

**Instructions for Completing Application  
for Pedagogical License (Form B) or Certificate and Salary Step Placement**

**PLEASE READ**

Please use these instructions to complete this Application for Pedagogical License or Certificate for the titles of school secretary; lab specialist & evening trades only. If you need clarification, contact your district's Operations Center.

- 1.-7. Enter all applicable information.
8. Provide complete information about your educational preparation. This information will be verified.
9. Enter complete information about your prior employment experience. In addition to employment verification, this information may be used to place you on the correct salary step. If you have worked prior to this application, enter NONE in the first column.
10. Supply two personal references **if** you have no prior employment or if you have a gap of two or more years in your employment history.
11. **Each question in this section must be answered. An application will not be processed if any item is omitted.** If you answer yes to any question(s), please be sure to complete and submit a separate confidential sheet with your application.
12. If applicable, enter complete information about your prior work experience performed for the NYC Department of Education. In addition to employment verification, this information may be used to place you on the correct salary step. If you have no prior work experience with the NYC DOE, enter NONE in the first column.
13. Carefully read the **Attestation** before signing and dating it. Carefully read the **Release Authorization** before signing and dating it. Be sure to include your social security number in the space provided. **An application will not be processed if the Attestation and/or the Release Authorization are not completed.**

**Checklist: Application for Pedagogical License (Form B) or Certificate and Salary Step**

Please use this check list to ensure that you have completed all required forms and have attached all required documents.

- \_\_\_ All items on the Application for Pedagogical License (Form B) or Certificate and Salary Step Placement have been completed.
- \_\_\_ Required document(s) (e.g. copy of high school diploma, GED diploma, original student college transcripts, original letter verifying experience) are attached to the application.
- \_\_\_ Original student transcripts for undergraduate and graduate degrees are attached to the application.
- \_\_\_ The Attestation and the Release Authorization at the end of the application are dated and signed.
- \_\_\_ The Fingerprint Referral Form is completed and submitted to the fingerprint technician.

NOTE: The Conditional Offer of Employment Medical Form must be submitted to the Operations Center for your region/district after you have been hired for a school secretary or lab specialist position.

**PLEASE RETURN YOUR APPLICATION AND ALL REQUIRED DOCUMENTATION  
TO THE OFFICE OF APPLICATION PROCESSING:  
65 COURT STREET, ROOM 403, BROOKLYN, NY 11201**

Salary Steps and Salary Differentials: A Guide to Understanding Eligibility and the Application Process can be downloaded from [www.teachny.com](http://www.teachny.com) and/or from <http://schools.nyc.gov/Offices/DHR/Employees/TeachersSchoolbasedStaff/default.htm#salarystep>



**NEW YORK CITY DEPARTMENT OF EDUCATION**

Division of Human Resources  
Center for Recruitment and Professional Development  
65 Court Street – Room 403 - Brooklyn, NY 11201

DATE 

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Month Day Year

**Application for Pedagogical License for School Secretary or Lab Specialist  
(Form B) or Certificate and Salary Step Placement**

Please print or type.

LAST NAME FIRST NAME MI Date of Birth: Month Day Year

LAST FIRST MI Other Names by Which You Have Been Known File Number (if any)

Street Address Apt E-mail Address Social Security Number

City State Zip Code Telephone Number

FOR OFFICE USE ONLY Nominated by Region District School NOM CD

License Code	List Code	License Code	List Code
License Code	List Code	License Code	List Code
License Code	List Code	License Code	List Code

I hereby apply for a license or certificate with the New York City Department of Education as indicated:

1. License for School Secretary

Check here if you are bilingual. Enter the language in which you are proficient:

2. License for Lab Specialist

Check applicable box(es) JHS DHS

Check box for each lab specialist area: Biology Physical Sciences General Science

3. Occasional Per Diem Certificate to serve as a day-to-day substitute school secretary.

3a. Evening Trade Teacher as

4. Are you currently employed under any license or certificate in the New York City public schools? Yes No (If yes, you must complete # 12.)

5. Citizenship Status: Are you a U.S. citizen? YES NO

If no, are you a permanent resident alien? YES NO Enter alien registration #

If no, are you permitted to work in the U.S.? YES NO (If yes, attach copy of work authorization.)

6. Are you retired from a New York City or New York State agency, a school district within New York State, or the NYC Department of Education? NO YES

If yes, specify Disability NO YES

7. Veteran Status: Active Duty Dates From to Type of Discharge (A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.)

**8. Educational Preparation:** List the high school(s), colleges/universities attended, beginning with the most recent.

High School/Colleges/Universities (Include City and State)	Name Used While Attending or at Graduation	Attendance	Did You Graduate?	Diploma or Degrees & Dates Granted M/Y
		From: ___/___ M Y To: ___/___ M Y	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
		From: ___/___ M Y To: ___/___ M Y	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
		From: ___/___ M Y To: ___/___ M Y	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
		From: ___/___ M Y To: ___/___ M Y	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

**Note: Effective July 1, 2003**, all applicants must submit all original student transcripts for degrees and coursework with this license application. These transcripts will be used to determine salary differentials. To receive a salary differential, **a separate application must be submitted**. Applications and detailed instructions may be downloaded from <http://schools.nyc.gov/Offices/DHR/Employees/TeachersSchoolbasedStaff/default.htm#salarystep> or from [www.teachny.com](http://www.teachny.com). Applications are also available at all Operations Centers.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Social Security # \_\_\_\_\_

**9. Experience:** List all prior employment, whatever its nature, beginning with the most recent. (If necessary, please attach a separate sheet of paper delineating this experience using the same format as below. Include your name and social security number on all attached pages.) If you have no prior employment, or if you have a period of unemployment, please also provide personal references for # 11.. **Salary Step Placement for Prior Allowable Experience:** Applicants may make a salary step claim for allowable prior related experience performed outside the NYC Department of Education, including related satisfactory experience performed in the military service.  
**NOTE:** Applicants may attach original letters of documentation and contact former employers to alert them that the Division of Human Resources or its representative will request verification from them.

Employer Information	Check for Salary Step	Exact Title in which Employed	Date(s) From - To	Hrs per Wk	Wks per Yr
Name of Business _____ Name of Supervisor _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____			From: ____/____ M Y To: ____/____ M Y		
Name of Business _____ Name of Supervisor _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____			From: ____/____ M Y To: ____/____ M Y		
Name of Business _____ Name of Supervisor _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____			From: ____/____ M Y To: ____/____ M Y		
Name of Business _____ Name of Supervisor _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____			From: ____/____ M Y To: ____/____ M Y		
Name of Business _____ Name of Supervisor _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____			From: ____/____ M Y To: ____/____ M Y		

Last Name \_\_\_\_\_ First \_\_\_\_\_ Social Security # \_\_\_\_\_

**10. Personal References:** If you have no prior employment or a gap of two years or more in your employment history, you are required to list **two** references.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

**11. Answer YES or NO to Questions 1-13.** If your answer is “YES” to any question, please explain on a separate sheet (confidential). Include your name, social security number, and the certificate for which you are applying on the confidential attachment (if applicable) and on the sealed envelope in which the confidential attachment is placed. **NOTE:** If you previously disclosed something on a prior application and are applying for another license or position, **you must disclose it again.** This includes prior convictions, unsatisfactory ratings or termination from prior employment. Any misstatement or omission on any questions may be grounds for denial or termination of license or certificate.

		YES	NO
1	Have you ever been convicted of, or pled “guilty”, or pled “No Contest”, to any offense in this state or elsewhere? (i.e., felonies, misdemeanors, and violations, except minor traffic infractions)		
2	Are any criminal charges currently pending against you in this state or elsewhere?		
3	Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?		
4	Has a Family Court ever rendered a finding indicating you have abused or neglected a child? If so, on a separate sheet explain the date and nature of the finding, which court, and the name of the judge.		
5	Have you ever had any professional certificate or license denied, revoked, or suspended?		
6	Have you ever been discharged or required to resign from any position for reasons other than a layoff due to reduction in the workforce?		
7a	Have charges ever been preferred against you by an employer?		
7b	Were you found guilty of the charges?		
8	Have you ever resigned as an alternative to facing charges or dismissal?		
9	Have you ever been disqualified for employment in any civil service position?		
10	Have you ever had a teaching license or certificate denied, revoked, or suspended by the NYC Department of Education because of unsatisfactory service or criminal record?		
11	Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?		
12	Have you ever been discontinued from probationary service or denied tenure as a pedagogue?		
13	Did you ever receive a discharge from military service that was issued under other than honorable circumstances?		

Last Name \_\_\_\_\_ First \_\_\_\_\_ Social Security # \_\_\_\_\_

**12. Prior Experience Performed for the New York City Department of Education (if applicable.)**

Employer Information	Job Title	Dates of Service M/Y to M/Y	# Days Per Week	# Wks per Yr
School _____ Principal _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____		From: ____/____ ____ M ____ Y To: ____/____ ____ M ____ Y		
School _____ Principal _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____		From: ____/____ ____ M ____ Y To: ____/____ ____ M ____ Y		
School _____ Principal _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____		From: ____/____ ____ M ____ Y To: ____/____ ____ M ____ Y		
School _____ Principal _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____		From: ____/____ ____ M ____ Y To: ____/____ ____ M ____ Y		
School _____ Principal _____ Street _____ City _____ State _____ Zip _____ Phone # (____) _____		From: ____/____ ____ M ____ Y To: ____/____ ____ M ____ Y		

Last Name \_\_\_\_\_ First \_\_\_\_\_ Social Security # \_\_\_\_\_

**13. Attestation:**

**13a.** I have read the eligibility requirements for the license/certificate for which I am filing this application. To the best of my knowledge and belief, I now meet, or shall meet, the requirements by the appropriate date.

**13b.** I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged, or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the New York City Department of Education. If already employed by the New York City Department of Education, I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged, or altered prior to any adverse action being taken against me. Finally, I understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged, or altered after my application has been processed and I have received additional money as a result, I will agree to return, upon demand by the Department of Education, that amount of money received which is directly attributable to the fraud, forgery, or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Department of Education.

**13c.** I hereby certify that my statements contained herein and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may lead to an investigation of a current license or certificate, may result in termination of said license/certificate or other disciplinary action, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

**13d.** I understand that I must be fingerprinted by the New York City Department of Education or a New York City Department of Education authorized agency. I further understand that, if the results of my fingerprint/background check are not approved, I will not receive the credential(s) for which I have applied, or if the credential has been conditionally granted, it will be rescinded.

**Warning: According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.**

It is the policy of the Department of Education of the City of New York not to discriminate on the basis of race, color, creed, religion, national origin, age, disability, marital status, alienage/citizenship, sexual orientation, gender or prior record of arrest and/or retaliation in its educational programs, activities, and employment policies, and to maintain an environment free of sexual harassment, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 65 Court Street- Room 923, Brooklyn, New York 11201. Telephone 718-935-3320

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

**RELEASE AUTHORIZATION**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such Institutions, and all Federal, State and Local Government Agencies.

I, \_\_\_\_\_ (print name), am an applicant for employment with the New York City Department of Education. I have authorized the Department of Education to conduct an investigation into my background for the purpose of determining my suitability for employment.

You are hereby authorized to release any and all information pertaining to me, in writing and otherwise, including any information pertaining to examinations given by the New York State Education Department that are required for State certification, as requested by an appropriate employee, agent, or representative of the New York City Department of Education.

This authorization shall supersede any prior request or authorization to the contrary. A photocopy or fax of this authorization will be as effective and valid as the original.

This release authorization is effective as of the date set forth below for the term of my employment.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name.

Social Security Number: \_\_\_\_\_