

The University of the State of New York
The State Education Department

Application for Appointment to the

State Professional Standards and Practices Board for Teaching

NAME ___Atitle

Last

First MI

SOCIAL SECURITY NUMBER xxx-xx - _____ (required for verifying certification)

POSITION/ TITLE _____

SCHOOL/ COLLEGE/ ORGANIZATION NAME _____

BUSINESS ADDRESS _____

_____ ZIP _____

HOME ADDRESS _____

_____ ZIP _____

Where do you prefer to have correspondence sent? HOME BUSINESS

DAYTIME PHONE (____) _____ EVENING PHONE (____) _____

E-M AIL ADDRESS (Required for Applicant Registry) _____

EDUCATION

TEACHING/ ADMINISTRATIVE EXPERIENCE

Have you current or past K-12 teaching experience? Yes No
DISTINCTIONS/ HONORS/ ORGANIZATION MEMBERSHIP
