



**TOURO COLLEGE**

**TEACHER CERTIFICATION OFFICE**  
School of Education, Graduate Division

43 West 23<sup>rd</sup> Street  
New York, NY 10010  
Tel: (212) 463-0400 ext 5268  
Fax: (212) 462-4889

**Teacher Certification Recommendation Request Form**

_____ <b>First Name</b>	_____ <b>Last Name</b>	_____ <b>Social Security Number/Touro ID #</b>
_____ <b>Street Address</b>	_____ <b>City, State</b>	_____ <b>Zip Code</b>

**Please select the program completed:**

- Early Childhood Education/Students w/Disabilities
- Childhood Education/Students w/Disabilities
- Middle Childhood Education/Students with Disabilities
- Students w/Disabilities, Adolescent (Grades 7-12)
- Teaching Literacy
- TESOL
- Bilingual Education
- Mathematics Education
- School Leadership
- Instructional Technology
- Gifted and Talented Education
- Teaching Students with Autism and Severe or Multiple Disabilities
- School Counseling
- School Psychology
- Speech and Language Pathology
- Other \_\_\_\_\_

_____ <b>Applicant Signature</b>	_____ <b>Certification Officer Signature</b>
_____ <b>Date</b>	_____ <b>Date</b>

Please return to Seth Shapiro or Linnette Ruiz:

Fax: (212)-462-4889

Email: [Seth.Shapiro@touro.edu](mailto:Seth.Shapiro@touro.edu)  
[Linnette.Ruiz@touro.edu](mailto:Linnette.Ruiz@touro.edu)

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