



## Regents Examination Final Eyes Review Committee Application

Please complete all information.

NAME: \_\_\_\_\_

(Mr./Mrs./Ms.)

(First)

(Last)

School District: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: New York Zip: \_\_\_\_\_

School Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

School Email: \_\_\_\_\_

Principal: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone : (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

Best Way to Reach You (email, phone): \_\_\_\_\_ Best Time of Day to Reach You: \_\_\_\_\_

Education: BA/BS: \_\_\_\_\_ MA/MS: \_\_\_\_\_ Other: \_\_\_\_\_

Certification Area(s): \_\_\_\_\_

Names of Subject(s) Taught: \_\_\_\_\_ Grade Level \_\_\_\_\_

No. of Years Teaching Subject:: \_\_\_\_\_ Current Position: \_\_\_\_\_

Please check the boxes below that appropriate describe your school

**District Type**

- New York City
- Large City
- Small City
- Suburban
- Rural
- BOCES

**School Type**

- Public
- Nonpublic

**Location**

- Long Island
- New York City
- Lower Hudson
- Mid-Hudson
- Capital District
- North Country/Adirondacks
- Central NY
- Western NY
- Southern Tier

**Race/Ethnicity (optional)**

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American (not Hispanic origin)
- Hispanic or Latino
- White (not Hispanic origin)
- Multi-Racial (not Hispanic origin)

If you have worked as a consultant for the Office of State Assessment (OSA) in the last three years, Please: 1) describe the work, and 2) provide the dates you worked for OSA (DATES ARE REQUIRED):

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Earliest hour you could be at the State Education Department in Albany: \_\_\_\_\_

If you are selected, how much advance notice do you require: \_\_\_\_\_

Check times available: \_\_\_\_ August 07    \_\_\_\_ January 08    \_\_\_\_ June 08    \_\_\_\_ August 08

**School Administrator's Acknowledgement:** I acknowledge that: \_\_\_\_\_

(Name of Teacher)

has applied to participate in the review of the New York State Regents Examinations.

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Signature of School Administrator (SIGNATURE IS REQUIRED)

If you are selected for a review, you will be contacted based on your availability as noted above and our needs. If you are not selected at this time, we will keep your name on file for future reviews.

Thank you for completing this application.

**\*\*\*Please fax the application to Attn: Mary Bell at 518-486-5765.**