



State of New Jersey

DEPARTMENT OF EDUCATION
Warren County Office of Education
1501 Route 57
Washington, NJ 07882
Tele: (908) 689-0497
Fax: (908) 689-1457

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

DAVID C. HESPE
COMMISSIONER

ROSALIE S. LAMONTE, PH.D.
Interim Executive County
Superintendent

SUBSTITUTE TEACHER CERTIFICATION

A person who holds a New Jersey instructional, educational services or administrative certificate (standard, CEAS or CE) may serve as a substitute teacher for all subjects and in all grades.

If you do not hold a certificate and would like to obtain a Substitute Certificate, **please submit the following to your prospective place of employment (SCHOOL DISTRICT):**

1. Substitute Certificate Application endorsed by the district (enclosed)
2. An Oath of Allegiance properly notarized (enclosed)
3. OFFICIAL, SEALED transcripts of 60 semester hour credits completed at an accredited college or university signed by the registrar or other person in authority and AUTHENTICATED BY THE SEAL OF THE INSTITUTION and mailed to you or the school district office by the registrar (student copies are not accepted)
4. Applications for a School Nurse Substitute Certificate must submit a copy of a current **New Jersey RN License**. Transcripts are not required.
5. For specific vocational-technical skills, a County Substitute Certificate may be issued to an applicant on the basis of appropriate work experience, which shall be substantiated by a notarized statement of previous employment.
6. \$125.00 fee in the form of a personal check, certified check or money order payable to **"COMMISSIONER OF EDUCATION"** (NO CASH ACCEPTED)

PLEASE DO NOT REMIT THE APPLICATION AND/OR OATH TO TRENTON

(REV. 5/10)
 STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS
 SUBSTITUTE CREDENTIAL APPLICATION COUNTY: _____

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the executive county superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9-6.5(b). Such credentials, which are issued by the executive county superintendent of schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name _____ Social Security # _____
 (First) (Middle/Maiden) (Last)

Address _____
 (street) (city) (state) (zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes No
 If no, have you filed an Affidavit of Intent to Become a Citizen? Yes No If yes, Alien Registration # _____
 NOTE: The Affidavit of Intent to Become a Citizen is not a requirement for the substitute credential.
 Have you ever been convicted of a crime in this or any other state? Yes No
 If yes, give the name of the municipality and attach statement giving details.
 Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes No
 If yes, attach statement giving details.
 Have you taken the Oath of Allegiance? Yes No

Regionally-Accredited College Name	Location	EDUCATION	Degree / Degree Date	Major	# Credits

WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____
 (Signature of Applicant) (Date)

FOR DISTRICT USE	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name _____	Signature _____
District _____	Date _____

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION	VOCATIONAL / SCHOOL NURSE APPLICATION
<input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee Date of Criminal History Approval if applicable _____ or Date of Emergent Hire Approval if applicable _____ CERTIFICATE # _____ DATE OF ISSUE _____	<input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp. Date _____

New Jersey State Department of Education
Office of Certification and Induction

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

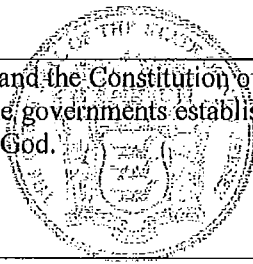
Code

Name of Endorsement

B. Oath of Allegiance Choose one of the following.

Option I

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.



Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification Failure to complete these items will result in rejection of the candidate's application for certification.

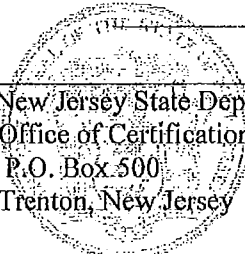
Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? * Yes No	
6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * Yes No	
* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.	
D. Verification of Accuracy	
I certify that all statements and information provided herein are true and accurate.	
Applicant's Signature (in ink)	Date
Sworn and subscribed to before me this _____ day of _____, 20_____	
Notary Seal	Notary Signature
Once completed, mail the form to:	 New Jersey State Department of Education Office of Certification and Induction P.O. Box 500 Trenton, New Jersey 08625-0500 Attention: Oath of Allegiance/Verification of Accuracy

New Jersey State Department of Education
Office of Certification and Induction

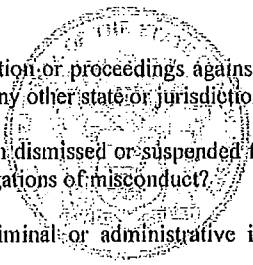
**ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE
FOR THE APPLICATION OF CERTIFICATION**

Identification Information. Please print clearly.				
Last Name		First Name		Middle Name/Initial
Street Address				
City			State	Zip
Social Security Number	Date of Birth	Month	Day	Year

I. Please select (✓) appropriate question(s) from the list below and provide pertinent details. The State Board of Examiners and teacher licensing authority require that you provide additional information and documentation. The State Board of Examiners will review the information provided to determine if your application can be processed.

- 1. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction?
- 2. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction?
- 3. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction?
- 4. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct?
- 5. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction?

II. Please provide pertinent details regarding your "yes" answer to question 1, 2, 3, 4, or 5 from section (I) above and attach any official documentation.



III. You may provide any additional information or documentation that you would like the State Board of Examiners to consider. If you wish to provide additional information, please attach additional sheets.

I certify that the aforesaid information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

OCI 3/31/2016

