

**APPLICATION FOR CERTIFICATION via  
INSTITUTIONAL RECOMMENDATION**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Code: \_\_\_\_\_ Campus: \_\_\_\_\_

Email: \_\_\_\_\_

1. Have you created an Application Profile on TEACH via the Office of Teaching Initiatives? Web Site at [www.highered.nysed.gov/tcert/teach/teach.htm](http://www.highered.nysed.gov/tcert/teach/teach.htm)? (please circle)

YES

NO

2. What certification title(s) are you applying for? \_\_\_\_\_

Bachelor \_\_\_\_ MA \_\_\_\_ MS \_\_\_\_ MSED \_\_\_\_ ADVANCED CERTIFICATE \_\_\_\_\_

Date Degree was Awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proof of DASA/Autism Workshop      Yes                      No

3. What certification type are you applying for? (please circle)

Initial

Professional

Provisional

Permanent

Student signature: \_\_\_\_\_ date: \_\_\_\_\_

Certification Officer signature: \_\_\_\_\_ date: \_\_\_\_\_

Application received by: \_\_\_\_\_ date: \_\_\_\_\_

Please email application to Dr. Michael Hogan @ [Michael.Hogan@liu.edu](mailto:Michael.Hogan@liu.edu) & Laurie Fasano @ [Laurie.Fasano@liu.edu](mailto:Laurie.Fasano@liu.edu)