



# C.H.T.Services, Inc.

2901 Campus Road, Brooklyn, NY 11210  
**Phone:** (718)874-6226 Ext. 101. **Fax:** (718)874-0041  
**www:** chtservices.com

## Early Intervention Program

### Employment of Board of Education Employees

According to the NYC Conflicts of Interest Board, employees of the Board of Education may provide evaluations, services, and/or service coordination on behalf of an EI provider, as long as the provider and the individual comply with the following requirements:

1. Each individual must obtain a release signed by the parent or guardian of each child s/he is serving, and the provider and the individual must retain a copy of each signed release form.
2. Individuals may work for the provider only at times when they are not required to provide services for the City.
3. Individuals may not: **a.** use their official City positions to obtain any private advantage for themselves, the provider, or the children served by the provider; **b.** use City resources in connection with their work for the provider; or **c.** disclose or use for private advantage any confidential information concerning the City.
4. Before beginning work for a provider, individuals must submit to EI a form containing: their name, their Board of Education file number and work location, and the name and address of the provider for which they will be working. All referenced forms will be posted within the next few weeks on EI's website: <http://www.nyc.gov/html/doh/html/earlyint/earlyint.shtml>

To comply with the above NYC EIP Regulations please complete and return to CHTS the following:  
Interventionist Name \_\_\_\_\_

I am an employee of the New York City Board of Ed. Yes \_\_\_\_\_ No \_\_\_\_\_

(if "No" sign here \_\_\_\_\_ and return to CHTS via Fax 718 874-0041 or e-mail [radmila@chtservices.com](mailto:radmila@chtservices.com))

If "Yes", please acknowledge the following:

\_\_\_ I will work for C.H.T.Services, Inc. only at times when I am not required to provide services for the City

\_\_\_ I agree to obtain a release signed by the parent or guardian of each child, send it to CHTS and retain a copy of each signed release form.

\_\_\_ I agree not to use official City positions to obtain any private advantage for myself, CHTS, or the children served by CHTS, not to use City resources in connection with my work for CHTS, not to disclose or use for private advantage any confidential information concerning the City.

\_\_\_ Before beginning work for CPG, I must submit to EI a form containing: my name, my Board of Education file number and work location, and the name and address of the CHTS.

BOEd File#: \_\_\_\_\_ BOEd work location (s) \_\_\_\_\_

BOEd employee signature \_\_\_\_\_