p> <p><input type="checkbox"/> School administrator (building or district level)</p> <p><input type="checkbox"/> Teacher (classroom teacher or pupil personnel services professional)</p> <p><input type="checkbox"/> Teacher education student (full- or part-time)</p>
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NAME *Ms. Mr. Dr.* _____
Last First MI

SOCIAL SECURITY NUMBER _____ - _____ - _____ (required for verifying certification)

POSITION/ TITLE _____

SCHOOL/ COLLEGE/ ORGANIZATION NAME _____

BUSINESS ADDRESS _____
ZIP _____

HOME ADDRESS _____
ZIP _____

Where do you prefer to have correspondence sent? HOME BUSINESS

DAYTIME PHONE (____) _____ EVENING PHONE (____) _____

E-MAIL ADDRESS *(Required for Applicant Registry)* _____

EDUCATION

TEACHING/ ADMINISTRATIVE EXPERIENCE

Have you current or past K-12 teaching experience? Yes No

DISTINCTIONS/ HONORS/ ORGANIZATION MEMBERSHIP

CERTIFICATION

Do you hold a Permanent or Professional certificate in New York State? Yes No

Title(s) of Permanent/Professional New York State certificate(s):

If you hold a certificate issued by another state, please indicate the state and title of the certificate(s) below:

The following information is voluntary. However, it will help assure that the composition of the Board reflects the diversity of the State's population.

Ethnicity:	<input type="checkbox"/> Native American or Alaskan Native	Sex:	<input type="checkbox"/> Male
	<input type="checkbox"/> African American		<input type="checkbox"/> Female
	<input type="checkbox"/> Hispanic		
	<input type="checkbox"/> Asian or Pacific Islander	Disability:	<input type="checkbox"/> No
	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Yes
	<input type="checkbox"/> Other/ Specify _____		Please specify: _____

A COMPLETE APPLICATION consists of the following:

- ◆ A completed and signed application form
- ◆ A statement of what you feel your contribution will be to the education of teachers and the practice of teaching in New York State as it relates to Board of Regents policy
- ◆ One or more letters in support of your nomination
- ◆ Resume (optional)

Submit complete application packet to: Office of Higher Education
 New York State Education Department
 Room 977, Education Building
 Albany, New York 12234
 pspb@nysed.gov
 Fax: 518-486-2254

Please accept this application as indication of my interest in appointment to the New York State Professional Standards and Practices Board for Teaching. I understand that a current e-mail address is required in order to remain active in the Applicant Registry.

Signature _____

Date of submission _____