**I. General Information:**

**Please note that your address must match the address on file with the DMV.**

Name:                   DOB:

 Last First MI

Mailing Address:      FAX: (     )

City, State:      ,      Zip:

Telephone 1: (     )       Telephone 2: (     )       Telephone 3: (     )

**I a) General Information (Optional):**

Email 1:       Email 2:       Email 3:

**Note:** Email information is sought only for purposes of disseminating New York State Education Department update information related to Driver Education. This section is optional.

**I b) General Information (Optional):**

Ethnicity Gender:

  

  

 

**Note:** Information on gender and ethnicity is sought solely to allow the New York State Education Department to collect and analyze data concerning diversity in the pool of certified individuals. The data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for certification.

**II. Application:**

Please indicate which type of NYS-DTSE teacher approval you are applying for.

 

 

**Note:** Applicants holding a valid New York State secondary teaching certificate in the classroom teaching service receive and “all approved” designation (on their MV-283), allowing them to teach NYS-DTSE in public and non-public schools, colleges, and/or BOCES.

**III. Driver License:**

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID | State | License Classes | Expiration Date |
|       |       |        |       |

**Note:** All applicants must submit a clear photo copy of their driving license with this application. Applicants holding an out of State driver’s license must also submit a driving abstract (dated within 30 days of post mark).

**IV. Course Work:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Credit Hours | College/University | Course Dates |
| Start | Finish |
| Basic Driver Education Teacher Preparation |       |       |       |       |
| Risk Management |       |       |       |       |
| Trends & Problems In Driver Education |       |       |       |       |
|       |       |       |       |       |

**Note:** Original transcripts indicating all course work for pre-service Driver Education training listed above must accompany this application.

**V. Teaching Certificates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NYS DOE Teaching Certificate Title | Classroom Teacher | Grade Level | Effective Begin Date | Effective End Date |
|       |  |       |       |       |
|  |  |  |  |
| NYS DOE Teaching Certificate Title | Classroom Teacher | Grade Level | Effective Begin Date | Effective End Date |
|       |  |       |       |       |
|  |  |  |  |
| NYS DOE Teaching Certificate Title | Classroom Teacher | Grade Level | Effective Begin Date | Effective End Date |
|       |  |       |       |       |
|  |  |  |  |
| NYS DOE Teaching Certificate Title | Classroom Teacher | Grade Level | Effective Begin Date | Effective End Date |
|       |  |       |       |       |
|  |  |  |  |
| NYS DOE Teaching Certificate Title | Classroom Teacher | Grade Level | Effective Begin Date | Effective End Date |
|       |  |       |       |       |
|  |  |  |  |

**Note:** A copy of any NYS teaching certificates listed above must accompany this application. Applicants issued a NYS teaching certificate after February 1, 2010 are to submit a print out of their teaching certificate confirmation in lieu of their teacher certificate. This print out is accessible via the Teach Public Inquiry Web site at: <http://eservices.nysed.gov/teach/certhelp/CpPersonSearchExternal.jsp?trgAction=INQUIRY>.

**VI Assurances:**

1)  I understand that my driving abstract will be reviewed by the NYS-DMV for suspensions, and/or revocations within the past two years, as well as excessive traffic violations.

2)  I understand that I must inform the New York State Education Department of any changes to my driver’s license and/or driving abstract via form DE-2-A prior to teaching an approved NYS-DTSE course, and failure to do so could result in revocation of my license to teach NYS-DTSE.

3)  I am aware that covered schools who hire NYS-DTSE teachers and/or enter into contractual agreements with commercial driving schools supplying Behind-The-Wheel instructors for an approved NYS-DTSE course must comply with the fingerprinting requirements for prospective school employees set forth in 8 NYCRR Part 87, and that an employee of a NYS-DMV driving school is considered to be placed within the covered school if the arrangements for the course are made through the covered school.

4)  I am aware that my driving abstract will be reviewed by the public or non-public school, College, or BOCES prior to any NYS-DTSE course that I teach.

5)  I am aware that public schools must and private schools may enroll my Drivers License number into their LENS account, which will inform them of moving violation events associated with my New York State Drivers License.

**Offering a false instrument for filing in the first degree is a class E felony under New York State Penal Law Section 173.35. to knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result, at minimum, in the revocation of your approval.**

**I affirm that I have read the entire application and am familiar with all of its contents: that all answers, statements, and other matters are true; and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of NYS-DTSE.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print/Type Name:

**Send an original copy of this form along with all other required materials (Driver’s license, Secondary Teaching Certificate, Official Transcripts) to the NYS Education Department at the address below.**

New York State Education Department

Career & Technical Education Office

Driver & Traffic Safety Education Room 315 EB

89 Washington Ave.

Albany, NY 12234