



# New York State Teacher Certification Examinations®

## SCORER APPLICATION FORM

Title: \_\_\_\_\_ Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Street or P.O. Box, City, State, Zip

School/Business Name: \_\_\_\_\_

School or Work Address: \_\_\_\_\_

Street or P.O. Box, City, State, Zip

### Preferred Address For Correspondence:

- Home
- School/Work
- Email

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

(Area Code) Number (AreaCode) Number (Area Code) Number (Area Code) Number

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

**Level of Education:**

Bachelor's Degree Area: \_\_\_\_\_

Master's Degree Area: \_\_\_\_\_

Doctoral Degree Area: \_\_\_\_\_

**Did you attend a college or university in any other country?**

Yes  No If yes, specify: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Country/Institution: \_\_\_\_\_

**Years of teaching:**

None

1-3 Years

4-6 Years

7-10 Years

11+ Years

**Years of administration:**

None

1-3 Years

4-6 Years

7-10 Years

11+ Years

**Your Geographic Region:**

<input type="checkbox"/> New York City	<input type="checkbox"/> St. Lawrence/Black R.	<input type="checkbox"/> S. Tier-West
<input type="checkbox"/> Nassau-Suffolk	<input type="checkbox"/> Upper Mohawk	<input type="checkbox"/> Finger Lakes
<input type="checkbox"/> Mid-Hudson	<input type="checkbox"/> Central	<input type="checkbox"/> Western
<input type="checkbox"/> Upper Hudson	<input type="checkbox"/> S. Tier-East	
<input type="checkbox"/> L. Champlain/L. George	<input type="checkbox"/> S. Tier-Central	

Do you have a New York State Teaching and/or Ed. Administration Certificate?  Yes  No

Specify type of teacher certification you have:  Initial  Permanent  Professional

Level(s) of permanent/professional teacher certification:  Elementary  Secondary

Specify areas of Ed. Administration Certification:  SAS  SDA  SBA

### Which of the following New York State permanent/professional teaching certificates do you have?

<input type="checkbox"/> Agriculture	<input type="checkbox"/> English	<input type="checkbox"/> Music
<input type="checkbox"/> Biology	<input type="checkbox"/> English to Speakers of Other Languages	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Blind/Visually Impaired	<input type="checkbox"/> Family & Consumer Sciences	<input type="checkbox"/> Physics
<input type="checkbox"/> Business & Marketing	<input type="checkbox"/> Gifted Education (Extension)	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Health Education	<input type="checkbox"/> Speech & Language
<input type="checkbox"/> Dance	<input type="checkbox"/> Library Media Specialist	<input type="checkbox"/> Students with Disabilities
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Literacy	<input type="checkbox"/> Technology Education
<input type="checkbox"/> Earth Science	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Theatre
<input type="checkbox"/> Ed. Technology Specialist	<input type="checkbox"/> Multi-Subject (Common Branch)	<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Languages other than English (including Bilingual Education)	Specify Languages: _____	

**What is your current position?**

<input type="checkbox"/> Elementary Educator	<input type="checkbox"/> Building Level Administrator	<input type="checkbox"/> College/University Educator
<input type="checkbox"/> Secondary Educator	<input type="checkbox"/> District Level Administrator	<input type="checkbox"/> Other Professional Employment
<input type="checkbox"/> Elementary/Secondary Educator	<input type="checkbox"/> School Business Administrator	<input type="checkbox"/> Retired * (see below)

\*If retired, most recent year of employment in educational position (including substitute teaching or interim administration): \_\_\_\_\_

**Complete Section A if you are currently or have been a teacher/administrator in a New York State school (public or private), including regular or substitute teaching or regular or interim administrator positions.**

<b>Section A - Teaching or Administrative Information</b>			
<b>Check all that apply:</b>	<input type="checkbox"/>	I am currently teaching in a New York State school (public or private)	
	<input type="checkbox"/>	I am currently serving as an administrator in a New York State school (public or private)	
	<input type="checkbox"/>	I have taught in a New York State school within the last five years (including substitute teaching).	
	<input type="checkbox"/>	I have served as an administrator within the past five years (including interim positions).	
	<input type="checkbox"/>	I have scored at previous New York scoring sessions and continue to participate in educational activities	
Student population of district:	<input type="checkbox"/> Less than 3000	<input type="checkbox"/> 10,001-100,000	What levels do you teach/administer?
	<input type="checkbox"/> 3,001-10,000	<input type="checkbox"/> Over 100,00	<input type="checkbox"/> Pre K-K
			<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-12
<b>What subject area(s) do you teach?</b>		<b>What administrative position(s) do you hold?</b>	
_____		_____	
_____		_____	

**Complete Section B if you are currently or have been an educator in a college or university.**

<b>Section B - College or University Educator Information</b>	
<b>Check all that apply:</b>	<input type="checkbox"/> I am currently an educator in a college or university
	<input type="checkbox"/> I have taught or in a college or university within the last five years.
	<input type="checkbox"/> I have scored at previous New York scoring sessions and continue to participate in educational activities
<b>Are/were you directly responsible for teaching/advising students in a content field, educational administration or student teachers or administrative interns in any field?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What program/field?</b> _____	
<b>What courses do/did you teach? (please list by subject, not by number)</b>	
_____	

**Complete Section C if you hold a degree in a content area and hold or have held professional employment in that area.**

<b>Section C - Other Professional Employment Information</b>	
<b>Check all that apply:</b>	<input type="checkbox"/> I currently hold professional employment in a content area.
	<input type="checkbox"/> I have held professional employment in a content area within the last five years
	<input type="checkbox"/> I have scored at previous New York scoring sessions and continue to participate in educational activities
What Content Area(s)? _____	
What was your job title? _____	

**Complete Section D if you are a native or fluent speaker in a language other than English and hold a degree.**

<b>Section D - Language other than English Information</b>						
Languages other than English in which you are a native or fluent speaker (check all that apply):						
<input type="checkbox"/> Arabic	<input type="checkbox"/> French	<input type="checkbox"/> Haitian/Creole	<input type="checkbox"/> Japanese	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu	
<input type="checkbox"/> Bengali	<input type="checkbox"/> German	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Greek	<input type="checkbox"/> Italian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Spanish	<input type="checkbox"/> Yiddish	
<input type="checkbox"/> Other (specify): _____						

**Signature:** *I certify that, to the best of my knowledge, all information I have provided on this form is accurate.*

**Date:** \_\_\_\_\_