

New York State Education Department Office of Student Support Services  
Education Building, Room 318M, Albany, New York 12234  
Telephone: (518) 486-6090 for assistance

RECEIVED: \_\_\_\_\_  
APPROVED: \_\_\_\_\_  
DISAPPROVED: \_\_\_\_\_  
PROVIDER ID: \_\_\_\_\_

**APPLICATION FOR APPROVAL AS A PROVIDER OF COURSE WORK OR TRAINING IN  
SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

This application is established pursuant to Chapter 181 of the Laws of 2000, Education Law Section 3004(3) and Part 57-2 of the Regulations of the Commissioner of Education which requires that individuals applying for certification as teacher assistants, teachers, pupil personnel services professionals and school administrators after February 2, 2001 must complete two hours of course work or training regarding school violence prevention and intervention. **Those applicants who intend to provide the training must request approval of their application from the State Education Department.** NOTE: See "Instructions for Completing the Application" After approval, contact NYSED as updates occur.

1. Applicant/Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail or web page address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_

2. Provider Category: (Check One)
- Teachers' or professional organization/association
  - School district
  - Board of Cooperative Educational Services
  - Nonpublic school
  - Institution of higher education
  - Hospital
  - Health care facility
  - Government agency or office
  - Social service agency
  - Organization whose primary purpose is provision of course work/training in school violence prevention and intervention.

3. Target Audience: (Check all that apply)

- Teacher assistants
- Teachers
- Pupil personnel services professionals
- School administrators

4. Identify the Certifying Officer(s) who will sign the Certification of Completion Forms:

a. \_\_\_\_\_ Title \_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

b. \_\_\_\_\_ Title \_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

5. Name, Location, and Telephone Number of the Person Responsible for Maintaining the Certification of Completion Forms and Program Materials:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

6. Briefly Describe the Professional Population Served/Employed and the Major Purpose of Your Organization:

\_\_\_\_\_  
\_\_\_\_\_

7. Course Work or Training:

a. The anticipated length of the course is \_\_\_\_\_ hours.

b. Delivery format: (Check all that apply)

- live classroom-based lecture/discussion
- live lecture/discussion at a distance (e.g. teleconference, one-way or interactive)
- self administered distance delivery, including:

- Print (Provide electronic or hard copy)
- DVD (Provide outline or sample)
- CD (Provide outline or sample)
- On-line (Course must be available on line for review at time of application)
- Other (please specify) \_\_\_\_\_

- c. Provide course syllabus with application packet.
- d. Provide plans for pre- or post-evaluation of participants and post-evaluation of the program.
- e. Fees: (Check one)
  - Yes, fees will be charged to participants. (If yes, please indicate amount and describe provisions for refunds in case of course cancellation, withdrawal, or failure to complete.)

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- No, fees will not be charged to participants.

Please continue to refer to the "Instructions for Completing the Application" and complete the remaining items:

- 8. Complete the enclosed Instructor Qualifications forms for the professionals who will have primary responsibility for program development and delivery. Applicants may duplicate the form if additional copies are need.
- 9. Describe the financial and physical/personnel resources that you expect to utilize in order to offer the course work or training.
- 10. Provide a sample Certification of Completion form.

Submit completed Applications for Approval, including the fee of \$600 made payable to the New York State Education Department:

**New York State Education Department  
P. O. Box 7346  
Albany, NY 12224**

**Certification is valid for six years. The application fee is \$600. Renewal forms are also on line and require payment of \$600.00 renewal fee.**

11/29/11