

# ORS PETS CONTRACT AGENCY PROVIDER CLEARANCE PROCESS

1. Before entering a provider to PETS for clearance, verify that they possess the required credentials:

REQUIRED DOCUMENTATION	
<b>Assistive Technology</b>	<ul style="list-style-type: none"> <li>• New York State Education Department license.</li> <li>• 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).</li> <li>• Resume and letter/evidence of qualifying experience in this area.</li> </ul>
<b>Counseling</b>	<ul style="list-style-type: none"> <li>• New York State Education Department (NYSED) license.</li> <li>• Current NYSED registration as a Mental Health Counselor, Clinical Social Worker or Psychologist.</li> </ul>
<b>Health Services by a Registered Nurse for Schools Program</b>	<ul style="list-style-type: none"> <li>• New York State Education Department license.</li> <li>• Current NYSED registration as a Registered Nurse.</li> <li>• Current certification in Cardio-Pulmonary Resuscitation/Automated External Defibrillation (CPR/AED).</li> </ul>
<b>Health Services for Transportation</b>	
<b>Health Services by a Health Aide</b>	<ul style="list-style-type: none"> <li>• At least eighteen (18) years of age.</li> <li>• High school diploma.</li> <li>• Health Aide Certificate or proof of being appropriately trained as a Health Aide.</li> </ul>
<b>Hearing Education Services</b>	<ul style="list-style-type: none"> <li>• NYSED certificate as a Teacher of Deaf and Hearing Impaired <u>OR</u> Teacher of Deaf and Hard of Hearing.</li> </ul>
<b>Occupational Therapy</b>	<ul style="list-style-type: none"> <li>• New York State Education Department license.</li> <li>• Current NYSED registration as an Occupational Therapist.</li> </ul>
<b>Oral Transliterator</b>	<ul style="list-style-type: none"> <li>• At least eighteen (18) years of age.</li> <li>• High school diploma.</li> <li>• Proof of being appropriately trained as an Oral Transliterator.</li> </ul>
<b>Physical Therapy</b>	<ul style="list-style-type: none"> <li>• New York State Education Department license.</li> <li>• Current NYSED registration as a Physical Therapist.</li> </ul>
<b>Speech Therapy</b>	<ul style="list-style-type: none"> <li>• New York State Education Department license.</li> <li>• Current NYSED registration as a Speech/Language Pathologist.</li> <li>• NYSED certificate as a Teacher of the Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech and Language Disabilities (TSSLD).</li> </ul> <p><i>Clinical Fellowship (CF) Candidates</i></p> <ul style="list-style-type: none"> <li>• Must be directly supervised by their CF NYSED licensed SLP holding the previously mentioned credentials</li> <li>• 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</li> </ul>
<b>Vision Education Services</b>	<ul style="list-style-type: none"> <li>• NYSED certificate as a Teacher of Blind/Partially Sighted <u>OR</u> Teacher of Blind and Visually Impaired.</li> </ul>

2. Add your provider to your 1146XXX contract roster. Be sure to click the ACTIVE box. Use only the 1146xxx roster to clear providers. Any other rosters are obsolete and/or for ORS use ONLY and should not be used.
3. Immediately fax (718-391-8174) or email ([hdastas@schools.nyc.gov](mailto:hdastas@schools.nyc.gov)) a letter of introduction, the provider's credentials and a copy of their photo ID to the Office of Related Services. A Photo ID Referral Form for the employee will be returned to you, to give to the provider to take with them with the Fingerprint Referral Form (if necessary) to Court Street.
4. A Gateway Nomination Email will be sent to the provider at the email address you entered to PETS within 24 hours (and usually much sooner).
5. The provider should open the email and follow the instructions to complete the online background questionnaire and generate a Fingerprint Referral Form.
6. The provider should take the Photo ID Referral Form and Fingerprint Referral Form to Court Street. Fingerprinting is \$135; no charge for a Photo ID.
7. Regularly check your roster to check for clearance (**before they can see students, a provider must show as ACTIVE and ELIGIBLE**).

Attachment A – Letter of Introduction

AGENCY LETTERHEAD

Date: \_\_\_\_\_

MEMORANDUM

TO: OFFICE OF RELATED SERVICES

FROM: \_\_\_\_\_, Contract Agency

SUBJECT: Introduction of Contract Agency Personnel

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(Please Print Clearly or Type)

This memo will serve to introduce the individual named below to be processed for the following services for which contracts have been awarded:

ASSESSMENTS                       RELATED SERVICES

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Day                      (\_\_\_\_\_) \_\_\_\_\_ Evening

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Have you been previously fingerprinted by the New York City Board of Education?

YES                                       NO

Discipline: \_\_\_\_\_ Language: \_\_\_\_\_

New York State License/Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*For Registered Nurses only*

Cardio-Pulmonary Resuscitation (CPR) Certification:                       YES     NO

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_