

# EXPEDITED SERVICE REQUEST FORM

(This form is not for safety net, mail processing purposes)

## WE NO LONGER EXPEDITE TEACHING ASSISTANT OR CERTIFICATE PROGRESSION CASES

### Part A for Schools Served by a BOCES -- Part B for all others

Do not submit this request unless you have checked the status of the application and the requirements on TEACH

There must be an application in TEACH, the fee must be paid and have a "Ready for Review" status. If the application is "Not Ready for Review," or "Review Complete-Pending Information," you must submit original transcripts and/or other supporting documents with this request.\*\* Please see form submission information below.

|   |  |   |         |    |
|---|--|---|---------|----|
| Applicant's Name<br>(Last)  |  |   | (First) | MI |
| SSN: (last four digits)   |  | Date of Birth:  |         |    |
| Is the Online Application Ready for Review?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |         |    |
| Verify the following:   |  |   |         |    |
| <input type="checkbox"/> Application and fee on file<br><input type="checkbox"/> Passed all required exams<br><input type="checkbox"/> Required workshops completed<br><input type="checkbox"/> All academic requirements met |  | <input type="checkbox"/> Fingerprints on file<br><input type="checkbox"/> If required, verification of employment on file |         |    |
| Certificate Title Requested:  |  |   |         |    |
| Requesting Employer   |  |   |         |    |
| PART A – For Schools Served by a BOCES  |  |   |         |    |
| Print Name of BOCES Submitting Request  |  | Email Address   |         |    |
| Print Name of Regional Certification Officer (RCO) Submitting Request   |  | Date:   |         |    |
| PART B – All Others   |  |   |         |    |
| Print Name of District/School/Organization  |  | Email Address   |         |    |
| Print Name of Individual Submitting Request   |  | Date:   |         |    |

\*\* If you are sending official transcripts and/or documentation to the Office of Teaching Initiatives to make the application "Ready for Review," mail this form and the documentation to: Attention: BOX ES, Office of Teaching Initiatives, NYS Education Dept., 89 Washington Avenue, Albany, NY 12234. Transcripts must be original (not photocopies), official (not student copies) and in a sealed institution envelope.

If you are not sending transcripts, email this completed form to [OTIexpedite@nysed.gov](mailto:OTIexpedite@nysed.gov) and indicate "Box ES" in the subject line.