

New York State Certificate Recommendation Authorization – SLP Graduate Form

By completing and signing this form I am authorizing the School of Education at Syracuse University to submit a recommendation for teacher/personnel certification to the New York State Dept. of Education upon the completion of a Syracuse University program leading to recommendation for certification.

Last Name _____ First Name _____

SU NetID _____ Primary Non-SU Email Address _____

Street Address _____

City, State, Zip Code _____

SU ID (if known) _____ Date of Birth _____ Phone _____

Major _____ Graduation Date _____

Requested Recommendation and Attestations:

I am requesting Initial (first time) certification in TSSLD (Teacher of Students with Sp-Lang Disabilities)

I understand that a recommendation for Professional certification will also be entered. I further understand that experiential/other requirements (including a passing Praxis score to NYSED code 7737) must be satisfied before applying for Professional certification. I may direct questions to soecareer@sy.edu.

My degree has posted to my transcript.

I have applied and paid for my NYS teaching certificate through TEACH on-line services.

Within 6 months, I plan to: Seek an SLP school position; SLP other setting, Undecided;

Authorization

I authorize the School of Education at Syracuse University to release my social security number, date of birth, award title, program name, certificate title/type and degree date to recommend me for certification to the New York State Department of Education (TEACH).

Signature _____ Date _____

PLEASE APPLY FOR YOUR CERTIFICATE AND VERIFY THAT YOUR DEGREE HAS POSTED BEFORE YOU RETURN THIS FORM. RETURN YOUR COMPLETED SIGNED FORM TO SOECAREER@SYR.EDU

For Office Use Only

Degree Awarded _____ Program _____ Graduation Date _____

Date of Recommendation _____ Recommended Certificates _____