

APPLICATION FOR EXTENDING THE TIME VALIDITY OF A PROVISIONAL, INITIAL, OR TRANSITIONAL CERTIFICATE

OT-24 WEB

1. SOCIAL SECURITY NUMBER

(Leave this blank if you do not have a U.S. Social Security Number)

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2. DATE OF BIRTH

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Month Day Year

3. PRINT NAME

Last

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First

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Middle
Initial

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Maiden/
Other

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4. MAILING ADDRESS (use your most current address)

Street

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Apt/Bldg.

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City

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State

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| | | Zip Code | | | | | | | | | |
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Province/
Country if
not U.S.

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IMPORTANT: Individuals with a Provisional certificate that expired more than two years ago, or who do not qualify for a time extension, must apply for the Initial certificate.

For more information regarding the requirements for an Initial certificate go to <http://www.highered.nysed.gov/tcert/certificate/req-mainip.htm>.

To apply for a time extension, you must submit the following:

- Print and complete this form OT24-Web and mail it to:

The State Education Department
Office of Teaching Initiatives
Albany, NY 12234

- Graduate transcripts
- Verification of conditions
- An explanation for years in which no coursework was completed
- A plan, signed by your college advisor, which includes an anticipated completion date, if you have not completed a master's degree or coursework for permanent/professional certificate.

No Fee is required for a Time Extension

5. TELEPHONE/EMAIL

Home Number:

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Area Code

Telephone Number

Work Number:

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Area Code

Telephone Number

Email Address:

6. CERTIFICATE(S) TO BE EXTENDED AND EXPIRATION DATE

Certificate to be Extended

Expiration Date

1.

Month____ Year ____

2.

Month____ Year ____

Office of Teaching Initiatives

Application for Extending the Time Validity of a Provisional, Initial, or Transitional Certificate OT-24 WEB (05/04)

CERTIFICATE(S) TO BE EXTENDED AND EXPIRATION DATE Continued

| Certificate to be Extended | Expiration Date |
|----------------------------|---------------------|
| 3. | Month____ Year ____ |
| 4. | Month____ Year ____ |

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| 7 | PRE K-12 CLASSROOM TEACHING, SCHOOL SERVICES, ADMINISTRATIVE/SUPERVISORY EXPERIENCE. List ALL PAID Professional Experience at Public or Nonpublic Schools, regardless of whether experience corresponds to certificate title requested on this application. If less than full time, indicate the number of hours worked per day and the number of days worked per week. Do not attach a resume instead of completing this section. If you change assignments, include dates of each assignment. | | | | |
| | NAME AND LOCATION of the School where you obtained your experience | If Non-Public Check below | Subjects, Grades, or Areas Taught, Supervised, or Administered, or Pupil Personnel Services | DATES OF EMPLOYMENT | TYPE OF WORK |
| | 1. Name of School and Location | | | FROM: TO: | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| | 2. Name of School and Location | | | FROM: TO: | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| | 3. Name of School and Location | | | FROM: TO: | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| | 4. Name of School and Location | | | FROM: TO: | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |

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| 8 | MORAL CHARACTER DETERMINATION Answer each question by checking "yes" or "no." If you answer "yes" to any question, please attach a full explanation for your answer on a separate sheet of paper. | | |
| | A. Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | B. Did you ever receive a discharge from the Armed Forces of the United States, which was other than "Honorable"? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | C. Have you ever been convicted of any crime (felony or misdemeanor)*, other than minor traffic violations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | D. Do you currently have any criminal charges pending against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | E. Have you ever had an application for a teaching credential in New York or any other jurisdiction denied? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | F. Have you ever had a teaching credential issued in New York or any other jurisdiction revoked, suspended, annulled or otherwise invalidated? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | G. Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdictions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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| 9 | AFFIDAVIT I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. Signature of Applicant _____ Date: ____/____/____ | | |
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