



# Institutional Recommendation Request Form

**Office of Educational Support Services**  
School of Education, Health and Human Services

Name: \_\_\_\_\_  
First Last

Hofstra ID Number 70 \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Graduation date (circle one): January 31   May 31   August 31   December 31   Year: 20\_\_\_\_

Degree (example, BA, BS, BSED, MS, MSED, MA, CAS) \_\_\_\_\_

Certificate Type (Circle one): Initial   Professional\*   Provisional   Permanent\*   Extension

Certificate Title (example, childhood education 1-6): \_\_\_\_\_

Upon successful completion of a Hofstra state-approved school-based program, students are eligible for the University's recommendation for New York state certification. Requests for recommendations must be submitted to the *Office of Certification and Educational Support Services* the semester in which the student is graduating. The office will not be able to submit an Institutional recommendation on your behalf until the following requirements have been met :

➤ **TEACH online account has been created and I have applied on TEACH for certification:** Yes   No

➤ **Degree conferral (Check one)**

\_\_\_\_\_ I have submitted an application for graduation to the Office of Academic Records

\_\_\_\_\_ My degree has been conferred

➤ **Educational Law Seminars:** *If not completed at Hofstra, you must provide proof of completion*

- |  |   |
|--|---|
| 1. <b>Identification of Child Abuse and Maltreatment:</b>          | _____ completed _____ currently enrolled in |
| 2. <b>Fire &amp; Arson Prevention:</b>                             | _____ completed _____ currently enrolled in |
| 3. <b>Prevention of Alcohol, Tobacco, and Drug Abuse:</b>          | _____ completed _____ currently enrolled in |
| 4. <b>School Violence Prevention (SAVE):</b>                       | _____ completed _____ currently enrolled in |
| 5. <b>Highway and School Safety/Prevention of Child Abduction:</b> | _____ completed _____ currently enrolled in |
| 6. <b>Training in the Needs of Children with Autism:</b>           | _____ completed _____ currently enrolled in |

*(Autism training required for candidates in the Inclusive, Special Education, Speech and Language Disabilities and School Leadership programs only)*

Additional requirements for the issuance of your certification include, passing scores on the NYSTCE exams, and fingerprint clearance. Your signature below acknowledges that you have read through the application and are aware of the requirements for the Institutional Recommendation and New York State Certification.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE:**

*Candidates applying for Professional or Permanent certification must fill out their work experience on the back of this form.*

**For Professional or Permanent certification only**

**Work experience:\*\***

Name of School(s)	Date(s) of employment	Grade level(s)/ subject taught	Part time or Full time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please note:** You must list all work experience through TEACH online for the State Education Department to review. Only the State Education Department can verify appropriate work experience for professional/permanent certification. Candidates applying for professional certification must also submit a proof of mentoring form to the State. This form can be submitted by the district electronically through TEACH or by submitting a mentoring form from the State website.

**\*\*Requirement Description ( [www.highered.nysed.gov/tcert/](http://www.highered.nysed.gov/tcert/) )**

Classroom teaching experience includes experience earned in a public or approved nonpublic preschool or elementary, middle, or secondary school. Experience may be in any grade or subject. Substitute teaching does count. Part time experience may be credited on a prorated basis. Teaching assistant experience is not applicable to this requirement.

**Note:** Teachers working as substitutes in numerous districts may wish to have each district verify the experience by providing a short letter on district letterhead.

**For professional certification in SBL:** Acceptable experience relates to hiring, terminating, evaluating, and supervising professional school staff, overseeing the school budget, and developing curriculum. Experience assisting administrators or supervisors, however, will not be considered.

**Please return this form to:**

Office of Educational Support Services  
School of Education, Health and Human Services  
Hofstra University  
129 Hagedorn Hall  
Hempstead, NY 11549-1190  
Or fax 516-463-6503, attention Stacy Zalewski