CERTIFICATION TESTING REIMBURSEMENT PROGRAM APPLICATION

APPLICANT INFORMATION:

Last Name:	**First Name:**
File Number:	**Social Security Number:**
Area of Study:	
Address:	

City:	**State:**	**ZIP Code:**
Telephone Number:	**Email Address:**	

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

EMPLOYMENT INFORMATION:

School:	**District:**
Date of employment:	**Are you a full-time UFT paraprofessional? [ ] Yes [ ] No**

VERIFIED EDUCATION:

College/University Attended:

Is this an accredited graduate program in education approved by the New York State Education Department? [ ] Yes [ ] No

Area of study:	**Date degree was conferred:**	**GPA:**

NEW YORK STATE CERTIFICATES:

CERTIFICATE	STATUS	APPLICATION TYPE	ISSUED/EFFECTIVE DATE	EXPIRATION DATE

NEW YORK STATE EXAMINATIONS:

BEA: [ ] Passed [ ] Failed	**CST: [ ] Passed [ ] Failed**	**EAS: [ ]Passed [ ] Failed**	**EdTPA: [ ] Passed [ ] Failed**

I have read and understand the fact sheet for the Paraprofessional Graduate 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 and/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:**

FOR OFFICIAL USE ONLY:

NYS Certified: [ ] Yes [ ] No	**Date Issued:**
Application Status: Approved: [ ]	**Denied: [ ]**
Remarks:	
Processed by:	**Date:**