

NEW YORK CITY BOARD OF EDUCATION
DIVISION OF HUMAN RESOURCES
OFFICE OF RECRUITMENT, PERSONNEL ASSESSMENT AND LICENSING
65 COURT STREET
BROOKLYN, NEW YORK 11201

July 11, 1997

RHONDA WEINGARTEN

FILE NUMBER:
LICENSE: 691B
DESCRIPTION: SOCIAL STUDIES DHS
LIST CODE: TT
HRS STAT: 1RL

Dear Ms. WEINGARTEN:

According to official records, you did not submit required documentation confirming that you have met the full preparation requirements for licensure (**Chancellor's Requirements**) for the above-referenced New York City Regular License. Pursuant to Chancellor's Regulation C-205, you are required to complete within two years of your appointment date two (2) semester hours of collegiate study in Human Relations and six (6) semester hours of approaches to the teaching of special education children.

Please be advised that as a result of your failure to complete full preparation requirements for licensure by the June 30, 1997 deadline, your regular license will be terminated prior to the start of the 1997-1998 school year. Consequently, you will revert to regular substitute status and your salary code will be reduced to Step 4A.

NOTE: Submission of all required documentation by August 28, 1997 will prevent your license from being terminated.

Please be further advised that although the termination of your license will adversely effect your appointment and salary status, this action will not effect your employment in your current district and school. Therefore, you have the option to continue serving in your present position as a full-time regular substitute until such time that reinstatement is possible. If, however, you choose not to continue in your current position, you are advised to contact your district's personnel director immediately.

Upon completion of your required course work, transcripts (student copies acceptable) and other required documentation must be submitted to the ORPAL License Validation Unit for possible reinstatement to former license service and status.

You are urged to contact the ORPAL License Validation Unit at 718 935-2462 if you have any questions regarding this matter.

Thank you for your cooperation.

Sincerely,
Steven L. Catalano
Chief Administrator
ORPAL

slc:tn

c: Personnel Directors

WEINGARTEN, Rhonda C. Patten HS 4 15 107 1
 Surname, First Name, Middle Initial School Borough District Soc. Sec. No. File Number
☐ Regularly Appointed ☐ Regular Substitute ☐ Per Diem Substitute

THE CITY SCHOOL DISTRICT OF NEW YORK
 DIVISION OF HUMAN RESOURCES - BUREAU OF SALARY DIFFERENTIALS AND STATUS
 65 Court Street (Room 508), Brooklyn, New York 11201

C E R T I F I C A T E O F S A L A R Y D I F F E R E N T I A L

Staff Member's Name and Home Address	Salary Differential	Effective Date of Action		
		Previously Granted	Now Cancelled	Now Granted
Rhonda Weingarten	First Differential			9/1/94
	Promotional Differential			9/1/94
	Intermediate Differential			
	Second Differential			9/1/94
License:				
Social Studies				

As shown above, the employee named is entitled to the salary differential or differentials indicated and, upon proper certification of service, is to be paid according to the appropriate salary schedule. Except when cancellation is indicated, differentials previously granted continue.

Date Issued: 10/3/94

Issued by: S. Rothman/md
 FOR THE CHANCELLOR

File #
Soc. Sec. #

Date Issued 10/08/94

6918 82

NEW YORK CITY PUBLIC SCHOOLS
CERTIFICATE TO SERVE AS A SUBSTITUTE

Teacher of Social Studies
In Day High Schools

Rhonda Weingarten

Effective Date 05/11/94
Expiration Date 08/31/94

This certificate is issued for:

Preparatory Provisional Service on the basis of having made application for a New York State Temporary License which requires timely progression toward the attainment of New York State Provisional Certification.

This certificate is issued to the above person in accordance with Regulations of the Chancellor, and given under authority of the Board of Education of the City of New York. This Certificate is valid for substitute service in the New York City Public Schools.

No Certificate shall be renewed unless the holder has rendered satisfactory service and has fulfilled his/her education plan commitment. Failure to renew by the expiration date may result in termination of employment.

Signature of certificate holder _____
(Must be signed in ink before first day of service)

Please verify the accuracy of the information above. Report address changes to Human Resources, 65 Court St - Room 801
Brooklyn, NY 11201

Salary Differentials and Salary Step Credit/Equated Date

Regularly appointed pedagogical employees are required to apply for salary differentials, for a salary step placement and for an equated date within ninety days of the date of appointment. Substitute pedagogical employees must apply for differentials and credit for outside experience within ninety days of the date of original license or certificate, if eligible. There are penalties for late filing. Acknowledgements of receipt will be supplied for all salary applications and should be retained for your records. All inquiries and requests for Applications for Salary Differentials and Applications for Allowable Salary Credit for Prior Experience (necessary for Step Placement) should be addressed to the Bureau of Salary Differentials and Status, Room 508, 65 Court Street,

THE CITY SCHOOL DISTRICT OF NEW YORK
OFFICE OF PERSONNEL

MEDICAL RECOMMENDATION FORM
(Locally Selected Teacher)

NAME (Please Print) WEINSTEIN Rebecca
Last Name First Name
Date 5/26/94

DATE OF BIRTH _____
Month | Day | Year

SUBJECT OF LICENSE Social Studies - High School

OTHER LICENSES FOR WHICH NOW AN APPLICANT Social Studies - Junior High School

[Signature]
(Signature of Applicant)

DO NOT WRITE BELOW THIS LINE

[Signature]
RECOMMENDATION OF MEDICAL DIVISION

DATE 5/26/94

[Signature]
Examining Physician



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

I hereby apply for a license or certificate with the New York City Public Schools as indicated below.

1. <input checked="" type="checkbox"/> REGULAR LICENSE FOR APPOINTMENT <input checked="" type="checkbox"/> Based upon possession of valid NYS Certification: <input checked="" type="checkbox"/> Certificate of Qualification <input type="checkbox"/> Provisional NYS Certificate <input type="checkbox"/> Permanent NYS Certificate <input type="checkbox"/> Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)	3. <input type="checkbox"/> C R. NOT APPLICABLE
2. <input type="checkbox"/> ALTERNATE LICENSING METHOD NOT APPLICABLE <small>School Action Form (SS-SR) and any other data are only for</small>	4. <input type="checkbox"/> NOT APPLICABLE <small>(See instructions)</small>
FOR OFFICE USE ONLY - NTE TEST SCORES CORE BATTERY: GK PK CS DATE SPEC AREA: SCORE DATE	
5. <input type="checkbox"/> BILINGUAL If a bilingual license/certificate is sought, indicate language: _____	
6. <input type="checkbox"/> SUPERVISOR/ADMINISTRATOR SUBJECT AREA: _____ <input checked="" type="checkbox"/> TEACHER SUBJECT AREA: <u>Social Studies</u> <input type="checkbox"/> SCHOOL PSYCHOLOGIST <input type="checkbox"/> SCHOOL SOCIAL WORKER <input type="checkbox"/> GUIDANCE COUNSELOR <input type="checkbox"/> SCHOOL PSYCHIATRIST	8. <input type="checkbox"/> SCHOOL PSYCHOLOGIST-IN-TRAINING <input type="checkbox"/> SUBSTITUTE SCHOOL SECRETARY INTERN <input type="checkbox"/> SI NOT APPLICABLE <input type="checkbox"/> SI <input type="checkbox"/> HOME ECONOMICS TEACHER'S ASSISTANT <input type="checkbox"/> TECHNOLOGY EDUCATION TEACHER'S ASSISTANT <input type="checkbox"/> TEACHER OF ADULTS SUBJECT AREA: _____ <input type="checkbox"/> NOT APPLICABLE SPECIFY: _____
7. <input type="checkbox"/> LA <input type="checkbox"/> LA NOT APPLICABLE <input type="checkbox"/> SC <input type="checkbox"/> SCHOOL MEDICAL INSPECTOR	
9. LEVEL: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SECONDARY SCHOOL <input type="checkbox"/> DAY SCHOOL <input type="checkbox"/> OTHER _____ SPECIFY: _____	FOR OFFICE USE ONLY 6 9 1 1 LEADER CODE T T LEFT CODE

10. PLEASE PRINT OR TYPE

WEINGARTEN	RICHANDA	ML
LAST NAME	FIRST NAME	
OTHER SURNAME	SOCIAL SECURITY #	
STREET ADDRESS	APT #	
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FILE NUMBER: (IF ANY)	

PERSONAL DATA

11. CITIZENSHIP STATUS:

YES NO

Are you a U.S. citizen?

IF NO

Are you a permanent resident alien?

IF NO

Are you permitted to be employed in the U.S.?

12. U.S. MILITARY SERVICE:

Branch of Service

Active Duty Dates

FROM

TO

Type of Discharge*

13. EDUCATIONAL PREPARATION

List all schools attended, including last elementary school, beginning with the most recent school.

SCHOOLS/COLLEGES/UNIVERSITIES	CITY AND STATE	ATTENDANCE FROM TO	DID YOU GRADUATE? YES or NO	DIPLOMAS/ DEGREES GRANTED AND DATES
Pace University, School of Edu	Ny, Ny		NO	Non matric
College of St Rose	Albany, Ny		NO	Non matric
College of Staten Island	SE, NY		NO	Non matric
Long Island University	Brook, So, Ny		NO	Non matric
Cardozo School of Law, Yeshiva	Ny, Ny		yes	J.D, 5/83
Cornell University School of Law	Ithaca, NY		yes	B.S. ILR 5/80
			yes	Regents Diploma, H.S. Ap.
			yes	—
			yes	—

14. LICENSE HISTORY IN THE NYC PUBLIC SCHOOL SYSTEM

MOST RECENT LICENSES ISSUED

	TITLE OF LICENSE	DATE OF ISSUANCE
1.	PDTR	9/3/91
2.	PDTR	9/8/92
3.	PPT	9/8/93

PENDING APPLICATIONS FOR LICENSES

	TITLE OF LICENSE	DATE OF APPLICATION
1.		
2.		
3.		

15. I HOLD THE FOLLOWING NYS EDUCATION CERTIFICATES:

(The information provided below should include your response to item 1.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBJECT AREA	LEVEL	DATE ISSUED	DATE EXPIRES	PERM	PROV	COO

*A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.



NEW YORK CITY BOARD OF EDUCATION
DIVISION OF PERSONNEL
Bureau of Salary Differentials and Status
65 Court Street - Room 508, Brooklyn, New York 11201
Tel. (718) 935-2643 Form BE/DOP 9938A (Rev. 2/88) personnel

LEGIBLY PRINT ALL INFORMATION
**APPLICATION FOR ALLOWABLE
SALARY CREDIT FOR PRIOR EXPERIENCE**

ALL REGULARLY APPOINTED PEDAGOGUES MUST COMPLETE THIS APPLICATION, EVEN IF THEY HAVE NO PRIOR EXPERIENCE. SUBSTITUTES SHOULD READ INSTRUCTIONS IN SECTIONS 2, 3, and 4 BEFORE COMPLETING THIS APPLICATION.

NAME (Last, First, Middle Initial) WEINKARTEN RHONDA	MAIDEN NAME _____	FILE NUMBER _____
MAILING ADDRESS (Number, Street, Apartment, etc.) _____		SOCIAL SECURITY NUMBER _____
CITY _____	STATE _____	ZIP CODE _____

NOTES: Read all instructions carefully. Appointees, even if they have no prior experience, MUST complete this claim form immediately on commencing assignment. Substitutes claiming prior outside experience should complete this claim form immediately upon receiving a Board of Education license/certificate. Answer all questions, print legibly, read Declaration and sign your name and date, complete headings on appropriate *Verification of Experience Questionnaires*, and promptly submit all applications to the *Bureau of Salary Differentials and Status* at the above address. All salary awards are governed by the rules and regulations set forth in Chancellor's Regulations, Board of Education policies and the various Agreements between the Board of Education and the United Federation of Teachers. Failure to timely comply with all filing instructions will result in processing delays and possible financial loss. In order for salary credit to be granted retroactively to the date of regular appointment, appointees must file their application with the *Bureau of Salary Differentials and Status* within three (3) months of the date of appointment. Substitutes must file within three (3) months of date of original license/certificate. **LATE FILINGS WILL RESULT IN LATER EFFECTIVE DATES**

SECTION 1 - INFORMATION ON APPLICANT'S PRESENT STATUS

LICENSE UNDER WHICH PRESENTLY SERVING Social Studies DHS	SCHOOL Clara Barton High School	BOROUGH Kings	DISTRICT B.R.H.S
Enter salary step presently being paid and differentials previously granted: STEP: _____		DIFFERENTIALS: None	
STATUS: (Check box and enter date where required)			
<input checked="" type="checkbox"/> Regularly Appointed (not substitute)		<input type="checkbox"/> National Teachers Examination Appointed	
Date of Regular Appointment: 9/12/94		<input type="checkbox"/> Substitute Employee Date of Original License Certificate _____	

LIST SALARY CLAIMS IN SECTIONS 2, 3 and 4. PRINT LEGIBLY, PROVIDE FULL INFORMATION AND CAREFULLY ADDRESS VERIFICATION QUESTIONNAIRES FOR ALL OUTSIDE EXPERIENCE

SECTION 2 - PRIOR ALLOWABLE TEACHING EXPERIENCE PERFORMED OUTSIDE THE N.Y.C. BOARD OF EDUCATION

Both appointees and substitutes shall complete this section completely and legibly when making a salary claim based on allowable prior teaching experience performed outside the New York City Board of Education. Include only full-time, paid, approved, appropriate, satisfactory regular teaching service in day schools with grades Kindergarten through Twelfth Year. Teachers of Common Branches, Early Childhood, Homebound and Special Education Subjects, **only**, may claim regular Pre-Kindergarten teaching service. Full time, approved and appropriate college teaching service may be claimed in this section and will be awarded on a clock-hour formula basis. Appointees may claim prior teaching service performed in the ten-year period immediately preceding their date of appointment and substitutes may claim prior teaching service performed within ten years preceding their original license/certificate. Applicants should carefully address the appropriate *Verification of Teaching Service Questionnaires* for each prior teaching position claimed. **APPOINTEES MUST FILE CLAIMS EVEN IF THEY FILED AS SUBSTITUTES.**

SCHOOL NAME & COMPLETE ADDRESS	NAME OF HEAD OF INSTITUTION	SUBJECT & GRADE TAUGHT	DATES OF SERVICE		DAYS IN SCHOOL YR	TEACHING HRS/DAY
			FROM	TO		
N/A						
From: Elaine Sadlerman						

SECTION 3 - PRIOR ALLOWABLE RELATED NON-TEACHING EXPERIENCE

Both appointees and substitutes are to complete this section completely and legibly when making a salary claim for prior related non-teaching experience in accordance with Chancellor's Regulations. Appointees may claim allowable experience gained in the ten-year period immediately preceding their date of appointment and substitutes may claim allowable experience gained in the ten-year period immediately preceding their original license/certificate. Satisfactory, related experience performed in the military service may be claimed in this Section. Applicants should carefully address the *Verification of Business, Clinical or Trade Employment* questionnaire for each such employment claimed. The following licenses qualify for this type of salary credit: Teachers of Shop Subjects/Trades, Technical Subjects, Industrial Arts, Home Economics, Accounting and Business Practices, Distributive Education, Stenography and/or Typewriting, Mathematics, Science, Biology, Chemistry, Earth Science, Physics, **all** Special Education licenses, Library, Attendance Teacher. Also Laboratory Specialists and Laboratory Technicians, School Secretaries, Guidance Counselors, School Social Workers, School Psychologists and School Psychiatrists. **APPOINTEES MUST FILE CLAIMS EVEN IF THEY FILED AS SUBSTITUTES.**

NAME OF PRIOR EMPLOYER & COMPLETE MAILING ADDRESS	EXACT TITLE IN WHICH EMPLOYED	DATES OF EMPLOYMENT		Hrs Worked per Week
		FROM	TO	
			94 SEP 1	
			4:21	


SECTION 4 - PRIOR ALLOWABLE PEDAGOGICAL EXPERIENCE PERFORMED FOR NEW YORK CITY BOARD OF EDUCATION

Regularly appointed employees shall complete this section to claim salary step credit for all prior allowable, satisfactory New York City Board of Education appointed and substitute pedagogical day school service, and also for allowable Certificate of Competency Instructor or Teacher experience and allowable day school New York City Board of Education Adult Education teaching service, performed in the ten-year period immediately preceding date of appointment. Omit service in evening and summer schools. Appointed and substitute school secretaries shall complete this section to claim prior service as a school secretarial assistant. Substitutes should complete this section to claim prior Certificate of Competency or Adult Education service, as previously described. (Substitutes with questions on their salary step based solely on substitute service for the New York City Board of Education should not complete this application but instead should communicate directly in writing to the Pedagogical Inquiry Unit, 65 Court Street - Room 1402, Brooklyn, New York 11201.)

SCHOOL NAME, BOROUGH & DISTRICT	LICENSE	DATES OF SERVICE		# of Days Served	Check Type of Service
		From	To		
Clara Burton H.S.	PPT-SS	9/3/91	6/30/92	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
Clara Burton H.S.	PPT-SS	9/8/92	6/30/93	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
Clara Burton H.S.	PPT-SS	9/7/93	6/30/94	F-status	<input type="checkbox"/> Reg. Sub. <input checked="" type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed
					<input type="checkbox"/> Reg. Sub. <input type="checkbox"/> Per Diem <input type="checkbox"/> Regularly Appointed

SECTION 5 - APPLICANT'S SIGNATURE AND DECLARATION

I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the Board of Education or a Community School Board. I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged or altered prior to any adverse action being taken against me. Finally, I further understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged or altered after my application had been processed and I have received additional moneys as a result, I will agree to return, upon demand by the Board of Education, that amount of money received which is directly attributable to the fraud, forgery or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Board of Education.



APPLICANT'S SIGNATURE

8/31/94

DATE

DO NOT WRITE BELOW THIS LINE – FOR DIVISION OF PERSONNEL USE ONLY

RECORD OF NEW YORK CITY BOARD OF EDUCATION SATISFACTORY SERVICE (10 year period immediately preceding appointment)									
YEAR	REGULAR SUBSTITUTE		PER DIEM SUBSTITUTE		YEAR	REGULAR SUBSTITUTE		PER DIEM SUBSTITUTE	
	FALL	SPRING	FALL	SPRING		FALL	SPRING	FALL	SPRING
					9/10-6/91				
					7/1-6/92			12	19
					7/2-6/93			16	
					7/3-6/94				

PRIOR N.Y.C. SUBSTITUTE SERVICE		PRIOR OUTSIDE TEACHING EXPERIENCE		PRIOR RELATED NON-TEACHING	
Year(s)	Term(s), 496-	Year(s)	Term(s), 496-	Year(s)	Term(s), 496-

SALARY AWARD FOR A SUBSTITUTE: Based on experience earned in 10 year period prior to date of original License or Certificate

A. TOTAL PRIOR OUTSIDE TEACHING EXPERIENCE	B. TOTAL PRIOR RELATED NON-TEACHING EXPERIENCE	C. PAY STEPS
Term(s), 496-	Term(s), 496-	Pay Steps

SALARY AWARD FOR APPOINTEE: Based on experience earned in 10 year period preceding appointment

DATE OF COMMENCEMENT OF SERVICE UNDER PRESENT APPOINTMENT	CREDIT FOR SERVICE IN NEW YORK CITY PUBLIC SCHOOLS	CREDIT FOR SERVICE OUTSIDE N.Y.C. PUBLIC SCHOOLS		SALARY IS PAYABLE:			SALARY STEP OR SALARY YEAR	YEARS OF SERVICE CREDITABLE AFTER SEPT. 1969	EQUATED OR ANNIVERSARY DATE UNDER PRESENT APPOINTMENT
		Teaching	Non-Teaching	Under Salary Code or Salary Schedule	Plus Differential If Checked Below				
(1)	(2)	(3)	(4)	(5)	Intermediate	Promotional	(8)	(9)	(10)
9/12/94				C1			1A	496-0	9/12/94

NAME OF PROCESSOR

DATE

9/31/94



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

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1. <input checked="" type="checkbox"/> REGULAR LICENSE FOR APPOINTMENT <input checked="" type="checkbox"/> Based upon possession of valid NYS Certification: <input checked="" type="checkbox"/> Certificate of Qualification <input type="checkbox"/> Provisional NYS Certificate <input type="checkbox"/> Permanent NYS Certificate <input type="checkbox"/> Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)	3. <input type="checkbox"/> C R NOT APPLICABLE
2. <input type="checkbox"/> ALTERNATE LICENSING METHOD NOT APPLICABLE <small>School position designated SS-SR) and/or other title</small>	4. <input type="checkbox"/> C S NOT APPLICABLE D: <small>(Show license number)</small>
5. <input type="checkbox"/> BILINGUAL If a bilingual license/certificate is sought, indicate language: _____	FOR OFFICE USE ONLY - NTE TEST SCORES CORE BATTERY CK PK CS DATE SPEC AREA SCORE DATE
6. <input type="checkbox"/> SUPERVISOR/ADMINISTRATOR SUBJECT AREA _____ <input checked="" type="checkbox"/> TEACHER <u>Special Studies</u> SUBJECT AREA _____ <input type="checkbox"/> SCHOOL PSYCHOLOGIST <input type="checkbox"/> SCHOOL SOCIAL WORKER <input type="checkbox"/> GUIDANCE COUNSELOR <input type="checkbox"/> SCHOOL PSYCHIATRIST	8. <input type="checkbox"/> SCHOOL PSYCHOLOGIST-IN-TRAINING <input type="checkbox"/> SUBSTITUTE SCHOOL SECRETARY INTERN <input type="checkbox"/> S4 NOT APPLICABLE <input type="checkbox"/> S4 _____ <input type="checkbox"/> HOME ECONOMICS TEACHER'S ASSISTANT <input type="checkbox"/> TECHNOLOGY EDUCATION TEACHER'S ASSISTANT <input type="checkbox"/> TEACHER OF ADULTS SUBJECT AREA _____ <input type="checkbox"/> _____ <input type="checkbox"/> NOT APPLICABLE SPECIFY _____
7. <input type="checkbox"/> LW <input type="checkbox"/> LW NOT APPLICABLE <input type="checkbox"/> SC <input type="checkbox"/> SCHOOL MEDICAL INSPECTOR	
9. LEVEL: <input type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SECONDARY SCHOOL <input type="checkbox"/> DAY SCHOOL <input type="checkbox"/> OTHER _____ SPECIFY _____	FOR OFFICE USE ONLY <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 2 LETTER CODE T T LETTER CODE

10. PLEASE PRINT OR TYPE

WEINGARTEN	RHONDA	
LAST NAME	FIRST NAME	MI
		011964
	SOCIAL SECURITY #	

EMPLOYMENT HISTORY

16. EXPERIENCE IN SCHOOLS

Are you currently employed under any license or certificate in the New York City school system?

☒ YES ☐ NO

If YES, list license or certificate and the school in which you are now employed

Name, number and address of school	From	To	License or Certificate held (include type of service and subject area)	Hours per day	Days per year	Name, address and title of supervisor
Chambers St. School, 901 Chambers St., Brooklyn, NY	9/91	present	PS ST ST	2	180	Jerry Resnick Principal

List other experience in schools, beginning with the most recent experience.

Name, number and address of school	From	To	License or Certificate held (include type of service and subject area)	Hours per day	Days per year	Name, address and title of supervisor
TS 131, Hester St, NY, NY	5/94	6/94	ST	2-3	12	Michael Adams

TYPE OF SERVICE:

RA - regular appointed	AD - administrative	ES - evening school	CS - civ. service
RS - regular substitute	SU - supervisory	SS - summer session	PR - practicum
LP - long term per diem	PA - paraprofessional	VS - voluntary unpaid service	ST - student teaching
OP - occasional per diem	SA - school aide		

17. EXPERIENCE OTHER THAN IN SCHOOLS

Include all employment whatever its nature for past ten years, beginning with the most recent employment.

Employer's name and address (State family relationship, if any.)	Capacity in which employed	From	To	Hours per week	Weeks per year

18. PERIODS OF UNEMPLOYMENT

criminal action?

3	Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3
4	Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	4
5	Have you ever been disqualified for employment for any civil service position?	5
6	Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	6
7a	Have charges ever been preferred against you by an employer?	7a
b	Were the charges sustained?	7b
8	Have you ever resigned as an alternative to facing charges or dismissal?	8
9	Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	9
10	Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10

20. ATTESTATION

20a I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.

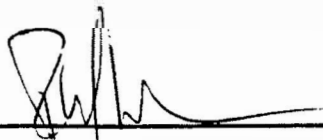
20b I understand that if I am not State certified and I serve as an occasional per diem substitute for more than 40 days in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

WARNING:

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant



Date

3/30/94

It is the policy of the New York City Board of Education not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 110 Livingston Street-Room 601, Brooklyn, New York 11201; or to the Director, Office of Civil Rights, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.



APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

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<p>1. <input type="checkbox"/> REGULAR LICENSE FOR APPOINTMENT</p> <p><input type="checkbox"/> Based upon possession of valid NYS Certification:</p> <p><input type="checkbox"/> Certificate of Qualification</p> <p><input type="checkbox"/> Provisional NYS Certificate</p> <p><input type="checkbox"/> Permanent NYS Certificate</p> <p><input type="checkbox"/> Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)</p>	<p>3. <input type="checkbox"/> CERTIFICATE FOR SUBSTITUTE SERVICE Regularly Assigned Substituta</p> <p>4. <input type="checkbox"/> CERTIFICATE FOR OCCASIONAL PER DIEM SERVICE Day-to-day Substituta (see Item 20b)</p>																						
<p>2. <input type="checkbox"/> ALTERNATE LICENSING METHOD Based upon request and appointment by a Community School District in accordance with NY State Education Law (Section 2590(5)). Form entitled "Nomination Application for Appointment Based on the National Teacher Examination" (Form OP 65-5R) must be attached to this application. Additionally, applicants are required to have passed the NTE Core Battery and Specialty Area Tests prior to appointment.</p>	<p>FOR OFFICE USE ONLY • NTE TEST SCORES</p> <p>CORE BATTERY: <table border="1"><tr><td>GK</td><td>PK</td><td>CS</td><td>DATE</td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>SPEC. AREA: <table border="1"><tr><td>SCORE</td><td>DATE</td></tr><tr><td></td><td></td></tr></table></p>	GK	PK	CS	DATE					SCORE	DATE												
GK	PK	CS	DATE																				
SCORE	DATE																						
<p>5. <input type="checkbox"/> BILINGUAL: If a bilingual license/certificate is sought, indicate language: _____</p>																							
<p>6. <input type="checkbox"/> SUPERVISOR/ADMINISTRATOR</p> <p>SUBJECT AREA _____</p> <p><input type="checkbox"/> TEACHER</p> <p>SUBJECT AREA _____</p> <p><input type="checkbox"/> SCHOOL PSYCHOLOGIST</p> <p><input type="checkbox"/> SCHOOL SOCIAL WORKER</p> <p><input type="checkbox"/> GUIDANCE COUNSELOR</p> <p><input type="checkbox"/> SCHOOL PSYCHIATRIST</p>	<p>8. <input type="checkbox"/> SCHOOL PSYCHOLOGIST-IN-TRAINING</p> <p><input type="checkbox"/> SUBSTITUTE SCHOOL SECRETARY INTERN</p> <p><input type="checkbox"/> SCHOOL SECRETARY ASSISTANT</p> <p><input type="checkbox"/> SUBSTITUTE VOCATIONAL ASSISTANT</p> <p><input type="checkbox"/> HOME ECONOMICS TEACHER'S ASSISTANT</p> <p><input type="checkbox"/> TECHNOLOGY EDUCATION TEACHER'S ASSISTANT</p> <p><input type="checkbox"/> TEACHER OF ADULTS</p> <p>SUBJECT AREA _____</p> <p><input type="checkbox"/> PER SESSION EVENING TRADES</p> <p><input type="checkbox"/> OTHER _____</p> <p>SPECIFY _____</p>																						
<p>7. <input type="checkbox"/> LABORATORY SPECIALIST</p> <p><input type="checkbox"/> LABORATORY TECHNICIAN</p> <p><input type="checkbox"/> SCHOOL SECRETARY</p> <p><input type="checkbox"/> SCHOOL MEDICAL INSPECTOR</p>																							
<p>9. LEVEL:</p> <table border="1"><tr><td><input type="checkbox"/> ELEMENTARY SCHOOL</td><td><input type="checkbox"/> SECONDARY SCHOOL</td></tr><tr><td><input type="checkbox"/> JUNIOR HIGH SCHOOL</td><td><input type="checkbox"/> DAY SCHOOL</td></tr><tr><td><input type="checkbox"/> HIGH SCHOOL</td><td><input type="checkbox"/> OTHER _____</td></tr></table> <p>SPECIFY _____</p>	<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> SECONDARY SCHOOL	<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input type="checkbox"/> DAY SCHOOL	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> OTHER _____	<p>FOR OFFICE USE ONLY</p> <p><table border="1"><tr><td>7</td><td>0</td><td>4</td><td>3</td></tr><tr><td colspan="4">LICENSE CODE</td></tr><tr><td>2</td><td>3</td><td colspan="2"></td></tr><tr><td colspan="4">LIST CODE</td></tr></table></p>	7	0	4	3	LICENSE CODE				2	3			LIST CODE			
<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> SECONDARY SCHOOL																						
<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input type="checkbox"/> DAY SCHOOL																						
<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> OTHER _____																						
7	0	4	3																				
LICENSE CODE																							
2	3																						
LIST CODE																							

10. PLEASE PRINT OR TYPE

W E I N G A R T E N	R H O N D A	
LAST NAME	FIRST NAME	M.I.
OTHER SURNAME	SOCIAL SECURITY #	
STREET ADDRESS	APT #	
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FILE NUMBER: (IF ANY)	

PERSONAL DATA

11. CITIZENSHIP STATUS:

YESNO

Are you a U.S. citizen?

IF NO

Are you a permanent resident alien?

IF NO

Are you permitted to be employed in the U.S.?

12. U.S. MILITARY SERVICE:

Branch of Service

Active Duty Dates

FROMTO

Type of Discharge*

13. EDUCATIONAL PREPARATION

List all schools attended, including last elementary school, beginning with the most recent school.

SCHOOLS/COLLEGES/UNIVERSITIES	CITY AND STATE	ATTENDANCE	DID YOU GRADUATE? YES or NO	DIPLOMAS/ DEGREES GRANTED AND DATES
Cardoza School of Law Yeshiva University	New York, N.Y.	1	Yes	J.D. June 1983
School of Industrial and Labor Relations, Cornell Univ.	Ithaca, NY	1	Yes	B.S. May 1980 Regents Diploma, H.S. Diploma
			Yes	
			Yes	

14. LICENSE HISTORY IN THE NYC PUBLIC SCHOOL SYSTEM
MOST RECENT LICENSES ISSUED

	TITLE OF LICENSE	DATE OF ISSUANCE
1.		
2.		
3.		

PENDING APPLICATIONS FOR LICENSES

	TITLE OF LICENSE	DATE OF APPLICATION
1.		
2.		
3.		

15. I HOLD THE FOLLOWING NYS EDUCATION CERTIFICATES:
(The information provided below should include your response to Item 1.)

				TYPE		
<div>SUBJECT AREA</div>	<div>LEVEL</div>	<div>DATE ISSUED</div>	<div>DATE EXPIRES</div>	<div>PERM</div>	<div>PROV</div>	<div>COO</div>
<div>SUBJECT AREA</div>	<div>LEVEL</div>	<div>DATE ISSUED</div>	<div>DATE EXPIRES</div>	<div>PERM</div>	<div>PROV</div>	<div>COO</div>
<div>SUBJECT AREA</div>	<div>LEVEL</div>	<div>DATE ISSUED</div>	<div>DATE EXPIRES</div>	<div>PERM</div>	<div>PROV</div>	<div>COO</div>

*A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.



NEW YORK CITY PUBLIC SCHOOLS
Office of Recruitment, Personnel Assessment and Licensing
65 Court Street • Brooklyn, New York 11201

DEMOGRAPHIC DATA

The following information is requested for statistical purposes only. Your responses are voluntary and will be held confidential.

Please detach from application along perforation, then fold along dotted lines and seal. Return separately from your application for license/certificate by mail; postage has been provided.

GENDER:

☐ MALE ☒ FEMALE

ETHNICITY:

1. ☐ AMERICAN INDIAN OR ALASKAN NATIVE
2. ☐ ASIAN OR PACIFIC ISLANDER
3. ☐ BLACK (NOT OF HISPANIC ORIGIN)
4. ☐ HISPANIC (OF HISPANIC ORIGIN REGARDLESS OF RACE)
5. ☐ WHITE (NOT OF HISPANIC ORIGIN)

SOCIAL SECURITY #

SUBJECT AREA INDICATED
ON APPLICATION FOR LICENSE OR CERTIFICATE

PLEASE NOTE:

This information will be used only for statistical purposes and will not be used to make individual employment decisions.

Although completion of this form is voluntary, if you choose to complete this form, it must include gender, ethnicity, Social Security number, and subject area.

EMPLOYMENT HISTORY

16. EXPERIENCE IN SCHOOLS

Are you currently employed under any license or certificate in the New York City school system?

☐ YES ☒ NO

If YES, list license or certificate and the school in which you are now employed.

Name, number and address of school	From	To	License or Certificate held (include type of service* and subject area)	Hours per day	Days per year	Name, address and title of supervisor

List other experience in schools, beginning with the most recent experience.

Name, number and address of school	From	To	License or Certificate held (include type of service* and subject area)	Hours per day	Days per year	Name, address and title of supervisor

- TYPE OF SERVICE:
- RA - regular appointed

AD - administrative

ES - evening school

CS - civil service
- RS - regular substitute

SU - supervisory

SS - summer session

PR - practicum
- LP - long term per diem

PA - paraprofessional

VS - voluntary unpaid service

ST - student teaching
- OP - occasional per diem

SA - school aide

17. EXPERIENCE OTHER THAN IN SCHOOLS

Include all employment whatever its nature for past ten years, beginning with the most recent employment.

Employer's name and address (State family relationship, if any.)	Capacity in which employed	From	To	Hours per week	Weeks per year
United Federation of Teachers 260 Park Avenue South, NY, NY	Counsel to Pres.	1986	Pres.	40	52
Cardozo School of Law 55 Fifth Avenue, NY, NY	Adjunct Professor	1986	1991	3	40
Cornell University/School of Industrial Relations, 7 Hanover Sq	Adjunct Professor	1990		6	12
		1983	1986	40	52
		1981	1982	20	52

18. PERIODS OF UNEMPLOYMENT

List dates of periods of unemployment for past ten years. None

PERIOD 1

FROM

TO

PERIOD 2

FROM

TO

PERIOD 3

FROM

TO

PERIOD 4

FROM

TO

PERIOD 5

FROM

TO

PERIOD 6

FROM

TO

19. ANSWER "YES" OR "NO" TO QUESTIONS 1 TO 10.

If your answer is YES, explain on the separate sheet provided. Include your name, social security number and the certificate for which you are making application on: your application for license, confidential attachment (if applicable), and the envelope in which the confidential attachment is placed.

	YES	NO
1. Have you ever been convicted of a crime (other than minor traffic violations)?	1.	
2. Are you currently under the jurisdiction of a court as a result of being a defendant in a criminal action?	2.	
3. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3.	
4. Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	4.	
5. Have you ever been disqualified for employment for any civil service position?	5.	
6. Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	6.	
7a. Have charges ever been preferred against you by an employer?	7a.	
b. Were the charges sustained?	7b.	
8. Have you ever resigned as an alternative to facing charges or dismissal?	8.	
9. Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	9.	
10. Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10.	

20. ATTESTATION

20a. I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.

20b. I understand that if I am not State certified and I serve as an occasional per diem substitute for **more than 40 days** in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

WARNING:

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c. I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant



Date

9/20/91

It is the policy of the New York City Board of Education not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 110 Livingston Street-Room 601, Brooklyn, New York 11201; or to the Director, Office of Civil Rights, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 959 BROOKLYN, NY

POSTAGE WILL BE PAID BY ADDRESSEE

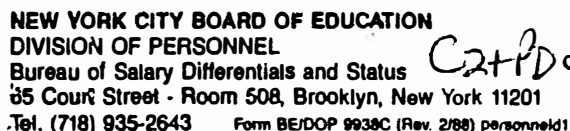
**New York City Public Schools
Office of Recruitment, Personnel Assessment and Licensing
65 Court Street
Brooklyn, NY 11201-9219**



FOLD ALONG THIS LINE

FOLD ALONG THIS LINE

DETACH FROM APPLICATION ALONG PREFORATION



**APPLICATION FOR
SALARY DIFFERENTIAL(S)**

This application form is to be used by appointed and substitute Teachers, School Secretaries, School Psychologists, School Social Workers, Guidance Counselors and Laboratory Specialists to apply for all salary differentials not previously granted. This application should be completed in its entirety and filed with all required documentation attached immediately upon completing eligibility requirements. THE PENALTY FOR LATE FILING IS LOSS OF RETROACTIVITY AND A LATE EFFECTIVE DATE. Upon receipt of your application/documentation, an acknowledgement receipt will be mailed to you. Please retain it as evidence of filing.

Documentation: Original student transcripts (photocopies and grade cards are **NOT** acceptable) for all degrees and courses offered must be attached to the application form. If you are submitting excess credits beyond those required for the Baccalaureate or the Master's, you must attach an original letter from the REGISTRAR of the college/university, with the RAISED SEAL of the school, stating the exact number of credits which were required for the degree. A statement listing the *minimum requirements* will **NOT** be accepted. The original student transcripts should identify dates degrees were conferred. All courses offered for differentials must appear on the transcripts, with grades and semester hour credits.

Incomplete Applications Are Unacceptable: If all required information is not entered and/or all required documentation is not attached to the application it will be unacceptable. The acknowledgement of receipt will be stamped "APPLICATION RETURNED." In such cases you will receive a written statement explaining what is missing and you must complete the application and/or supply the missing documentation within forty-five (45) days from the date returned in order to be eligible for an effective date(s) commensurate with the original filing date. At the conclusion of the 45 day grace period, only those differential(s) for which a complete application/documentation was submitted will be processed. Differentials not completely applied for by that date will be rejected. Applicants may reapply with a new application/documentation, but the effective date will be based on date of such new submission.

NOTE: Whereas eligible employees have a three (3) month grace period from the effective date of original license/certificate, date of regular appointment or last day of semester (January 31, June 30 or August 31) to file complete application/documentation and be eligible for retroactive payment, they should file as early as possible.

NAME (Last, First, Middle Initial) WEINGARTEN, RHONDA		MAIDEN NAME (or other name appearing on transcripts)	
SOCIAL SECURITY NUMBER	LICENSE UNDER WHICH PRESENTLY SERVING Social Studies DHS		FILE NUMBER
MAILING ADDRESS (Number, Street, Apt., etc.)			
City		State	Zip Code
SCHOOL/BUREAU Clara Barton High School		BOROUGH Kings	DISTRICT R.C.H.S.
STATUS (Check one and enter date where required)			
<input checked="" type="checkbox"/> Regularly appointed Date of Appointment 9/12/94	<input type="checkbox"/> Regular Substitute Date of license	<input type="checkbox"/> Per Diem Substitute Date of original certificate 9/22/94	<input type="checkbox"/> Currently on leave

INSTRUCTIONS: Check the appropriate box(es) next to the Differential(s) you are presently applying for. Applicants should refer to their Union agreements, applicable Board of Education official circulars, and/or the *Bureau of Salary Differentials and Status* for details concerning the eligibility requirements for salary differentials. It is the responsibility of the applicants to identify each salary differential for which they are applying. !

☒ First (C2) ☐ School Secretary (60) ☐ School Social Worker ☐ VIF 2 (Masters) ☐ VIF3 (Doctorate)
☒ Promotional (PD) ☐ School Secretary (90) ☐ School Psychologist ☐ VIK 2 (Masters) ☐ VIK3 (Doctorate)
☐ Intermediate (ID) ☐ Laboratory Specialist ☐ Guidance Counselor (VIH2)
☒ Second (C6) ☐ Other (specify) _____

Baccalaureate	Date	<input type="checkbox"/> Baccalaureate plus 30 approved credits not required for baccalaureate.
Degree: <u>B.S.</u>	<u>1 -</u>	<input checked="" type="checkbox"/> Baccalaureate plus 30 approved credits not required for baccalaureate with 36 credits in an approved Area of specialization.
School: <u>Cornell University</u>		<input type="checkbox"/> Baccalaureate plus 60 approved credits not required for baccalaureate.
Masters	Date	<input type="checkbox"/> Baccalaureate plus Masters plus 30 approved credits not required for Masters and taken after Baccalaureate was conferred.
Degree:		<input checked="" type="checkbox"/> Other (specify) <u>Bacc plus J.D. with all credits needed in area of specialization</u>
School:		
Doctorate <u>J.D.</u>	Date	
Degree:		
School: <u>Cardozo School of Law</u>	<u>1 -</u>	

List below all educational institutions for which you are attaching original student transcripts and any other required documentation. Each college/university should be listed only once, except where different schools within a university are involved (i.e. undergraduate and graduate).

[illegible]

SECTION D - EDUCATIONAL INFORMATION

(Attach additional pages using same column headings if more space is necessary to list all courses offered)

Complete requirements for salary differentials are contained in the various contracts between the Board of Education and the Union. They are also available in the *Bureau of Salary Differentials and Status* and various official circulars. Read FILING INSTRUCTIONS on Page I (reverse). All approved courses not part of degrees should be listed in chronological order of completion. If offering courses for an approved area of specialization, check column headed "A" next to those courses. These 36 credits may be part of or after the baccalaureate. *Excess credits may be offered, as provided in the various contracts.* All courses listed must appear on the original student transcripts submitted with this application. Please sign in Section E, below. **DO NOT WRITE BELOW SECTION E.**

[illegible]

A* - Identify Area of Specialization, If any:

OS - Other

SECTION E - APPLICANT'S DECLARATION AND SIGNATURE

I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the Board of Education or a Community School Board. I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged or altered prior to any adverse action being taken against me. Finally, I further understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged or altered after my application had been processed and I have received additional moneys as a result, I will agree to return, upon demand by the Board of Education, that amount of money received which is directly attributable to the fraud, forgery or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Board of Education.



APPLICANT'S SIGNATURE

0/31/94
DATE

DO NOT WRITE BELOW – DIVISION OF PERSONNEL USE ONLY

EFFECTIVE DATE OF ACTION	
SALARY DIFFERENTIAL	Previously Granted Now Cancelled Now Granted
FIRST DIFFERENTIAL	9/1/94
PROMOTIONAL DIFFERENTIAL	9/1/94
INTERMEDIATE DIFFERENTIAL	
SECOND DIFFERENTIAL	9/1/94
OTHER	
BACCALAUREATE DATE	AREA OF SPECIALIZATION
11/1/94	Cornell
MASTERS/DATE	
OTHER/DATE	
Joris Boston 11/1/94 Cardozo &	
DATE OF FINAL COURSE	
PROCESSOR	DATE
J. Fleckman	9/8/94
TYPIST	DATE
mm	11/12/94

(C2+PD + C6 9/1/94)