

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Rate Setting Unit, Room 302 EB  
Albany, NY 12234

**Instructions 2017-18 Teacher Certification Funds  
Final Expenditure Report**

## **I. General Instructions**

Per a November 2006 memorandum from James P. DeLorenzo, the 2017-18 State budget provided funding for certification for teachers in programs who provide special services. The Private School Teacher Certification Funds final expenditure report must be completed by each eligible provider detailing the costs incurred by the provider associated with teacher certification for the 2017-18 school year. As outlined in the November 2006 memo, the funds may be used for:

- tuition for coursework leading to certification,
- Test preparation programs for any tests required for certification.

Please refer to the November 2006 memorandum for details at <http://www.p12.nysed.gov/specialed/preschool/teacherfunds.htm>

Funds **cannot** be used for the following:

- to enhance staff salaries
- to procure additional staff
- certification of non-teaching staff
- certification in a non-teaching discipline
- employees with initial or provisional teaching certifications.
- Coursework not directly related to the area of certification
- Certification in a discipline not required for a teacher's current assignment
- Supervising or substitute teachers.

Funds cannot be used for any other purpose other than those outlined above. The funds can only be used on behalf of currently employed teaching staff seeking certification. A Q & A web page is available at: <http://www.oms.nysed.gov/rsu/Grants/TeacherCertQandA.html>.

**To qualify for funding, all allowable teacher certification costs must be expended by the provider during the July 1, 2017 - June 30, 2018 year.**

Please mail the completed form to:

Ms. Lori Peng  
NYS Education Department  
Rate Setting Unit, Room 302 EB  
89 Washington Avenue  
Albany, NY 12234

If you have any questions in completing the report, please contact Lori Peng at (518) 474-0425 [Lori.Peng@nysed.gov].

## **II. Specific Instructions**

## **A. School Information**

**School Year** – Form is designated for 7/1/17 to 6/30/18.

**Agency Name** – please indicate the DBA name of the special education service/provider.

**Mailing Address** – please indicate the mailing address of the service provider's administrative headquarters.

**School Code** – please indicate the 12 digit school code (known as LEA or BEDS code).

**Name of preparer** – please provide name of report preparer

**Phone # of preparer** - please provide phone number of the preparer of this form, including area code.

**County** – please provide the county name in which the service provider's administrative headquarters are located.

**E-mail address** – please provide an email address of the individual who can answer questions regarding this form.

## **B. Tuition For Professional Staff**

Please report all tuition, and incidental costs such as books, student activity/university fees, for each course taken by each teacher towards certification. If a teacher has taken multiple classes in 2017-18, please report the teacher on multiple lines detailing the coursework for each class taken. If additional lines are needed, please expand the file (if electronic) or print on an additional page.

**Teacher Name** - please provide the name of the teacher who has completed the graduate course towards certification.

**Course Name/Institution** – please indicate the academic institution where the teacher has attended, and the name of the graduate course per the institution's syllabus that the teacher has taken towards certification.

**Certification Discipline** – please indicate the specific teaching certification discipline that the teacher is working towards (e.g. special education, speech, etc.).

**Fee Per Credit Hour** - please indicate the institution's graduate course tuition fee per credit hour (to the nearest dollar). Include any university fees that are charged on a per-credit hour basis.

**# Of Credit Hours** – please indicate the number of credit hours the teacher has earned for the designated course.

**Total Expenses** – please report the total expenses associated with the designated course. Include tuition, books required to complete the course, and any mandatory student activity/university fees.

**Subtotal** – please report the subtotal of all tuition and coursework-related costs listed in this section.

### **C. Test Preparation Expenses**

Please report all expenses associated with test preparation courses/programs that was taken by teachers. Include any course fees and materials needed. If a teacher has taken multiple courses in 2017-18, please report the teacher on multiple lines detailing the coursework for each course taken.

**Teacher Name** - please provide the name of the teacher who has taken the test preparation course.

**Course Name/Institution** – please indicate the academic institution where the teacher has attended, and the name of the course(s) that the teacher has taken for test preparation.

**Certification Discipline** – please indicate the specific teaching certification discipline that the test preparation course is designed (e.g. special education, speech, etc.).

**Fee Per Credit Hour** - please indicate the institution's course fee per credit hour (or as a flat fee if applicable).

**# Of Credit Hours** – please indicate the number of credit hours the teacher earned for the designated test prep course.

**Total Expenses** – please report the total expenses associated with the designated test prep course. Include cost of course, required materials, and any mandatory student activity/university fees.

**Subtotal** – please report the subtotal of all course and coursework-related costs listed in this section.

### **D. Test Fees**

Please report all test fees incurred for teachers in 2017-18 towards certification. If a teacher has taken multiple tests in 2017-18, please report the teacher on multiple lines detailing each test to be taken. Please do not report test fees for repeated takings of the same exam by a teacher.

**Teacher Name** - please provide the name of the teacher who has taken a test towards certification.

**Testing Institution/Site** – please indicate the institution/site where the test has been administered.

**Certification Discipline** – please indicate the specific teaching certification discipline that the test is for (e.g. special education, speech, etc.).

**Test Required** – please indicate the name of the test that was taken by the teacher towards certification.

**Total Expenses** – please report the total fees associated with each test taken by the teacher towards certification.

**Subtotal** – please report the subtotal of all test fees listed in this section.

**Grand Total** – please report the total of all expenses of sections A Tuition, B Test Preparation, and C Test Fees.

**Certification Statement** – Please provide name and title of the Chief Administrative Officer, along with date and original signature.