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 sent 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

Rev. 04-2018
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: _____________________________________

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: __________________________________________________________

ADDRESS: ________________________________________________________________

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

□ Manhattan  □ Bronx

□ Brooklyn    □ Queens

□ Staten Island

TELEPHONE NUMBER: ________________________________

TAX ID. NO.: ___________________________  EMAIL (Required): ________________________________

CONTACT NAME: ___________________________________________  FAMIS VENDOR NUMBER: ___________________

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<th>Provider Names (use additional pages if needed)</th>
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