



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) issues Related Services Authorizations (RSAs) to parent whose children are mandated to receive related services on the Individualized Education Program (IEP) when the DOE cannot identify a DOE or contract agency provider.

All providers must be cleared by the DOE before seeing any students. Please complete and submit the appropriate enclosed application. Agencies must include the names of all individuals working for the agency who may provide services to students. Providers must complete a background questionnaire and be fingerprinted by the New York City Department of Education. All required documentation must be attached to the application.

The New York City Department of Education publishes discipline-specific **Municipality Lists of Independent Providers of Related Services** of agencies/individuals who wish for their information to be shared with parents, schools, CFNs and CSEs to assist in locating an independent provider. If you wish to be included on the Municipality list, circle YES or NO where indicated on the application.

Employees of the NYC Department of Education are not eligible to serve as independent providers; however there are provisions for NYCDOE employees to apply for a waiver in specific shortage areas. Contact Rita Venekas at rveneka@schools.nyc.gov for more information regarding the waiver process.

Completed applications and required documentation should be faxed to Rita Venekas at 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	<ul style="list-style-type: none"> 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). Resume and letter/evidence of qualifying experience in this area.
Counseling	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 for Transportation	
Health Services by a Health Aide	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> NYSED certificate as a Teacher of Deaf and Hearing Impaired OR Teacher of Deaf and Hard of Hearing.
Occupational Therapy	<ul style="list-style-type: none"> New York State Education Department license. Current NYSED registration as an Occupational Therapist.
Oral Transliterater	<ul style="list-style-type: none"> At least eighteen (18) years of age. High school diploma. Proof of being appropriately trained as an Oral Transliterater.
Physical Therapy	<ul style="list-style-type: none"> New York State Education Department license. Current NYSED registration as a Physical Therapist.
Speech Therapy	<ul style="list-style-type: none"> 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). <p><i>Clinical Fellowship (CF) Candidates</i></p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> NYSED certificate as a Teacher of Blind/Partially Sighted OR Teacher of Blind and Visually Impaired.



Evidence of Bilingual Proficiency

The following certifications are acceptable:

- 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.** Background Check & Fingerprinting

All providers must be fingerprinted. Only fingerprinting through the New York City Department of Education system is acceptable – transfers are not accepted.

Once entered into the PETS (Personnel Eligibility Tracking System) by the Office of Related Services (ORS), providers will be send a nomination email that contains links to an online background questionnaire and fingerprint referral form. **Only the fingerprint referral form contained in the email will be accepted by the Fingerprinting Unit at Court Street.** Complete the fingerprinting process at DOE Human Resources, 65 Court Street, Brooklyn, NY 11201. You must bring a copy of your permanent New York State Education Department certification. 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 \$135 fingerprinting fee (effective 7/1/16) per individual payable by check, credit/debit card or money order.

Clearance

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

Independent Provider Rates

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

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

Sue Epstein
Director, Compliance & Contract Management
Office of Related Services



AGENCY

TYPE OF RELATED SERVICE _____

School Age Preschool

**INDEPENDENT AGENCY RELATED SERVICE PROVIDER APPLICATION FORM
PRINT CLEARLY – ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED**

If at any time, you wish to add or delete providers, you must complete this form and return it to DOE. **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)

FAMIS VENDOR NUMBER: _____ **TAX ID No: (Required)** _____

Manhattan Bronx Brooklyn

ADDRESS: _____

Queens Staten Island

School Age Municipality List Yes — No

TELEPHONE: _____

(CPSE agencies are automatically included on the CPSE registry, which is used only by DOE personnel.)

EMAIL: (Required) _____ CONTACT NAME: _____

<u>Provider's Name (Use additional pages if needed)</u>	<u>SSN # Required</u>	<u>Date of Birth Required</u>	<u>Therapist's Personal Email Required</u>

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INDIVIDUAL PROVIDER

TYPE OF RELATED SERVICE _____

School Age Preschool

**INDEPENDENT RELATED SERVICE PROVIDER APPLICATION FORM
PRINT CLEARLY – ILLEGIBLE AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED**

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): _____

School Age Municipality List
YES NO

(CPSE providers are automatically included on the CPSE registry, which is used only by DOE personnel.)

PERSONAL EMAIL (Required): _____

DATE OF BIRTH (Required): _____

BILINGUAL CREDENTIALS (minimum of one is required; all are acceptable):

Possess a New York State Education Department bilingual extension?

YES NO

Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)?

YES NO

Evidence of passing a valid language proficiency assessment?

YES NO

If yes, please specify the language(s): _____

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