

**APPLICATION FOR CERTIFICATION via
INSTITUTIONAL RECOMMENDATION**

Name: _____ Student ID #: _____

Address: _____ City: _____ Zip: _____

Full Social Security #: _____ Phone #: _____

Program: _____ Campus: _____

Email: _____

1. Have you created an Application Profile on TEACH via the Office of Teaching Initiatives? Web Site at <http://www.highered.nysed.gov/tcert/teach/home.html>?

(please circle)

YES

NO

2. What certification title(s) are you applying for? _____

Bachelor ___ MA ___ MS ___ MSED ___ ADVANCED CERTIFICATE _____

Date Degree was Awarded: _____ / _____ / _____

Proof of DASA/Autism Workshop Yes No

3. What certification type are you applying for? (please circle)

Initial Professional Provisional Permanent Internship

Student signature: _____ date: _____

Certification Officer Signature: _____ date: _____

Application received by: _____ date: _____

Please scan and send this application to Dr. Michael Hogan & Laurie Fasano.

Michael.Hogan@liu.edu

Laurie.Fasano@liu.edu