



**NEW YORK STATE EDUCATION DEPARTMENT
Office of Regional School and Community Services
Comprehensive Health and Pupil Services
Education Building, Room 318M
Albany, NY 12234**

**APPLICATION PROCESS FOR APPROVAL AS A PROVIDER OF COURSE WORK OR
TRAINING IN SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

Enclosed is a packet of information for organizations that wish to become approved providers of course work or training in School Violence Prevention and Intervention. The packet contains:

- Application for Approval as a Provider
- Instructions for Completing the Application
- Instructor Qualifications Form
- Provider Agreement
- Model Certification of Completion
- Required Components

Please review these materials carefully. There is no deadline for submission, but applications must be accompanied by supporting materials and a \$600 application processing fee.

In considering whether to seek approval as a provider of the training in school violence prevention and intervention, it may be helpful to review the requirements of the law. As you know, Chapter 181 of the Laws of 2000 established a new one-time requirement for individuals who apply for certification as teaching assistants, teachers, pupil personnel service professionals and school administrators. These individuals must complete two hours of course work or training regarding school violence prevention and intervention. **The law states that all persons applying on or after February 2, 2001 for a certificate or license shall have completed two hours of course work or training in school violence prevention and intervention in addition to all the other certification or licensing requirements.**

The course work or training must include information on the following:

- Study in the warning signs within a developmental and social context that relate to violence and other troubling behavior in students;
- Statutes, regulations and policies relating to a safe nonviolent school climate;
- Effective classroom management techniques and other academic supports that promote a nonviolent school climate and enhance learning;
- Integration of social and problem solving skill development for students within the regular curriculum;
- Intervention techniques designed to address a school violence situation; and
- Participation in an effective school/community referral process for students exhibiting violent behavior.

New York State Education Department
Office of Regional School and Community Services
Comprehensive Health and Pupil Services
Education Building, Room 318M
Albany, New York 12234
Telephone: (518) 486-6090

RECEIVED: _____
APPROVED: _____
DISAPPROVED: _____
PROVIDER ID: _____

APPLICATION FOR APPROVAL AS A PROVIDER OF COURSE WORK OR TRAINING IN SCHOOL VIOLENCE PREVENTION AND INTERVENTION

This application is established pursuant to Chapter 181 of the Laws of 2000, Education Law Section 3004(3) and Part 57-2 of the Regulations of the Commissioner of Education which requires that individuals applying for certification as teacher assistants, teachers, pupil personnel services professionals and school administrators after February 2, 2001 must complete two hours of course work or training regarding school violence prevention and intervention. **Those applicants who intend to provide the training must request approval of their application from the State Education Department.**

NOTE: Please see "Instructions for Completing the Application" and provide the following information:

1. Applicant/Provider Name: _____
Address: _____
_____ County: _____
Phone: _____ FAX: _____
E-mail or web page address: _____
Contact Person/Title: _____

2. Provider Category: (Check One)

- Teachers' or professional organization/association
- School district
- Board of Cooperative Educational Services
- Nonpublic school
- Institution of higher education
- Hospital
- Health care facility
- Government agency or office
- Social service agency
- Organization whose primary purpose is provision of course work/training in school violence prevention and intervention.

3. Target Audience: (Check all that apply)

- Teacher assistants
- Teachers
- Pupil personnel services professionals
- School administrators

4. Identify the Certifying Officer(s) who will sign the Certification of Completion Forms:

a. _____ Title _____
Print or Type Name

Signature

b. _____ Title _____
Print or Type Name

Signature

5. Name, Location, and Telephone Number of the Person Responsible for Maintaining the Certification of Completion Forms and Program Materials:

Name: _____

Address: _____

Telephone: () _____ FAX: () _____

6. Briefly Describe the Professional Population Served/Employed and the Major Purpose of Your Organization:

7. Course Work or Training:

- a. The anticipated length of the course is _____ hours.
- b. Delivery format: (Check all that apply)
 - live classroom-based lecture/discussion
 - live lecture/discussion at a distance (e.g. teleconference, one-way or interactive)
 - self administered distance delivery, including:
 - print
 - video cassette
 - audio cassette
 - other (please specify) _____
- c. If offered, please provide plans for pre- or post-evaluation of participants and post-evaluation of the program.
- d. Fees: (Check one)
 - Yes, fees will be charged to participants. (If yes, please indicate amount and describe provisions for refunds in case of course cancellation, withdrawal, or failure to complete.)

No, fees will not be charged to participants.

Please continue to refer to the "Instructions for Completing the Application" and complete the remaining items:

- 8. Complete the enclosed Instructor Qualifications forms for the professionals who will have primary responsibility for program development and delivery. Applicants may duplicate the form if additional copies are need.
- 9. Describe the financial and physical/personnel resources which you expect to utilize in order to offer the course work or training.
- 10. Provide a sample Certification of Completion form.

The law states that the course work or training must be obtained from an institution or provider that has been approved for that purpose by the State Education Department. In February of 2001, the Board of Regents adopted Part 57-2 of the Regulations of the Commissioner of Education. These implementing regulations become effective on March 1, 2001; they define the types of entities which are eligible to serve as providers of the training, and they establish the application procedures for approval. Under these regulations, a provider must be one of the following:

- Teachers' or professional organization or association
- School district
- Board of Cooperative Educational Services (BOCES)
- Nonpublic school
- Institution of higher education
- Hospital
- Health care facility
- Government agency or office
- Social service agency
- Any other organization whose purpose is the provision of course work in school violence prevention and instruction.

Please note that school districts, BOCES and institutions of higher education that offer registered programs leading to certification are exempt from the application process for the purpose of providing training only to their staff and students.

To be approved as a provider, an eligible organization must submit acceptable evidence to the Department that it has adequate resources (e.g., financial, physical, personnel) to offer the course work or training. The competence of the instructors who will offer the training must be demonstrated by earned degrees, training, expertise and relevant experience.

A provider's authorization will not be limited to training one specific group or teaching in specified geographic areas; the term of approval is six years, with the possibility of renewal. Providers are permitted to charge fees for the training. The Department requires that a **sample** Certification of Completion form be submitted by each provider to be kept on file at the State Education Department; providers may copy and use the attached Model of Certification of Completion. The form must be used to verify each trainee's fulfillment of the law's requirements.

Completed Applications for Approval and Provider Agreements, including the fee of \$600 made payable to the New York State Education Department, should be submitted to:

**New York State Education Department
Comprehensive Health and Pupil Services
Education Building, Room 318M
Albany, NY 12234**

Enclosures: Application for Approval as a Provider
Instructions for Completing the Application
Instructor Qualifications Form
Provider Agreement
Model Certification of Completion
Required Components

NEW YORK STATE EDUCATION DEPARTMENT
Office of Regional School and Community Services
Comprehensive Health and Pupil Services
Education Building, Room 318M
Albany, NY 12234

**INSTRUCTIONS FOR COMPLETING THE APPLICATION TO OFFER
COURSE WORK OR TRAINING IN SCHOOL VIOLENCE PREVENTION
AND INTERVENTION**

Chapter 181 of the Laws of 2000 established the requirement that individuals applying for certification as teacher assistants, teachers, pupil personnel services professionals and school administrators after February 2, 2001 must complete two hours of course work or training regarding school violence prevention and intervention. These instructions outline information required on the Application for Approval as a Provider. Prior to completing the Application, please read all of the instructions carefully. Those institutions/organizations which will offer the training to one or more of these audiences must apply to the State Education Department for provider approval.

Item Number:

1. Please list the official name and address, including the county, of the applicant/provider. The contact person is the individual to whom any questions about the application should be addressed. The telephone number is the number at which the contact person may be reached during regular business hours.
2. Check the appropriate category in which the applicant/provider belongs. Please note that providers are limited by regulation to the listed categories; applicants from other categories are ineligible.
3. Identify the target audience. If more than one category is expected to attend the course work or training, please check all that are applicable.
4. Identify the certifying officer(s) who will sign the Certification of Completion forms. Please provide a sample signature of the officer(s).
5. Identify the location where copies of each Certification of Completion and copies of all program materials used for each presentation will be maintained. Identify the name, phone number and fax number of the person responsible for maintaining these records.
6. Describe the professional population primarily served by your organization and the scope of services you provide.
7. Indicate the length in hours of the program, the delivery format, any evaluation plans, and any fees charged to participants.

8. On the Instructor Qualifications form provided, identify the professionals who will have primary responsibility for program development and delivery. Provide their academic credentials, relevant experience, and expertise in school violence prevention and intervention. You may duplicate the form if additional copies are needed.
9. Describe the financial and physical/personnel resources which you expect to utilize in order to offer the course work or training. Documentation which should be submitted regarding financial resources may include the most recent certified audit, verification of deposits, funding sources (such as government, private, corporate, etc.), or description of other assets. Physical/personnel resources should include classroom/meeting room location, equipment to be used, the anticipated number of individuals involved in providing the training, and any other such resources.
10. A model Certification of Completion form is provided. The form may be duplicated and used, or the provider may design a form which includes the minimum required information on the model form.

PLEASE CHECK THAT THESE ITEMS ARE ENCLOSED WITH THE APPLICATION

- Application fee of \$600 payable to the NYS Education Department. The Department will accept checks, vouchers or money orders, but cannot process purchase orders. Applications cannot be reviewed without the appropriate fee.
- Completed Application form, signed by an authorized official, and supporting information.
- Instructor Qualifications Forms.
- Signed Provider Agreement.
- Sample Certification of Completion form.

**NEW YORK STATE EDUCATION DEPARTMENT
INSTRUCTOR QUALIFICATIONS FORM
SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

INSTRUCTIONS: Each proposed instructor is asked to complete this form to provide information specific to his/her training and/or experience that would be relevant to teaching a course or providing training in school violence prevention and intervention.

Instructor's Name: _____

Current employment title: _____

Name, address, and phone of current employer: _____

EDUCATIONAL PREPARATION:

Name	Institution City/State	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW YORK STATE LICENSE/CERTIFICATE (Not Required):

Professional Area	License/Certificate Number
_____	_____

Please provide a brief description of any professional experience in school violence prevention and intervention training. Please include courses/trainings attended or taught in the area of violence prevention and intervention.

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SCHOOL VIOLENCE PREVENTION AND INTERVENTION
COURSE WORK PROVIDER AGREEMENT

1. The applicant/provider agrees that the course work or training will cover, as a minimum, the required components contained in paragraph (a) of Part 57-2.3 of the Regulations of the Commissioner. The applicant/provider agrees that the course work will be current, relevant and appropriate for the professionals in the target audience.
2. The applicant/provider agrees that, if additional instructional staff members are selected, those persons will possess training, experience, or earned degrees comparable to staff identified in the application.
3. The applicant/provider attests that the target audience will be comprised of individuals applying for certification as teacher assistants, teachers, pupil personnel services professionals and school administrators.
4. The applicant/provider agrees to issue a Certification of Completion form within 21 calendar days to each person completing the course work or training. The format of this document will follow the model form included in the application packet or any alternate design which includes the minimum required information on the model form. The applicant/provider agrees to assume the cost of reproducing this and any other training-related paper work. The applicant/provider further agrees to assume the cost of postage, handling, or any other cost associated with sending material to the State Education Department.
5. The applicant/provider agrees to retain a copy of each Certification of Completion form, and copies of all program and promotional materials used for each course, for not less than six years from the date of completion of the course work. These records will be subject to review by the State Education Department. The applicant/provider agrees to make these records available to the Department or its designee during regular business hours at the specified location. The applicant/provider agrees to notify the Department in advance of any location change of these records prior to the expiration of the six-year period, and to respond to any Department inquiry regarding these records.
6. The applicant/provider understands and agrees that the State Education Department may review and evaluate the course work or training offered and that the termination of a provider's approved status may result if the Department determines that the course work or training is inadequate, incomplete, or otherwise unsatisfactory.
7. The applicant/provider understands and agrees that failure to comply with this Agreement, or failure to substantiate the capability to offer the course work or training, or misrepresentation of requirements or status, may result in the termination of the Provider Agreement by the Department.
8. The applicant/provider understands and agrees that the term of approval as a provider is six years. At the expiration of this term, a provider may reapply to the State Education Department for approval to continue to offer the course work. The applicant/provider further agrees that if coursework or training is discontinued, all copies of certifications of completion issued within the six years prior to such discontinuance shall be transferred to the department.
9. The applicant/provider agrees to submit with the Application for Approval as a Provider of Course Work or Training in School Violence Prevention and Intervention and the Provider Agreement a fee of \$600, payable to the State Education Department.

Signature of Authorized Official

Date

Print or Type Name

Title

**The University of the State of New York
THE STATE EDUCATION DEPARTMENT**

**CERTIFICATION OF COMPLETION
TRAINING IN SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

PART A	TRAINEE INFORMATION
1.	Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider".
2.	The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification form to the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for certification.
1.	Print name exactly as it currently appears on New York State Education Department records:
	Last Name: <input style="width: 100%;" type="text"/>
	First Name: <input style="width: 100%;" type="text"/>
	Middle Name/Initial: <input style="width: 100%;" type="text"/>
2.	Print your address:
	Care of: <input style="width: 100%;" type="text"/>
	Street: <input style="width: 100%;" type="text"/>
	City: <input style="width: 100%;" type="text"/>
	State: <input style="width: 100%;" type="text"/> Zip Code: <input style="width: 100%;" type="text"/>
3.	Date of Birth Month Day: Year:
4.	Social Security Number: <input style="width: 100%;" type="text"/>
Trainee's Signature: _____ Date: _____	
PART B	CERTIFICATION BY APPROVED TRAINING PROVIDER
1.	Provider must complete Part B.
2.	The EDUCATION DEPARTMENT - ORIGINAL COPY and TRAINEE COPY should be returned to the trainee within 21 calendar days of the completion of coursework or training.
3.	The provider of the coursework or training must retain the PROVIDER COPY. This copy must be retained in the provider's files for not less than six years from the date the course was completed.
Pursuant to Chapter 181 of the Laws of 2000, I certify that the person indicated in Part A has completed the required coursework or training in School Violence Prevention and Intervention.	
Name of Authorized Certifying Officer (Print or Type)	Approved Provider Name
Signature of Authorized Certifying Officer	Identification Number:
	Date(s) of Coursework or Training

SCHOOL VIOLENCE PREVENTION AND INTERVENTION TRAINING

REQUIRED COMPONENTS - PART 57-2.3(a)

57-2.3 Responsibilities of providers.

- (a) Pursuant to the requirements of Education Law section 3004, a provider, at a minimum, shall offer at least two clock hours of course work or training in school violence prevention and intervention. Such course work or training shall include, but not be limited to:

Study in the warning signs within a developmental and social context that relate to violence and other troubling behaviors in children;

The statutes, regulations and policies relating to a safe nonviolent school climate;

Effective classroom management techniques and other academic supports that promote a nonviolent school climate and enhance learning;

The integration of social and problem solving skill development for students within the regular curriculum;

Intervention techniques designed to address a school violence situation;
and,

How to participate in an effective school/community referral process for students exhibiting violent behavior.