

BILINGUAL SUPPLEMENTARY EXTENSION REIMBURSEMENT PROGRAM APPLICATION FORM

APPLICANT INFORMATION:

Last Name:	First Name:	
File Number:	District Borough Number (DBN):	
Current Title:		
Subject Area:		
Address:		
City:	State:	ZIP Code:
Telephone Number:	DOE Email Address:	

EMPLOYMENT INFORMATION:

School:	District:	
Date of employment:	Are you currently a full-time NYCDOE employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received a principal's nomination or a commitment letter for a bilingual position within an NYC Public School?		<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFIED EDUCATION:

College/University Attended:		
Is this an accredited program approved by the New York State Education Department leading to the Bilingual Extension?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Area of study:	Date degree was conferred:	GPA:
College/University Attended:		
Is this an accredited program in education approved by the New York State Education Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Area of study:	Date degree was conferred:	GPA:

COURSEWORK

Have you completed the pre-requisite coursework: Theories of Bilingual Education and Multi-Cultural Perspectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW YORK STATE CERTIFICATES:

Do you hold New York State Teaching certification? Yes No Please indicate Level:

CERTIFICATE	STATUS	APPLICATION TYPE	ISSUED/EFFECTIVE DATE	EXPIRATION

NEW YORK STATE EXAMINATIONS:

BEA: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Language:
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I have read and understand the fact sheet for the Bilingual Supplementary Extension Reimbursement Program for which I am filing this application. To the best of my knowledge and belief, I meet the program's eligibility requirements. I hereby certify that my statements contained herein and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct. I understand that any incomplete information or documentation will automatically remove my application from consideration and any omission or misstatement of material facts may cause me to be denied from this program or terminated from receipt of said program, and be incorporated in my record in connection with any future application, and may be referred for prosecution to the Office of the District Attorney.

Signature of Applicant:	Date:
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FOR OFFICIAL USE ONLY:

NYS Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Issued:
Passed the BEA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Date:
Active NYCDOE employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Application Status: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>		
Remarks:		
Processed by:	Date:	