

(REV. 10.15.14)  
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION  
 DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION  
 SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED**

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: 9B-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

**EDUCATION**

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

**WORK EXPERIENCE (teaching)**


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

**FOR DISTRICT OR DISTRICT DESIGNEE\* USE: AFFIRMING TRANSMITTAL OF APPLICATION**

Print Name of District Representative or District Designee Representative \_\_\_\_\_  
 Signature of District Representative or District Designee Representative \_\_\_\_\_

Name of District for Which Application is Transmitted \_\_\_\_\_  
 Date \_\_\_\_\_

Name Vendor / Firm if Transmitted by Designee \_\_\_\_\_

\*District designee is defined as a vendor / firm that contracts with the district for this purpose.

**FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION**

Application  Oath  Transcripts  Fee  
 Date of Criminal History Approval if applicable \_\_\_\_\_ or  
 Date of Emergent Hire Approval if applicable \_\_\_\_\_  
 CERTIFICATE # \_\_\_\_\_  
 DATE OF ISSUE \_\_\_\_\_

**VOCATIONAL / SCHOOL NURSE APPLICATION**

For vocational applicants/notarized statement of previous employment or valid occupational license.  
 RN License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

New Jersey State Department of Education  
Office of Licensure and Credentials

**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

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. This form is to be completed only by those individuals who are U.S. citizens.

**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.

Have you ever had a certificate revoked or suspended in this or any state?

Circle whichever applies

If yes, enclose a statement indicating the action taken and provide the pertinent details.

Yes No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Circle whichever applies

Yes No

**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 Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy