



**Institutional Recommendation Request for  
New York State Certification**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Hofstra ID#

700						
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Mailing Address: \_\_\_\_\_

The office of Certification and Educational Support Services will not be able to submit an Institutional recommendation on your behalf with the New York State Education Department until the following requirements have been met:

1. You have created an Account with TEACH Online Services
2. You need to provide confirmation of the following required seminars. If you have taken at Hofstra University please check the box. If not, please attach the appropriate confirmation to this recommendation request.

- Identification of Child Abuse and Maltreatment
- Fire & Arson Prevention
- Prevention of Alcohol, Tobacco, and Drug Abuse
- School Violence Prevention and Intervention (SAVE)
- Highway and School Safety/Prevention of Child Abduction

3. Degree needs to be conferred by the Office of Academic Records

- **Degree**  
(Examples: BA, BS-ED, MA, MS, MS-ED, CAS, PD) \_\_\_\_\_
- **Anticipated Conferral Date**  
(May 31<sup>st</sup>, August 31<sup>st</sup>, December 31<sup>st</sup> or January 31<sup>st</sup>) \_\_\_\_\_

Certificate Type you will be applying for:

Initial \_\_\_\_\_ \* Professional \_\_\_\_\_ Provisional \_\_\_\_\_ \* Permanent \_\_\_\_\_ Extension \_\_\_\_\_

*\* Students who will be applying for Permanent or Professional certification need to include work experience on the back of this form.*

Certificate Title you will be applying for: \_\_\_\_\_  
(Example: Childhood Education 1-6)

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

