



Office of School Health/ Office of Related and Contractual Services
49-51 Chambers Street, Room 600
New York, NY 10007

+1 212 374 6097 tel
+1 212 374 9435 fax

Dear Prospective Independent Related Service Provider:

The New York City Department of Education (DOE) maintains a **Municipality List of Independent Providers of Related Services for Students with Disabilities** (formerly the Registry of Independent Providers.) The list is accessed by parents, schools, Integrated Service Centers, CSEs and Citywide Programs when a Related Service Authorization is issued. An RSA is sent for students when DOE and contract agency personnel are unavailable to provide IEP Related Services.

Please find enclosed an application form, which must be completed and submitted to this office if you wish to be listed on the **Municipality List**. To be added, both agencies and individuals must include the names of all personnel that may provide services to students. These personnel must be fingerprinted by the New York City Department of Education. Please be sure to complete the appropriate Independent Related Service Provider Application Form, either Individual or Agency. All required documentation must be attached to the application. **The next update for the Municipality List is January 2010.**

Please note that employees of the NYC Department of Education are not eligible to serve as independent providers and have their names entered on the **Municipality List**. There are, however, provisions for NYCDOE employees to make application as a DOE RSA provider in specific shortage areas.

Completed applications should be mailed no later than December 11, 2009 to:

New York City Department of Education
Office of Related and Contractual Services
49-51 Chambers Street, Room 600
New York, NY 10007
Attn. Rita Venekas

The following requirements/documentation is required to be included on the list:

Counseling: A New York State license and current registration as a Mental Health Counselor, Clinical Social Worker or Psychologist.

Health Services by a Registered Nurse for Schools Program and Health Services for Transportation: A New York State license and current registration as a Registered Nurse and current certification in Cardio-Pulmonary Resuscitation, as well as Automated External Defibrillation (CPR/AED).

Health Services by a Health Aide: Supporting documentation that the individual has been trained as a Health Aide.

Occupational Therapy: A New York State license and current registration as an Occupational Therapist.

(Continued)

Physical Therapy: A New York State license and current registration as a Physical Therapist.

Speech Therapy: A New York State license and current registration as a Speech/Language Pathologist **and** a New York State Education Department certificate as a Teacher of the Speech and Hearing Handicapped or Teacher of Students with Speech and Language Disabilities. Please note: Clinical Fellowship Year (CFY) candidates must be directly supervised by their CFY NYS licensed SLP holding the previously mentioned credentials. In addition, CFY candidates must also hold the initial Teacher of Speech Language Disabilities certification and have an approved application on file with New York State for their CFY.

Hearing Education Services: A New York State Education Department certificate as a Teacher of Deaf and Hearing Impaired or Teacher of Deaf and Hard of Hearing.

Vision Education Services: A New York State Education Department certificate as a Teacher of Blind/Partially Sighted or Teacher of Blind and Visually Impaired.

Evidence of Bilingual Proficiency: The following licenses or certifications are acceptable:

(a) The passing results of the New York State Education Department Bilingual Education Assessment (BEA) or other valid language proficiency assessment; and/or (b) a New York State Education Department Bilingual Extension Certificate. Reports of Language Proficiency, formerly conducted by Colleges/Universities are no longer acceptable.

Fingerprinting: In order to be included on the Municipality List, individuals who have not been fingerprinted by the New York City Department of Education since July 1, 1990 must do so. Individuals requiring fingerprinting should report to New York City Department of Education, Office of Related and Contractual Services, 49-51 Chambers Street, Room 600, New York, NY 10007, Monday through Friday, from 10:00 AM to 2:00 PM. You must bring a copy of your permanent New York State license/registration. Only fingerprinting through the New York City Department of Education system is acceptable. If you were fingerprinted, but cannot locate a fingerprinting receipt, please provide us with your Social Security Number, so we can verify that you have been fingerprinted. If fingerprinting is required, there is a one hundred and fifteen dollar (\$115) fingerprinting fee per individual payable to the New York City Department of Education.

The maximum rates allowed by the New York City DOE for Independent non-DOE providers for most Related Services are \$45.00 with some exceptions.

Questions regarding your application may be addressed to Rita Venekas at (212) 374-1081 or by email at RVeneka@schools.nyc.gov. Thank you.

Sincerely,

Ava J. Mopper

Ava J. Mopper, Director
Office of Related and Contractual Services

Enclosures



TYPE OF RELATED SERVICE _____

(Separate document for each Related Service)

AGENCY

INDEPENDENT RELATED SERVICE PROVIDER APPLICATION FORM

This form must be completed for all independent related service providers whose names are to appear under your agency's name on the Municipality List of Independent Providers of Related Services for Students With Disabilities (Registry of Independent Providers.) If, at any time, you wish to add or delete providers, you must complete this form and return it to DOE. (Please type or print all information). DOE employees cannot serve as independent providers and as such, their names may not be placed on the list.

NAME OF AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ TAX ID No: _____

EMAIL: (____) _____

Borough(s) in which this agency is able to provide Related Services (check as many as appropriate)

Manhattan Bronx

Brooklyn Queens

CONTACT NAME: _____

Provider's Name (Complete additional pages as necessary)	Social Security #

NOTE: A copy of your current license, registration, certification (if applicable) including bilingual proficiency (if applicable) must be affixed to this form for each therapist. DOE employees cannot serve as independent provides on this registry and as such, their names may not be placed on the list. For Speech Service Providers, please include copies of your license and current registration as a Speech and Language Pathologist, and Teacher of the Speech and Hearing Handicapped or Teacher of Speech Language Disabilities certification

Mail form to: Office of Related and Contractual Services, NYC Depart of Education, 49-51 Chambers Street Rm. 600, New York, NY 10007, attn. Rita Venekas.



INDIVIDUAL PROVIDER

TYPE OF RELATED SERVICE _____

INDEPENDENT RELATED SERVICE PROVIDER APPLICATION FORM

This form must be completed by an independent related service provider whose name is to appear on the Municipality List of Independent Providers of Related Services for Students With Disabilities (Registry of Independent Providers.)

NAME OF RELATED SERVICE PROVIDER: _____

Borough(s) in which you are able to provide Related Services (check as many as appropriate)

ADDRESS: _____

- Manhattan
- Brooklyn
- Staten Island
- Bronx
- Queens

TELEPHONE NUMBER: (_____) _____

SOCIAL SECURITY NUMBER: _____

EMAIL: _____

- Possess a New York State Education Department bilingual extension? (specify one) YES NO
- Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)? (specify one) YES NO
- Evidence of passing a valid language proficiency assessment? (specify one) YES NO

If yes, please specify the language(s):

NOTE: A copy of your current license, registration, certification including bilingual proficiency (if applicable) must be affixed to this form. For **Speech Service Providers**, please include copies of your license and current registration as a Speech and Language Pathologist, and Teacher of the Speech and Hearing Handicapped or Teacher of Speech Language Disabilities certification.

Mail form to: Office of Related and Contractual Services, NYC Depart of Education, 49-51 Chambers Street Rm. 600, New York, NY 10007, attn. Rita Venekas.
Or by fax to 212-374-9435 Attention: Rita Venekas OR by email rveneka@schools.nyc.gov