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 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:

<table>
<thead>
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<th>ORI Number:</th>
<th>TEACH</th>
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</thead>
</table>

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 verification form 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.

10/28/15
Student Application for New York City Student

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: Mo. ______ Year ______

7. Campus Address:
   Street: ____________________________ 8. Contact Phone: ___/___/___ 9. Email: ____________________________
   City: ____________________________  State: ___________ Zip Code: ___________

10. Preferred Method of Contact:
    Email _____ Home Phone _____ Cell Phone _____ Postal Mail _____

11. Student Teaching Level:
    Early Childhood ____ Childhood ____ Middle Childhood ____ 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 student 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: ____________________________________________
   City: __________________________ 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): ________________________________________________

19. The Director of Student Teaching on your campus is: Nichole Brown
   Phone 315-312-3098 Email: fpoffice@oswego.edu

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.

      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”.

Please be aware that ALL accepted applicants must follow the academic calendar set by SUTEC which may not coincide 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.
Authorization to Forward Criminal History Record Information to the City School District of the City of New York

Instructions to Applicant: Please complete Sections 1 and 2 and mail the form to the New York City Board of Education (NYCBOE) address in Section 4.

Please Note: This form is to be filled 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: ___________________________

MAIL TO:

Division of Human Resources
Office of Personnel Investigation
65 Court Street
Brooklyn, New York 11201
Ph: (718) 933-2666/7  Fax: (718) 935-2178