The Clinically Rich Intensive Teacher Institute is a New York State Education Department (NYSED) grant-supported program created to address the shortage of certified bilingual and English as a second language (ESL) teachers in New York State. Molloy College collaborates with Long Island school districts and NYSED to assist participants in meeting the requirements for ESOL certification and/or bilingual education extension (pending NYSED approval).

PROGRAM DESCRIPTION:
- Full tuition assistance is provided for fifteen (15) credits of NYSED approved clinically-rich coursework to be completed within the designated time-frame
- Each course will include a 15-hour online component and a 10-hour field experience supported by a locally appointed peer coach.

ELIGIBILITY REQUIREMENTS:
- Applicant must obtain a nomination and commitment by the district superintendent stating that as a result of participating in and completing the CR-ITI program she or he will be assigned to a full-time position as an ESL teacher, an integrated ESL service provider, or a bilingual teacher.

NOTE: ALL APPLICANTS MUST COMPLETE Section C of the application requiring the applicant make a commitment to serve in the position of a bilingual or ESL service provider in the nominating administrator’s district for a period of two years after completion of the program and New York State certification. In addition, ALL APPLICANTS MUST COMPLETE Section D of the application requiring the district superintendent, building principal or program director nominate the applicant, commit to employing the applicant for two years as a bilingual or ESL service provider after completion of the program.

ADDITIONAL REQUIREMENTS:
- Applicants for the Bilingual Education Extension must already possess oral and written language proficiency in English and in the native language of instruction.
- Applicants must have and provide evidence of a current, valid NYS certification.
- Applicants must complete the CR-ITI application in its entirety and provide ALL required documentation.

IF THE APPLICATION IS APPROVED, THE CANDIDATE IS REQUIRED TO:
- Attend a CR-ITI orientation meeting with the Molloy College CR-ITI program staff
- Register for approved ITI courses
- Maintain consistent enrollment in the program each semester until all coursework is completed and earn a B+ or higher grade
- Take and pass the appropriate certification examination (i.e., BEA or CST)
- Maintain consistent communication with CR-ITI program staff regarding status via surveys/questionnaires;
- Inform CR-ITI program staff of any changes in personal information and/or status immediately
- Submit a completed certification application to the NYSED TEACH on-line system
- Ensure that NYSED receives required information regarding scores on certification examinations along with all statutory workshops and fingerprint materials

Please note that not fulfilling these program requirements will result in being dropped from the program and as a result the candidate will be held responsible for repayment of any tuition paid to Molloy College on his/her behalf. The CR-ITI Program is not responsible for providing tuition assistance for incomplete or failing grades.
**Instructions for Application to the CR-ITI Program:**

- Read application completely before answering the questions
- Answer all questions as completely and accurately as possible

**Section A: PERSONAL INFORMATION:**

Name: ________________________________________________________________

Last     First     Middle     Maiden

Permanent Home Address: ________________________________________________________

Number       Street

City            State            Zip Code

Home Telephone: ___________________               Cell Phone: ___________________

Email Address: ____________________________________________________________

Check Appropriate Box:     □ Male               □ Female

Employment Status:         □ Full-Time     □ Part-Time

Employment Address: _______________________________________________________

Number       Street       City            State            Zip Code

Work Telephone: ___________________                   Number of years in this employment: ______________

**CR-ITI START DATE APPLIED FOR:**     □ September (Year)__________     □ January (Year)__________

<table>
<thead>
<tr>
<th>Current Certification(s) (Check as many as applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Teacher of Childhood Education grades 1-6</td>
</tr>
<tr>
<td>□ Teacher of Early Childhood Education/Teacher of Childhood Education birth-grade2/grades 1-6</td>
</tr>
<tr>
<td>□ Teacher of Students with Disabilities in Childhood Education/Childhood Education grades 1-6</td>
</tr>
<tr>
<td>□ Teacher of English to Speakers of Other Languages (TESOL)/Teacher of Childhood Education 1-6</td>
</tr>
<tr>
<td>□ Teacher of Adolescent Education grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT:</td>
</tr>
<tr>
<td>□ Teacher of Students with Disabilities in Adolescent Education Generalist grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT:</td>
</tr>
<tr>
<td>□ Teacher of English to Speakers of Other Languages (TESOL)/Teacher of Adolescent Education grades 7-12 (Biology, English, Mathematics, Social Studies, Spanish) SUBJECT:</td>
</tr>
</tbody>
</table>

**CR-ITI Program Choice: (Note: In January 2015 only the TESOL certification may be available)**

- □ Teacher of English to Speakers of Other Languages (TESOL) (PreK-12)
- □ Bilingual Extension
SECTION C: CR-ITI Program Agreement: *(Signature required)*

I have read and understand the requirements for admission to the CR-ITI Program for which I have been nominated. I agree to serve in the nominating school/district for a period of two years upon completion of this program. I am verifying that I do not currently hold certification in ESOL or a Bilingual Education extension. I understand that I will repay the tuition costs if I fail to complete the program or the two-year service requirement.

Please check the appropriate box:

---

**_ESL Personnel:_**
I understand that certification in English to Speakers of Other Languages (ESOL) requires that I take and PASS the Content Specialty Test (CST) in ESOL prior to my completion of this tuition assistance program.

I understand that I must have 12 credits in a language other than English from an accredited IHE.

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**_Bilingual Education Personnel:_**
I understand that an extension in Bilingual Education requires that I take and PASS the Bilingual Education Assessment (BEA) prior to my completion of this tuition assistance program. (Please note that the Bilingual Extension may not be an available option in January 2015).

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Applicant’s signature

Date
SECTION D: Nomination/Assignment Requirement: *(Signature required)*

To be completed by the district superintendent, building principal, or program director. 
**NOTE:** Incomplete or unsigned nominations will not be considered.

Name of CR-ITI Applicant being nominated:

__________________________________________

Nominating Administrator’s Name: ______________________________________

Title: _______________________________   Work Telephone: ____________________

Name of School District: ________________________________________________

Mailing Address: ________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Central Office/School Name

I recommend the above-named applicant for admission to the CR-ITI Program.

I affirm that the candidate will serve as a stand-alone ESL service provider, an integrated ESL service provider or a bilingual teacher, a bilingual TSSLD, in this school/district **for a minimum of two years** upon successful completion of the CR-ITI Program and New York State certification.

__________________________________________

Nominating Administrator’s Signature

Date