Office of Related Services (ORS)
28-11 Queens Plaza North, Room 508
Long Island City NY 11101

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, Children First Network (CFN), Committees for Special Education (CSEs) and Citywide Programs when a Related Service Authorization (RSA) is issued. (An RSA is issued when DOE and contract agency personnel are unavailable to provide IEP Related Services.)

The appropriate application must be completed and submitted to this office if you wish to provide related services as an independent agency or provider and be listed on the Municipality List. To be added, agencies and individuals must provide information about all personnel that may provide services to students, the credentials required for their discipline and be fingerprinted by the New York City Department of Education. Incomplete applications and/or applications submitted without the required credentials will be returned.

Employees of the NYC Department of Education are not eligible to serve as independent providers and have their names entered on the Municipality List; however, there are provisions for NYCDOE employees to make application as DOE RSA providers in specific shortage areas.

Completed applications and required documentation should be emailed to rveneka@schools.nyc.gov, faxed to 718-391-8174 or mailed to:

New York City Department of Education
Office of Related Services
28-11 Queens Plaza North, Room 508
Long Island City, NY 11101
Attention: Rita Venekas

REQUIRED DOCUMENTATION	
Assistive Technology	• New York State Education Department license. • Current NYSED registration as an Occupational Therapist, Physical Therapist, Audiologist or Speech/Language Pathologist. SLPs must also produce NYSED certificate as a Teacher of the Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech and Language Disabilities (TSSLD). • Certification (RESNA Assistive Technology Practitioner Certificate) resume, and letter/evidence of qualifying experience in this area.
Counseling	• New York State Education Department (NYSED) license. • Current NYSED registration as a Mental Health Counselor, Clinical Social Worker or Psychologist.
Health Services by a Registered Nurse for Schools Program Health Services for Transportation	• New York State Education Department license. • Current NYSED registration as a Registered Nurse. • Current certification in Cardio-Pulmonary Resuscitation/Automated External Defibrillation (CPR/AED).
Health Services by a Health Aide	• At least eighteen (18) years of age. • High school diploma. • Health Aide Certificate or proof of being appropriately trained as a Health Aide.
Hearing Education Services	• NYSED certificate as a Teacher of Deaf and Hearing Impaired OR Teacher of Deaf and Hard of Hearing.
Occupational Therapy	• New York State Education Department license. • Current NYSED registration as an Occupational Therapist.
Oral Transliterator	• At least eighteen (18) years of age. • High school diploma. • Proof of being appropriately trained as an Oral Transliterator.
Physical Therapy	• New York State Education Department license. • Current NYSED registration as a Physical Therapist.
Speech Therapy	• New York State Education Department license. • Current NYSED registration as a Speech/Language Pathologist. • NYSED certificate as a Teacher of the Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech and Language Disabilities (TSSLD). *Clinical Fellowship (CF) Candidates* • Must be directly supervised by their CF NYSED licensed SLP holding the previously mentioned credentials • Must hold initial Teacher of Students with Speech Language Disabilities certification and have approved application on file with New York State Education Department for their CF experience
Vision Education Services	• NYSED 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:

- Passing results of the New York State Education Department Bilingual Education Assessment (BEA) and/or

- New York State Education Department Bilingual Extension Certificate

Reports of language proficiency formerly conducted by colleges/universities are no longer acceptable.

FINGERPRINTING

- Individuals who have never been or not been fingerprinted by the New York City Department of Education since July 1, 1990 must do so.

  - If you were fingerprinted, but cannot locate a fingerprinting receipt, provide us with your Social Security Number, so we can verify that you have been fingerprinted.
  - Only fingerprinting through the New York City Department of Education system is acceptable.
  - If fingerprinting is required, there is a one hundred and fifteen dollar ($115) fingerprinting fee per individual (credit card or check payable to the New York City Department of Education).

- Effective 10/21/13, once your credentials are verified and your information is entered into the PETS system by the Office of Related Services, you will receive an email with instructions to complete a morals questionnaire and generate a fingerprint referral form.

- To complete the fingerprinting process, bring the following documents to at Human Resources, 65 Court Street, Brooklyn, NY 11201:

  - The computer generated fingerprint referral. *NO ONE WILL BE SEEN WITHOUT THE COMPUTER GENERATED REFERRAL. PAPER REFERRALS ARE NO LONGER ACCEPTABLE.*

  - Photo ID (driver's license or passport)

- Once we have been notified that your fingerprints have cleared, you will receive an email from the Office of Related Services confirming that you are active and eligible to provide service, and unless you indicated otherwise on the original application, you will be added to the Municipality List for your discipline.

CONTRACT AGENCY RFP RESTRICTIONS

- Agencies awarded a Primary Contract for a specific discipline will perform all work in that discipline pursuant to their contract, (either as Primary or Tertiary) and thus will not be listed in the Municipality List. This is because a Primary awardee is automatically a Tertiary citywide.

- Agencies awarded a Tertiary Contract will not be listed in the Municipality List in those disciplines/district(s)/borough(s). These agencies may, however, be included in the Municipality List for disciplines or districts where they have not been awarded a contract.

Questions regarding your application may be addressed to Rita Venekas by email at rveneka@schools.nyc.gov.

Thank you for your interest in serving the students of New York City.

Very truly yours,

Sue Epstein
Director, Compliance & Contract Management

CPSE INDEPENDENT RELATED SERVICE PROVIDER APPLICATION FORM

_____of_____

- INDIVIDUAL PROVIDER -

TYPE OF RELATED SERVICE_____

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 Preschool Students with Disabilities. IT IS NOT TO BE USED BY PROVIDERS WORKING FOR AN AGENCY.

NAME OF RELATED SERVICE PROVIDER: _____

SOCIAL SECURITY: ___ ___ ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

_____ **ZIP CODE**_____

BIRTHDAY: MONTH_____**DATE**_____ **DO NOT PROVIDE YEAR**

TELEPHONE NUMBER: (_____**)**_____

E-Mail Address: _____

District(s) in which you are able to provide related services (check as many as appropriate)

MANHATTAN	1 ☐	2☐	3☐	4☐	5☐	6☐	
BRONX	7 ☐	8☐	9☐	10☐	11☐	12☐	
BROOKLYN	13☐	14☐	15☐	16☐	17☐	18☐	
	19☐	20☐	21☐	22☐	23☐	32☐	
QUEENS	24☐	25☐	26☐	27☐	28☐	29☐	30☐
STATEN ISLAND	31☐						

My capacity to serve preschool students is as follows:

Days available:_____ **Hours from:** _____ **to:**_____ **# of students**_____

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Possess a New York State Education Department bilingual extension? **(Circle one)** **YES** **NO**

Evidence of passing Language Proficiency Assessment (BEA)? **(Circle one)** **YES** **NO**

If yes, please specify the language(s) for which you have a bilingual extension and/or Language Proficiency Assessment (LPA).

_____ _____ _____

_____ _____ _____

NOTE: A copy of applicable licenses/certifications including bilingual proficiency must be affixed to this form. Providers are required to promptly update this licensure and/or certification as it is renew changed, suspended or revoked for any reason, and/or where revised expiration dates are issued by New York State. The Department of Education (DOE) also requires evidence of fingerprinting. Pleas attach the receipt for proof of fingerprinting by the DOE or provide us with the date of fingerprinting if the receipt cannot be found. DOE employee's names may not be put on the list.
Mail Form to: NYC Department of Education, Office of Related Services, 28-11 Queens Plaza North, Room 508, LICity NY 11101 Attention: Rita Venekas or by fax (718) 391-8174.

Speech therapists must possess both an SLP certificate and TSHH license. The DOE does not accept "temporary" TSHH licenses.

CPSE INDEPENDENT RELATED SERVICE PROVIDER APPLICATION FORM

_____of_____

AGENCY

RELATED SERVICE_____
(Prepare separate documents for each related service)

This form must to 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 Preschool Students with Disabilities. (Please type or print all information)

NAME OF AGENCY: _____

NAME OF CONTACT: _____

TAX IDENTIFICATION NUMBER: : ___ ___ ___ ___ ___ ___ ___ ___ ___

ADDRESS: _____

_____**ZIP CODE** _____

TELEPHONE NUMBER: (____)_____ **E-mail**_____

The agency's capacity to serve preschool students is as follows:

Days available:_____**Hours from:** _____ **to:**_____ **# of students**_____

District(s) in which this agency is able to provide related services (check as many as appropriate)

MANHATTAN	1 ☐	2☐	3☐	4☐	5☐	6☐
BRONX	7 ☐	8☐	9☐	10☐	11☐	12☐
BROOKLYN	13☐	14☐	15☐	16☐	17☐	18☐
	19☐	20☐	21☐	22☐	23☐	32☐
QUEENS	24☐	25☐	26☐	27☐	28☐	29☐ 30☐
STATEN ISLAND	31☐					

Therapist/Clinician Name(s) & E-mail Address (complete additional pages as necessary)	Social Security Number	*Zip Code*	Birthday Do not Provide Year Month	Date	Does the Therapist/clinician have a N.Y. State Education Department issued bilingual extension and/or Language Proficiency Assessment (BEA)? YES/NO	If yes, please specify the language(s) for which you have a bilingual extension and/or Language Proficiency Assessment (LPA).	For Speech Service Providers Please check Appropriate Box(es)	
							TSHH	**SLP**
Name: _____ **E-mail:**							☐	☐
Name: _____ **E-mail:**							☐	☐
Name: _____ **E-mail:**							☐	☐

NOTE: A copy of applicable licenses/certifications including bilingual proficiency must be affixed to this form. Providers are required to promptly update this licensure and/or certification as it is renewed, changed, suspended or revoked for any reason, and/or where revised expiration dates are issued by New York State. The Department of Education (DOE) also requires evidence of fingerprinting. Please attach the receipt for proof of fingerprinting by the DOE or provide us with the date of fingerprinting if the receipt cannot be found. DOE employee's names may not be put on the list.

Mail Form to: NYC Department of Education, Office of Related Services at 28-11 Queens Plaza North, LICity, NY 11101 Attention: Rita Venekas or by fax (718) 391-8174.