

**NOTIFICATION TO
THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OF A DEPARTMENT OF EDUCATION EMPLOYEE
EMPLOYED/SUBCONTRACTED TO PROVIDE EARLY INTERVENTION SERVICES
PURSUANT TO NYC CONFLICTS OF INTEREST BOARD RULING 2000-234**

Submit via email to: Elcontracts@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: _____

El Agency employing/subcontracting with you: _____

Address of El Agency employing/subcontracting with you: _____

Signature: _____

This form must be filled out by any Department of Education employee or subcontractor who also provides services for an Early Intervention agency, and provided to the Department of Health and Mental Hygiene at the time the individual is hired/subcontracted by the El agency.