

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

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TEACHING/ ADMINISTRATIVE EXPERIENCE

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

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