**NOTIFICATION**

**TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE EMPLOYMENT OF A DEPARTMENT OF EDUCATION EMPLOYEE BY AN EARLY INTERVENTION PROVIDER**

PURSUANT TO NYC CONFLICTS OF INTEREST BOARD

RULING 2000-234

Submit via email to: EIcontracts@health.nyc.gov

Date:

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

Your DOE File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of your DOE work location:

Your Discipline:

Your License or Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License or Certification Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EI Agency employing you: **NK Progress, Inc.**

Address of EI Agency employing you: **1733 Sheepshead Bay Rd S36 Brooklyn. NY 11235**

Signature:

**This form must be filled out by any Department of Education employee who is also employed by an Early Intervention agency, and provided to the Department of Health and Mental Hygiene at the time the individual is hired/subcontracted by the EI agency.**