



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

Dear Independent Provider of Special Education Teacher Support Services:

The New York City Department of Education's Borough Field Support Centers (BFSCs) and Committees on Special Education (CSEs) issue Special Education Teacher Support Services (SETSS) vouchers to parents whose children are mandated to receive SETSS on their Individualized Education Program (IEP) when the school program the student attends is unable to provide these services.

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 a **Special Education Teacher Support Services Independent Provider Municipality List** of agencies/individuals who wish for their information to be shared with parents, schools, BFSCs and CSEs to assist in locating an independent SETTS 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 as rveneka@schools.nyc.gov for more information regarding the waiver process.

Completed applications and 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



The following documentation is required to be cleared by the DOE to serve as a SETSS provider:

- Provisional or Permanent New York State Education Department license in Special Education
- Professional, Initial, or Permanent New York State Education Department certificate in Students with Disabilities (grade specific) or Reading/Literacy
- Internship Certificate in Students or Transitional B Certificate in Students with Disabilities or Reading/Literacy

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 and 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 per individual (effective 7/1/16) payable by check, credit/debit card or money order.

The maximum rate allowed by the New York City Department of Education for independent SETSS providers is as follows:

\$41.98 PER HOUR

Questions about the clearance process should be directed to Rita Venekas at rveneka@schools.nyc.gov.

Very truly yours,

Sue Epstein

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



INDIVIDUAL PROVIDER

Independent Provider of Special Education Teacher Support Services Application Form PRINT CLEARLY – ILLEGIBLE APPLICATIONS WILL BE RETURNED

NAME OF INDEPENDENT PROVIDER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Borough(s) in which you are able to
Provide SETSS services (check as
many as appropriate):

- Manhattan Bronx
 Brooklyn Queens

 Staten Island

EMAIL (Required): _____ **DATE OF BIRTH: Required)** _____

SOCIAL SECURITY NUMBER (Required): _____ Municipality List? YES---NO

CREDENTIALS:

Possess professional New York State Education Department Certification in:

- Special Education / Student with Disabilities Reading or Literacy
(Grade Specific) _____

BILINGUAL PROFICIENCY:

- 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 (LPA?) (specify one) YES NO

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

DOE employees cannot serve as independent providers OR be placed on the SETSS Municipality List.

**Fax form and documentation to Rita Venekas at 718-391-8174 or mail to: NYC Department of Education, Office of Related Services,
28-11 Queens Plaza North, Room 508, Long Island City NY 11101, Attention: Rita Venekas**



AGENCY

Independent Agency Special Education Teacher Support Services Application

PRINT CLEARLY – ILLEGIBLE APPLICATIONS WILL BE RETURNED

If at any time you wish to add or delete providers, complete this form and return it to the 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 you are able to Provide SETSS services (check as many as appropriate):

ADDRESS: _____

TELEPHONE NUMBER: _____

- Manhattan Bronx
 Brooklyn Queens

 Staten Island

TAX ID. NO.: _____ **EMAIL (Required):** _____

CONTACT NAME: _____ FAMIS VENDOR NUMBER: _____

Provider Names (use additional pages if needed)	SSN (required)	Date of Birth (required)	Therapist Email Address (required)

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