



The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Career and Technical Education, Room 315 EB
 Albany, New York 12234

**Application for Approval as
 Teacher of Driver and Traffic Safety
 Education**
 (SE-3)

NAME OF APPLICANT _____ DATE OF BIRTH _____

ADDRESS (As it Appears on Driver's License) _____ TELEPHONE _____
Last First M.I.

NAME OF SCHOOL DISTRICT _____ COUNTY _____

SCHOOL/COLLEGE/BOCES _____

ADDRESS _____ TELEPHONE _____ FAX _____

**YOU MUST BE AN EMPLOYEE OF THE SCHOOL DISTRICT IN WHICH YOU PLAN TO
 TEACH DRIVER AND TRAFFIC SAFETY.**

Yes No Have you ever been involved in a traffic accident? *If "Yes," please explain:* _____

Yes No Has your driver's license ever been suspended or revoked? *If "Yes," please explain:* _____

Yes No Have you ever been found guilty of any motor vehicle code violation (other than equipment or parking violations)? *If "Yes," please explain:* _____

Yes No Do you have any physical disability or limitations (other than corrective lenses)? *If "Yes," please explain:* _____

Yes No Do you hold a valid secondary school teacher's certificate, issued by the New York State Education Department?
If you answered "Yes," check the type of certificate: Provisional Permanent
For what subject field(s) is the certificate valid? _____

Yes No Have you ever held an MV-283 Approval Card issued by the New York State Department of Motor Vehicles? *If "Yes," complete the following information:*
 DATE _____ TYPE Provisional Permanent NUMBER _____

PRE-SERVICE DRIVER AND TRAFFIC SAFETY EDUCATION COURSES COMPLETED

COURSE TITLE(S)	CREDIT HOURS	COLLEGE/UNIVERSITY	COURSE DATES
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OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY UNDER NEW YORK STATE PENAL LAW SECTION 175.35. TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION IS A CRIMINAL OFFENSE AND WILL RESULT, AT MINIMUM, IN THE REVOCATION OF YOUR APPROVAL.

I affirm that I have read the entire application and am familiar with all of its contents; that all answers, statements, and other matters are true; and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of DTSE.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Superintendent/Principal/Director/Headmaster/Dean _____ Date _____

Print Name _____

Send an original copy of this form to the New York State Education Department

NEW YORK STATE EDUCATION DEPARTMENT
Career and Technology Education
Driver and Traffic Safety Education
Room 315 EB
Albany, New York 12234

INSTRUCTIONS FOR SUBMISSION OF THIS FORM

Send an original copy of this form to the address shown above. **Original signatures only will be accepted. DO NOT Fax or email this form.** A copy, indicating action taken, will be returned to you.

SUBMIT A COPY OF YOUR DRIVER'S LICENSE, TEACHING CERTIFICATE, AND COLLEGE TRANSCRIPTS WITH YOUR APPLICATION.

Education Department Use	
<input type="checkbox"/> All Approved	
<input type="checkbox"/> Private Schools Only	
<input type="checkbox"/> 1-Year Provisional Approval	
<input type="checkbox"/> 3-Year Provisional Approval	
<input type="checkbox"/> Permanent Approval	
<input type="checkbox"/> Other	
Approved by	Date

Please refer to Driver and Traffic Safety Guidelines for additional information regarding teacher approval.

OR

If you have questions, call:

(518) 486-1547

www.emsc.nysed.gov/ciai/drive.html