Niagara University
College of Education
Certification Verification Form

Contact Person: Beverly Eiler
Academic Complex, Room 221, PO Box 1930
Niagara University, NY 14109
Phone: 716-286 8574
Fax 716-286-8561

After verification with the certification office at Niagara University, please continue with your application by going to the New York State Education Department Office of Teaching Initiatives – TEACH HOME page http://www.highered.nysed.gov/tcert
Select the Certification link to create your TEACH login and password. Instructions will be provided as you use the website.

IF YOU HAVE CREATED A LOGIN DONOT CREATE ANOTHER ONE. If you need technical support call NYS at (518) 486-6041 or email teachhelp@mail.nysed.gov They can help you with your login if you do not remember it.

Step 1 Verify/Update Profile (clearly print)

Name: __________________________________________________________
Address: __________________________________________________________
Date of Birth: _______/_____/_______ Gender: □ Male □ Female NU Student Number ____________________________

Step 2 Select Certification(s)

Select your area of Interest: (Please Circle) Classroom Teacher School Administrator/Supervisor and/or Pupil Service Provider

The Certification Title(s) Applying For: Payment is done on-line with a credit card to New York State

Please List

__________________________________________________________ Amount $ 50.00 □ Initial □ Provisional □ Permanent □ Professional
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Do you currently hold any certifications? If yes – please list ________________________________________________________

IMPORTANT - Approved Teacher Preparation Program and you will need to put in the CORRECT program code (see list of codes) Code ____________

At the end you will get a screen showing what is needed for the certification you applied for. Fulfilled items will have a check mark. Unmet items will have a black bullet. (Please verify you have the following items listed)

☐ Academic Literacy Skills Test (ALST) ☐ Workshop, Child Abuse Identification
☐ Educating All Students' Test (EAS) ☐ Workshop, School Violence Intervention and Prevention
☐ CST (list which one(s) _______ _______ ☐ Workshop, Autism – Special Education Students
☐ edTPA ☐ On-line seminar (Blackboard) – Drug, Alcohol and Tobacco
☐ Fingerprinting ☐ Training - DASA

My file is complete and ready for certification □ Yes □ No – I am Missing ____________________________________________

Canadian Secondary Students – TEACHABLES - __________________________ and __________________________

Degree Receiving from Niagara - Date of NU Degree ____________________________
☐ Bachelor of Arts ☐ Bachelor of Science Number of Credits Earned _______________________
☐ Master of Science ☐ Advanced Cert Attended From/To: _____________ to ______________
☐ Master of Science in Education

Under the FERPA Act I verify the information above is correct and authorize Niagara University to recommend me for certification through the School Recommendation – Approved Teacher Preparation Program.

Signed __________________________________________________________ Date ______________

Ofﬁce use only
Reviewed by/date ___________ Approval by/date ___________ Completed by/date ___________