The New York State Department of Education
Bureau of Proprietary School Supervision
99 Washington Avenue, Suite 1613
Albany, NY 12234

English as a Second Language School Registry
Teacher Application

BPSS-124 (07/12)

INSTRUCTIONS: **Submit two copies of this form for each ESL teacher employed.**				
1. School Name				
2. School Address	*Street*	*City*	*State*	*Zip*
3. School E-mail Address				
4. Teacher Name	*First*	*Last*		
5. Applicant's Anticipated First Date of Employment				

REQUIRED QUALIFICATIONS	
Baccalaureate Degree	
6. Granting Institution	
7. Subject Area	**8.** Date Degree Conferred
9. If other than baccalaureate, please explain:	

AND	
English as a Second Language Training Program	
10. Name of Program Completed	
11. Date Completed	

OR	
12. One Year English as a Second Language Teaching Experience	
Name of School:	Dates Employed:
Name of School:	Dates Employed
Name of School:	Dates Employed

I hereby acknowledge that the supporting documentation used to verify the information contained on this application is on file at the school and available for viewing by New York Education Department staff.

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Signature of School Director **Printed Name of Director**