



## Center For Integrated Training & Education

Diane Burke - Assistant Director

December 2021

Dear Colleague:

Thank you for your interest in the 24 credit Administration Certification Program being offered by the College of Saint Rose and the Center for Integrated Training & Education/CITE. This program is being offered in Brooklyn, Nassau and Westchester and, if there is enough demand, in Suffolk County starting in February 2022.

Enclosed please find application materials and an outline of the program being offered. You **MUST fill out the application page on line** at [www.strose.edu/CITE](http://www.strose.edu/CITE). You can mail or upload all remaining paperwork to the college but you must fill out the actual **application page online**. You must click the **SUBMIT** button once you fill out the application form online. You don't have to have all application materials there to hit Submit. Please click it as soon as you fill out the 'application page', this way the college will know you are applying.

Tuition payments (\$1095) are due, course by course, on the first day of each class listed, with the exception of the first course, this is sent to the CITE office. The first day of class is either October 2<sup>nd</sup> or 3<sup>rd</sup>. **Payment for the textbook website will be paid to CITE in 2 installments, \$250 prior to the first course & \$250 on the first day of the second course.** There will be an approximate \$250 in additional non-Pearson texts that will have to be purchased. This is still much cheaper than buying all the texts on your own.

Students cannot miss the first day of any course. If you are unable to attend the first day of the first course, you must start with the next cohort. You can never miss the first day of class.

You are asked to submit the application and all requested materials as soon as possible, but certainly by the deadline date of **Friday, January 21st by 5pm**. The earlier you submit your application the better the chance you will have to attend the location of your choice. So please submit your application as soon as possible. **Please note: All paperwork must be at college by the deadline for your application to be reviewed.**

Sincerely,

Diane Burke  
Assistant Director/CITE

**GRADUATE ADMISSIONS  
THE COLLEGE OF SAINT ROSE  
432 Western Avenue  
Albany, NY 12203**

The College of Saint Rose/CITE Certification Program in School Administration and Supervision  
Admissions requirements:

1. GPA of 3.0 or higher in undergraduate major.
2. A Master's degree with a GPA of 3.0 or higher.
3. New York State Teacher Certification and a minimum of 3 years of full-time teaching experience (part-time or interim experience does not qualify).
4. Strongly supportive letters of recommendation from administrators, at least one of which is from a principal or superintendent.
5. Resume detailing work history with dates in reverse chronological order.
6. Acceptable performance in a personal interview and on writing sample administered at interview.

Submitting the Application: To be considered for acceptance into graduate studies at The College of Saint Rose you must assemble and submit all of the application materials listed below. Faculty do not review incomplete applications by the deadline. As acceptance to this program is on a merit and space available basis, your early application is necessary. Please note that admission to this program is competitive; admission decisions are made by The College of Saint Rose faculty.

The application package should contain the following:

1. A completed **ONLINE** application form. The application and instructions are available at: <https://www.strose.edu/cite-application>
2. Official final transcript(s) showing your Bachelor's and Master's degrees and dates received. Send a self-addressed envelope to the registrar of the college(s) from which you received your bachelor's and master's degrees along with a request for an official copy of your transcript. Ask that the transcript be placed in the envelope, sealed and returned to you. If the registrar refuses to send the transcripts to you, ask the registrar to send the transcripts directly to Graduate Admissions at the above address. **PLEASE NOTE THAT TRANSCRIPTS FROM TOURO COLLEGE MUST BE SENT DIRECT FROM TOURO.** Also, please remember: **DO NOT SEND UNOFFICIAL TRANSCRIPTS.**
3. A brief statement of your professional goals. Write a statement of no more than two pages in which you present your professional goals, your reasons for entering this program, and what you hope to accomplish once you have earned the certification.
4. Two letters of recommendation from administrators, one of which should be from either a principal or a superintendent. Provide Saint Rose recommendation forms and your self-addressed stamped envelopes to two persons who can comment on your work in an academic or professional setting and on your capacity for leadership. Do not seek recommendations from persons who know you only on a personal basis. Ask the persons to complete the electronic recommendations or the paper forms, include their statements of recommendations, seal them in the envelopes you provide, and return the envelopes to you.
5. A current Resume detailing work history with dates in reverse chronological order.
6. A statement of a commitment to an internship placement signed by you and an administrator who will provide you with guidance in your internship.
7. **Completed Immunization Record form should be at college prior to application deadline. Students may not begin classes without a Completed Immunization Record on file.**

Non-Discrimination Statement: The College of Saint Rose admits students without regard to race/color, creed, sex, handicap, sexual orientation, or national/ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the college. The College of Saint Rose does not discriminate on the basis of ethnic origin in the administration of its educational and admission policies, scholarship and loan programs, and athletic and other administered programs.

**Application Deadline: Friday, January 21, 2022 by 5pm.**

## CITE Educational Leadership Application Checklist

○ **Application:** [www.strose.edu/CITE](http://www.strose.edu/CITE)

○ **\$40.00 Application Fee**

- Payable directly through the Online application

○ **Statement of Purpose**

○ **Official Transcripts\* indicating your:**

- **Bachelor's Degree**

- **Master's Degree**

\* Please do not submit photocopies of transcripts. We require up-to-date official transcripts printed within the past year. These should demonstrate strong academic performance at both levels, with a minimum graduate GPA of 3.0.

○ **2 Letters of Recommendation from professional sources**

- Letters must be from an administrator, assistant principal, principal or superintendent

- Letters must be current

- Letters may be submitted directly through the online application by your recommender or must arrive by mail in sealed envelopes on official letterhead or may be emailed by your recommender to [grad@strose.edu](mailto:grad@strose.edu)

○ **NYSED certificate**

- A copy of your current NYSED certificate as a teacher or pupil personnel professional

○ **Immunization Form**

- Must be submitted in order for your application to be reviewed.

- If you can not locate your immunization records, you may request a blood titer to be done by a physician. Once complete, you will need to submit the lab results and immunization form to the Office of Graduate Admissions.

- A physician's signature is required, along with your signature in regard to the meningococcal vaccine information. The shot is **not** necessary, but you must indicate you have been informed of the availability of the vaccine.

- If you have specific questions regarding immunization requirements contact Health Services directly at (518) 454-5244 or [healthservices@strose.edu](mailto:healthservices@strose.edu).

*Covid Vaccine Required.*

○ **Internship Commitment Form**

- It is a requirement to have the following:

- Your personal signature

- Your mentor's signature

- Your principal's signature

- If your principal is your mentor then only one of the two signature lines needs to be signed.

○ **Resume**

○ **Interview**

- You **must** contact the CITE office to schedule an interview: (516) 221-2936 or email [Diane@citeonline.com](mailto:Diane@citeonline.com)

If you have any questions regarding your application you may contact **The College of Saint Rose** at

[grad@strose.edu](mailto:grad@strose.edu) or  
you may log onto our website:  
[www.strose.edu/cite](http://www.strose.edu/cite)

# The College of Saint Rose/CITE

## Recommendation Form School Building Leader Certification Program

### Section I: APPLICANT

Name of applicant: \_\_\_\_\_  
Last First Middle Prior

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone numbers: \_\_\_\_\_  
Home Business Cell

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned applicant  DO  DO NOT waive my right of access to inspect and review this recommendation form. Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment of December 31, 1974).

### Section II: RECOMMENDER

Name of Recommender: \_\_\_\_\_  
Last First Middle Prior

Title/Position: \_\_\_\_\_ Organization/Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone numbers: \_\_\_\_\_  
Home Business Cell

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for the Recommender:

Applicants to the School Building Leader Certification Program at The College of Saint Rose must provide two letters of recommendation. At least one letter must come from a school administrator who knows the applicant's work as an educator in a school setting and has supervisory or organizational responsibility for the applicant. Applicants should not seek letters of support from subordinates or from other applicants to the program.

In your letter, please address the following points:

1. Your professional relationship to the applicant
2. Your perspective on the applicant's performance in current and/or previous positions in an educational setting
3. Your assessment of the applicant's academic ability to succeed in an advanced graduate program
4. Your assessment of the applicant's potential as a school leader

Please submit the letter in typed (not hand-written) form on letterhead with your signature and salutation. Enclose the letter in a sealed envelope. Letters may be given to applicants for inclusion with their materials or sent directly to The College of Saint Rose. Graduate Admissions office at 432 Western Avenue, Albany NY 12203. Recommendations may also be submitted electronically through the applicant's application portal.

Thank you for your contribution to the graduate application process at The College of Saint Rose.

Office of Graduate  
Admissions and  
Continuing Education  
432 Western Avenue  
Albany, NY 12203

Phone: 518-454-5143  
Fax: 518-458-5479  
E-mail:  
grad@strose.edu

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# The College of Saint Rose/CITE

## Internship Commitment School Building Leader Certification Program

### Instructions:

- Locate a mentor who has SBL/SAS or SDL/SDA certification and who works as a **lb** administrator to obtain the necessary signature.
- If your mentor is not a school building leader (principal), obtain the principal's permission for you to complete your internship in that building. The principal's signature below indicates this permission.
- If you work in a district-level capacity, you must organize an internship at the **building** level. You must have a principal's signature for this form to be complete.
- For applicants who work in a Pre-school setting, 300 hours must be done in a K-12 setting, 200 hours can be done in your Pre-school, and the remaining 100 hours in a District setting.

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

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_  
*Home Cell Work*

Student ID (or Social Security Number): \_\_\_\_\_

\*\*\*\*\*

Mentor Name: \_\_\_\_\_

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

School Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor signature \_\_\_\_\_ Date \_\_\_\_\_

Principal signature \_\_\_\_\_ Principal Name \_\_\_\_\_ Date \_\_\_\_\_

Office of  
Cite Admissions and  
Continuing Education  
432 Western Avenue  
Albany, NY 12203

Phone: 8  
Fax: 9  
E-mail:  
grad@strose.edu

## Financial Aid for CITE Students

Financial Aid is available for CITE students enrolled in the Education Administration program in the form of an Unsubsidized Direct Federal Loan. Grant and scholarship funds from the College are not available for this program. More information about the unsubsidized loan is available on our website at [www.strose.edu/finaid](http://www.strose.edu/finaid).

The following steps will assist you in the financial aid process:

1. Once you have been ACCEPTED into the CITE program you may then apply for financial aid by filing the FAFSA (Free Application for Federal Student Aid) at [www.fafsa.gov](http://www.fafsa.gov).  
School Code: 002705
2. The College of Saint Rose will receive the FAFSA once it has been processed by the federal government and determine your loan eligibility. Your award package will be mailed to you at the beginning of the program.
3. Students may accept awards either by signing and returning the award letter or by logging into the College's secure website
4. In addition, a Master Promissory Note must be completed for the loans. Log into [www.studentloans.gov](http://www.studentloans.gov) with your FAFSA ID and Pin. Once completed the College will receive the results within 1-2 business days. \*Be sure to complete the Subsidized/Unsubsidized MPN, not the Graduate PLUS MPN.

## Payments and Disbursements

Payment for each course is due at the beginning of each course regardless of financial aid status. Student loans are NOT disbursed prior to the start of the program (be prepared to pay for the first two courses). Financial aid will be disbursed after the start of the second course for each term. Once the College receives your loan funds, a check will be mailed directly to you. No payments for classes will be deducted from your check. Payment to CITE is solely the responsibility of the student.

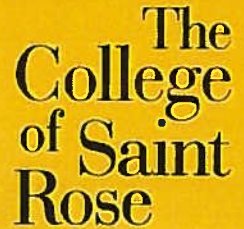
## Accepting Aid On The Web

All students are required to accept financial aid awards on the web. Below are step by step instructions.

- Select **Login to Secure Area** at <https://bannerweb.strose.edu>
- Enter "Your User ID" -- It is your nine digit Student ID number, and it begins with a "7"
- Enter "PIN" -- The first time you log on this site, your "PIN" will be your birth date. (Example: if your birth date is 08/21/1983 your PIN would be **082183**)
- You will need to create a new PIN -- follow the directions given
- Select **Student & Financial Aid**
- Choose **Financial Aid**
- Select **Your Award Information**
- Select **View/Accept Award Offer by Aid Year**
- Under **Select Aid Year** use the dropdown arrow to select the **18-19 Financial Aid Year** -- then click on the submit button
- To accept/decline the aid that has been offered to you, click on **ACCEPT AWARD OFFER** and follow instructions.

If you have any questions, please contact the Office of Financial Aid by e-mail at [finaid@strose.edu](mailto:finaid@strose.edu) or by phone at (518) 458-5464.

# CITE IMMUNIZATION RECORD



Name: \_\_\_\_\_ Student ID \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Cell: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

New York State Public Health Law 2165 requires post-secondary Students to show proof of immunity to **MEASLES, MUMPS and RUBELLA**. Persons born prior to January 1, 1957 or taking less than six credits in a semester are exempt from this requirement. However, meningitis vaccination/waiver is required of all students regardless of date of birth. Immunizations must have been given after the first birthday.

### To be completed by HEALTH CARE PROVIDER

<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Two Doses of MMR Vaccine	Two doses of Measles Vaccine	Positive Antibody
MMR #1 ___/___/___	#1 ___/___/___ #2 ___/___/___	Titers
MMR #2 ___/___/___	and one Mumps Vaccine ___/___/___	<b>MUST ATTACH LAB REPORT</b>
	And one Rubella Vaccine ___/___/___	

### REQUIRED VACCINE – COVID -19

All Saint Rose students are required to be fully vaccinated against COVID-19

Vaccine Name \_\_\_\_\_ example: Pfizer

Dose #1 \_\_\_/\_\_\_/\_\_\_ Dose #2 \_\_\_/\_\_\_/\_\_\_ Booster (Recommended) \_\_\_/\_\_\_/\_\_\_

### RECOMMENDED VACCINE

Meningococcal – Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

At least 1 dose of Meningococcal ACWY vaccine not more than 5 years ago is recommended. This is **NOT** a required vaccine – See Below

### Health Care Provider Signature & Stamp Required

Stamp: 

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

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

Attached certificates of immunization will be accepted **ONLY IF** stamped / signed by health care provider.

### Required Meningococcal Meningitis Response

To be completed by Student

Please review the vaccine information on the back of this form. If you have chosen not to have the meningitis vaccine, complete the following waiver by signing and dating the statement below.

*I have received and reviewed the Meningococcal Meningitis vaccine information provided on the back of this form. I understand the risks of Meningococcal Meningitis and the benefit of immunization and have decided that I will NOT obtain immunization against Meningococcal Meningitis.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student

**HEALTH SERVICES • 432 WESTERN AVE. ALBANY, NY 12203**

**PHONE 518-454-5244 • FAX 518-454-2007**



## Meningococcal Meningitis Information

The College of Saint Rose is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian  
AND EITHER
- A record of meningococcal immunization within the past 5 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal immunization signed by the student or student's parent or guardian.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States (U.S.). The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16<sup>th</sup> birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

The College of Saint Rose Health Service does not provide immunizations. Please check with your insurance provider to find participating locations and coverage. The vaccine is available through county health departments and locally at the Albany County Department of Health, 175 Green Street, Albany, NY 12202 Phone: (518) 447-4580. Prices range from \$18 to \$140 please call to verify eligibility.

To learn more about meningococcal disease and the vaccine, please feel free to contact our health service and/or consult your child's physician. You can also find information about meningococcal disease and the vaccine at the Centers for Disease Control and Prevention website at [www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/) and the New York State Department of Health website at [www.health.ny.gov/publications/2168.pdf](http://www.health.ny.gov/publications/2168.pdf).

REV 12/21

FEBRUARY 2022 COHORT 66 DATES

EDA 505 February 5, 12, 26; March 5, 12  
February 6, 13, 27; March 6, 13

EDA590 March 19, 26-27 (Albany); April 2, 9  
March 20, 26-27 (Albany); April 3, 10

EDA510 April 30; May 14, 21; June 4, 11  
May 1, 15, 22; June 5, 12

EDA503 June 25; July 9, 16, 23, 30  
June 26; July 10, 17, 24, 31

EDA550 September 17; October 1-2 (Albany), 15, 22  
September 18; October 1-2 (Albany), 16, 23

EDA 540 October 29; November 5, 19; December 3, 10  
October 30; November 6, 20; December 4, 11

If we are not face to face in the Spring the dates for 590 will be:

March 19, 26; April 2, 9, 23

or

March 20, 27; April 3, 10, 24