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**Notification of Change of**

**Chief Executive Officer**

**To Change the Chief Executive Officer for the following New York State Education Department approved programs:**

**Nonpublic School with an Approved Special Education Program (853 School)**

**Preschool Special Class**

**Preschool Special Class in an Integrated Setting**

**Preschool Special Education Itinerant Services**

**Multidisciplinary Evaluation Program**

**\* Note: NYSED program approval is non-transferable and therefore if you are a for-profit agency seeking to change ownership/change in Chief Executive Officer, then you must submit the Initial Application for Approval to Operate a Nonpublic School with an Approved Special Education Program, Preschool Special Education and/or Multidisciplinary Evaluation Program**

*This is not to be completed for a public school district, board of cooperative educational services, State agency or municipality*

**New York State Education Department**

**Office of P-12 Education: Office of Special Education**

**89 Washington Avenue, Room 309 EB**

**Albany, NY 12234**

**518-473-6108**

[**https://www.nysed.gov/special-education**](https://www.nysed.gov/special-education)

Please submit as MS Word of PDF document to: [**OSEapplications@nysed.gov**](mailto:OSEapplications@nysed.gov)

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| **Approved Program Information** |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. | Legal Name of Approved Program | | | | | |
| 2. | Assumed Name or Doing Business As (DBA), if applicable | | | | | |
| 3. | Mailing Address of Approved Program Administrative Office | Street | | | | |
|  |  | City State Zip Code | | | | |
| 4. | County and School District where Administrative Office is Headquartered | County | | | | |
|  |  | School District | | | New York City Community School District Number (if applicable) | |
| 5.  6. | Telephone/Email Address of Administrative Office  Area Code       Number       Ext.  Email Address | | | Fax Number of Administrative Office  Area Code       Number | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   Federal ID Number | | | | | |
|  | Agency 12-digit NYSED School Code for the Approved Program   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | |
| 9. | Name and Title of Chief Executive(s)/Chief School Official (CEO) | Name | | | | |
|  |  | Title | | | | |
|  |  | Telephone | Fax Number | | | Email Address |
|  | Currently approved for  (check all that apply) | Nonpublic School with an Approved Special Education Program (853 School)\*  Preschool Special Class  Preschool Special Class in an Integrated Setting  Preschool Special Education Itinerant Services  Multidisciplinary Evaluation Program  \*If you are a Nonpublic School with an Approved Special Education Program (853 School),  Completed *Changing Information in SEDREF* found onlineat <https://www.oms.nysed.gov/sedref/home.html> | | | | |

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| **Character and Competence Review** |

**Complete this section and accompanying affidavit form for each Owner/Chief Executive Officer/ and/or Chief Administrator or Executive Director who may fulfill the role and responsibilities of a Chief Executive/Administrator, or a portion of these duties.**

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| 1. Name of Chief Executive Officer/Owner/Administrator | |
| 2. Primary Residence (Reasonable distance generally indicates a commute time of less than one hour; however, determinations will be made on a case by case basis based on circumstances such as geographic area and transportation situations/options.)  City:       State: | |
| 3. Business Address | Street |
| City State       Zip |
| 4. Educational & Employment History:  Attach current résumé, which includes, but is not limited to, degrees completed, fields of study and previous work experience | |
| 5. Certification(s)/License(s): Please list each certification and/or license that your hold for this position (information will be verified with the NYSED Office of Professions and/or Office of Teaching Initiatives and if verification is not confirmed then a copy of each certification or license will be required):   |  |  |  | | --- | --- | --- | | Certificate or License | Certification/License Number | Name on Certification/License | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Were your certificates/licenses ever refused?  Yes  No  Were your certificates/licenses ever revoked?  Yes  No  Were your certificates/licenses ever subject to other disciplinary action?  Yes  No  If yes, describe: | |
| 6. For Special Class, Special Class in an Integrated Setting or Special Education Itinerant Services, if you do not hold a school administrator’s certificate who in your agency does? Name: | |
| 7. Community and Philanthropic Experience. Please disclose affiliations with community service, philanthropic endeavors, human service facility(ies) or vendors which may present a conflict of interest in the operation of the proposed program. | |
| 8. Indicate if you hold any other positions of employment.  Yes  No If yes, indicate   |  |  |  |  | | --- | --- | --- | --- | | **Agency/employer** | **Job Title** | **Job Responsibilities** | **Number of hours worked per week** | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | |
| 1. Indicate if you have been employed by or have been a board member of an agency that has been cited for findings of waste, fraud, abuse, or wrongdoing, including but not limited to the unlawful acquisition, use, payment or expenditure of agency or program funds.   Yes  No  If yes, indicate which agency and in what capacity you were associated with the agency during the time of these findings. | |
| 1. Have you had affiliations with any program whose approval was revoked or suspended, or whose approval was subject to past, current or pending disciplinary action, disallowance, fine or other penalty by NYSED or another State or federal agency?   Yes  No  If yes:  Provide the name of the program(s) and State oversight agency(ies):    Indicate what your affiliation was to the program: | |
| 1. Have you ever been convicted of a crime by a federal or State court in any jurisdiction?   Yes  No  If yes:  What was the criminal offense(s)?    Was the criminal offense(s) a misdemeanor or felony? | |
| 1. Do you currently have any criminal charge(s) pending against you in a federal or State court in any jurisdiction?   Yes  No  If yes, provide an explanation: | |
| 13. Assurances:   * I hereby certify that I will comply with the requirements of Article 81, Article 89, and/or section 4410 of the Education Law (as applicable[[1]](#footnote-1)), and Parts 200 and 201 of the Regulations of the Commissioner of Education and understand the program and fiscal requirements for operating a special education program. * The approved program shall cooperate with the municipality, school district, the New York State Education Department (NYSED) and other State oversight agencies in monitoring for compliance, effectiveness and fiscal integrity of the program. * The program shall provide data, records and reports to the referring school district, NYSED, the municipality and other State fiscal and program oversight agencies upon request. * The executive director, or any individual that will sign or certify the Consolidated Fiscal Report (CFR) on behalf of the program, shall complete annual on-line CFR training as required by NYSED. * If I am paid as a full-time executive director, I will be employed in a full-time, full-year position and will not engage in activities that would interfere with or impair my ability to carry out and perform my duties, responsibilities and obligations. * If I am an executive director of an approved preschool program, I meet the qualification requirements as outlined in section 200.20(b) of the Regulations of the Commissioner of Education and I reside within a reasonable geographic distance, which generally indicates a commute time of less than one hour (however, determinations will be made on a case by case basis based on circumstances such as geographic area and transportation situations/options), from the program’s administrative, instructional and/or evaluation sites to ensure appropriate oversight of the program. * The owner or operator of an approved program who intends to cease the operation of such school or chooses to transfer ownership, possession or operation of the premises and facilities of such school or to voluntarily terminate its status as an approved school, shall submit to the Commissioner of Education written notice of such intention not less than 90 days prior to the intended effective date of such action with a detailed plan which makes provision for the safe and orderly transfer of each student with a disability who was publicly placed in such approved school in accordance with 8 NYCRR section 200.7(e). * Changes to the program’s approval will not be implemented without prior approval by NYSED. | |
| 14. Affirmation:  I,      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, declare that, to the best of my knowledge, the information above is true, correct and complete.  Signature: Date: | |

1. Article 81 of the Education Law is applicable to child care institutions that operate an approved private school or are affiliated with a private non-residential school approved by the state education department as that term is defined in section 4001 of the New York State Education Law. Article 89 of the Education Law is applicable to contracts with private residential and non-residential schools which have been approved by the Commissioner for special services or programs.

   Section 4410 of the Education is within Article 89 and it is applicable to the provision of preschool special education services. [↑](#footnote-ref-1)