

CNYSCS  
Coalition of  
New York State  
Career Schools

COALITION TEACHER TRAINING COURSES  
APPLICATION AND REGISTRATION FORM

please PRINT your name below exactly as you want it to appear on your Certificate of Completion

first name 



 middle initial 



 last name

home address \_\_\_\_\_ apt# \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_

home phone: (     ) \_\_\_\_\_ school phone: (     ) \_\_\_\_\_ ext \_\_\_\_\_

school name: \_\_\_\_\_ school location: \_\_\_\_\_

current permit or license: ☐ none ☐ permit (expiration date: \_\_\_\_\_) ☐ provisional license (expiration date: \_\_\_\_\_)

previous courses taken: course # \_\_\_\_\_ month /year \_\_\_\_\_ course # \_\_\_\_\_ month/ year \_\_\_\_\_

**1. I hereby register for the Teacher Training Course(s), location(s) and dates indicated below:**

**Course I** Methods of Occupational Instruction Location: \_\_\_\_\_ Dates \_\_\_\_\_

**Course II** Advanced Communication in the Classroom Location: \_\_\_\_\_ Dates \_\_\_\_\_

**Course III** Advanced Classroom Management Location: \_\_\_\_\_ Dates \_\_\_\_\_

**ESL I** Introduction to Teaching ESL Location: \_\_\_\_\_ Dates \_\_\_\_\_

**ESL II** Performance Skills Development Location: \_\_\_\_\_ Dates \_\_\_\_\_

**2. COALITION (CNYSCS) Member School? ☐ yes (Tuition & Fees: \$235) ☐ no (Tuition & Fees: \$310)**

**TERMS AND CONDITIONS**

1. Tuition and Fees for all courses must be prepaid. Notice of cancellation or transfer must be made, in writing, at least 48 hours before the scheduled class start. There are no refunds or credit once classes have begun.
2. Each participant must complete the full 30 clock hours of the course. No makeup is permitted for the first session of any course. At the Coalition's discretion, one absence for a later session may be made up within one year of the date of absence. Makeup class tuition is \$50.
3. Certificates of completion will be issued only upon satisfactory completion of all classes, coursework, exams and assignments and full payment of tuition and fees. Failure to meet all requirements may result in a failing grade and require repetition of the course at full fee.
4. In the event of insufficient enrollment, courses may be canceled prior to the scheduled start date.
5. Each class meets for 7½ instructional hours between 8:00 a.m. and 5:00 p.m. unless otherwise scheduled.

**3. I have read, understood and agree to abide by the above terms and conditions:**

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

**HOW TO COMPLETE YOUR REGISTRATION BY MAIL**

- ➔ Complete and sign this registration form. Fax the registration form to Deloris Mitchell at 347-475-0495
- ➔ Payment must be made by check or money order payable to COALITION Teacher Training
- ➔ Mail form and payment to: **Coalition Teacher Training Dept, c/o Deloris Mitchell, 86-75 Midland Parkway, Apt. 4L  
Jamaica Estates, NY 11432**
- ➔ Upon receipt, you will be sent a confirmation of your registration listing exact times and school address.

**IF YOU HAVE ANY QUESTIONS, CALL THE TEACHER TRAINING DEPARTMENT TOLL-FREE  
AT 1-800-400-5987. DO NOT CALL A SCHOOL OR THE STATE EDUCATION DEPARTMENT**