

INSTRUCTIONS FOR COMPLETING TEACHER QUALIFICATIONS, BPSS-124

Certified ESL Schools must employ English as a Second Language teachers who have earned at least a baccalaureate or equivalent degree from an institution registered or recognized by the New York State Education Department's Bureau of Proprietary School Supervision (BPSS). Each teacher must also have successfully completed either an English as a second language training program recognized by BPSS or have one year of teaching experience in an English as a second language program.

Two copies of the Teacher Application (BPSS-124) must be submitted for each ESL teacher before the person begins teaching. One copy of the form will be returned to the school stamped "Approved." Copies of the credentials verifying the information contained on the application must be kept on file at the school for inspection; they do not need to be submitted with the qualification form.

Completing the Application (BPSS-124)

Please type the following information on form BPSS-124:

1. **School Name.** Identify the school by the name that appears/will appear on the school's certificate.
2. **School Address.** Enter the street, city, state, and zip code of the school.
3. **School E-mail Address.** Enter the school's e-mail address.
4. **Teacher Name.** Enter the first and last name of the teacher.
5. **First Anticipated Date of Employment.** Enter the date that the school anticipates the teacher to begin teaching.
6. **Granting Institution.** Enter the name of the college/university where the teacher earned the baccalaureate or equivalent degree.
7. **Subject Area.** Enter the subject area in which the degree was earned.
8. **Date Degree Conferred.** Enter the date on which the degree was granted.
9. **Explanation.** If the degree held is the equivalent of a baccalaureate degree, but not a baccalaureate degree, explain how it is the equivalent.
10. **Name of Program Completed.** Enter the name of the English as a second language program which was completed.

11. **Date Completed.** Enter the date on which this program was completed.
12. **Name of School and Dates Employed.** Enter the name of the school at which you completed the one year of teaching experience, as well as the month and year of the beginning and end of the teaching experience. If the one year of experience was gained at more than one school, enter the name of the second school. If you need to list more schools, attach a separate sheet.

Submitting the Application

Please submit two copies of the completed application for each teacher to:

The New York State Education Department
Bureau of Proprietary School Supervision
89 Washington Avenue, EBA 560
Albany, NY 12234