



TOURO COLLEGE

TEACHER CERTIFICATION OFFICE
School of Education, Graduate Division

43 West 23rd Street Rm317
New York, NY 10010
Tel: (212) 463-0400 ext. 5283/5675
Fax: (212) 462-4889

Certification Recommendation Request Form

Please fill out all information below. Incomplete forms will not be accepted.

_____ First Name	_____ Last Name	_____ Social Security Number
_____ Street Address	_____ City, State	_____ Zip Code

I) Please select the program completed:

- Early Childhood Education/Students w/Disabilities (Grades B-2)
- Childhood Education/Students w/Disabilities (Grades 1-6)
- Middle Childhood Education/Students with Disabilities (Grades 5-9)
- Students w/Disabilities, Adolescent (Grades 7-12)
- Teaching Literacy
- TESOL
- Bilingual Education
- Mathematics Education
- School Leadership
- Instructional Technology
- Teaching Students with Autism and Severe or Multiple Disabilities
- Gifted & Talented Education
- School Counseling
- School Psychology
- Speech and Language Pathology
- Biology (Grades 7-12)
- Other _____

II) Expected graduation date- circle month and fill in year: January/June/September: _____
Year

_____ Applicant Signature	_____ Date
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Your program advisor must confirm completion of workshops. Other types of verification will not be accepted.

WORKSHOP COMPLETION VERIFICATION:

This form cannot be accepted if this section is not completed by an advisor

- DASA Autism School Violence Prevention & Intervention Child Abuse

_____ Advisor Name (Please Print)	_____ Advisor Signature	_____ Date
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Please return to **Emanuel Sanchez** Email: Emanuel.Sanchez@touro.edu
Jennifer.Malagoli@touro.edu

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