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

Instructions 2009-10 Teacher Certification Funds

I. General Instructions

Per a November 2006 memorandum from James P. DeLorenzo, the 2006-07 State budget provided funding for certification for teachers in preschool and school age programs who provide Special Education Services. Funds remain available that will be carried over to the 2009-10 school year. The Private School Teacher Certification Funds report must be completed by each eligible provider detailing the estimated costs associated with teacher certification for the 2009-10 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.vesid.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 certifications.
- Coursework not directly related to the area of certification
- 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#QA
To qualify for funding, all allowable teacher certification costs must be expended by the provider during the July 1, 2009 - June 30, 2010 year.

Please mail the completed form to:

Mr. Peter LaPan,
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 Brian Zawistowski at (518) 486-4935 [bzawisto@mail.nysed.gov] or Peter LaPan at (518) 486-2905 [plapan@mail.nysed.gov].

II. Specific Instructions

A. School Information

School Year – Form is designated for 7/1/09 to 6/30/10.

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

Federal ID Number – Please include this number which is used for federal tax purposes.

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

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

Report Preparer – Name of person completing report and as a contact person.

Phone # of Report 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 to be taken by each teacher towards certification. If a teacher has taken multiple classes in 2009-10, please report the teacher on multiple lines detailing the coursework for each class to be 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 will complete the graduate course towards certification.

Course Name/Institution – please indicate the academic institution where the teacher plans to attend, and the name of the graduate course per the institution's syllabus that the teacher will take towards certification.

Certification Discipline – please indicate the specific teaching certification discipline that the teacher is working towards (e.g. special education, subject, 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 will be earning for the designated course.

Total Expenses – please report the total expenses associated with the designated course. Include on a separate line the cost for 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 will be taken by teachers. Include any course fees and materials needed. If a teacher will take multiple courses in 2009-10, please report the teacher on multiple lines detailing the coursework for each course to be taken.

Teacher Name - please provide the name of the teacher who will take the test preparation course.

Course Name/Institution – please indicate the academic institution where the teacher will attend, and the name of the course(s) that the teacher will take for test preparation.

Certification Discipline – please indicate the specific teaching certification discipline that the test preparation course is designed (e.g. special education, subject, 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 will be earning 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 Planned

Please report all test fees planned for teachers in 2009-10 towards certification. If a teacher will take multiple tests in 2009-10, please report the teacher on multiple lines detailing each test to be taken.

Teacher Name - please provide the name of the teacher who will take a test towards certification.

Testing Institution/Site – please indicate the institution/site where the test will be administered.

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

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

Total Expenses – please report the total fees associated with each test to be 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.