



Office of School Health/ Office of Related and Contractual Services
28-11 Queens Plaza North, Room 402
Long Island City NY 11101

March 2012

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), 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 for June 2012.**

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 and documentation should be emailed to rveneka@schools.nyc.gov or by fax to 718-391-8128 or mailed no later than Thursday May 31, 2012 to:

New York City Department of Education
Office of Related and Contractual Services
28-11 Queens Plaza North, Room 402
Long Island City, NY 11101
Attention: Rita Venekas

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

Counseling: A New York State Education Department 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 Education Department 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: A health Aide must be at least eighteen (18) years of age and have a high school diploma and a permanent New York State Education Department license and/or certificate as a Health Aide or who has been appropriately trained as a Health Aide.

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

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

(Continued)

Speech Therapy: A New York State Education Department 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 (TSHH) or Teacher of Students with Speech and Language Disabilities (TSLD). Please note: Clinical Fellowship (CFY) candidates must be directly supervised by their CF NYSED licensed SLP holding the previously mentioned credentials. In addition, CF candidates must also hold the initial Teacher of Students with Speech Language Disabilities certification and have an approved application on file with New York State Education Department for their CF experience.

Hearing Education Services: A New York State Education Department certificate as a Teacher of Deaf and Hearing Impaired or New York State Education Department 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 New York State Education department 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) 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, 28-11 Queens Plaza North, Room 402, Long Island City NY 11101, Monday through Friday, from 10:00 AM to 2:00 PM. You will then be directed to complete the fingerprinting process at Human Resources, 65 Court Street, Brooklyn, NY 11201. You must bring a copy of your permanent New York State Education Department license and current 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 718-391-8391 or by email at veneka@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: _____

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

ADDRESS: _____

Manhattan Bronx Brooklyn

TELEPHONE: _____ TAX ID No: _____

Queens Staten Island

EMAIL: (Required) _____

CONTACT NAME: _____

<u>Provider's Name (Complete additional pages as necessary)</u>	<u>Social Security # Required</u>	<u>Date of Birth Required</u>	<u>Therapist's Email Required</u>

NOTE: A copy of a current license, registration, certification (if applicable) including bilingual proficiency (if applicable) must be affixed to this form for each therapist

Mail form and documentation to: NYC Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, Room 402, Long Island City, NY 11101 Attention: Rita Venekas or by email; to rveneka@schools.nyc.gov.



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: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____

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

- Manhattan Bronx
- Brooklyn Queens
- Staten Island

SOCIAL SECURITY NUMBER (Required): _____

EMAIL (Required): _____

DATE OF BIRTH (Required): _____

Possess a New York State Education Department bilingual extension?	(specify one)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)?	(specify one)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence of passing a valid language proficiency assessment?	(specify one)	<input type="checkbox"/> YES <input type="checkbox"/> 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. .

Mail form and documentation to: NYC Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, Room 402, Long island City, NY 11101, attention. Rita Venekas, or by email rveneka@schools.nyc.gov