



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 in Tk20.

Please use this checklist to confirm your New York City Student Teaching Application is complete:

- SUNY Oswego Field Placement Office Student Teaching Application (Tk20)

The following documents should be printed from Field Placement Office website and submitted to the Field Placement Office.

NOTE: Student teaching applications are incomplete until all the following documents are submitted to the Field Placement Office.

- Page 1-2 Student Application for New York City Student Teaching
- Personal Essay "Choosing Student Teaching in New York City"
- Letter of introduction and resume
- OSPRA 103 Form (Sections 1 and 2, FPO Internal Purposes Only)
- 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
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Reason: Certification Application
You will need your Social Security Number
The fingerprinting application fee is currently \$102.00*
**Fingerprinting application fee is subject to change.*

- To confirm fingerprinting, must also submit a copy of the verification form/receipt from completing agency. (FPO Purposes Only)

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

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



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/ospra
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.

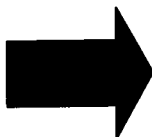
Signature: _____ Date: _____

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