

## **INSTRUCTION SHEET FOR COUNTY SUBSTITUTE CERTIFICATE APPLICATION**

For issuance of a substitute teacher's certificate, please submit the following to the Superintendent's Office:

1. Official transcript of 60 semester-hour credits completed at an accredited college
  - For specific vocational-technical skills, an appropriate county substitute certificate may be issued to an applicant on the basis of appropriate work experience in lieu of 60 semester-hour college credits. Such work experience shall be substantiated by a notarized statement of previous employment.

2. Criminal History Authorization Letter

***When you receive your Criminal History Authorization Letter from the State, submit with the following:***

3. Substitute Certificate Application
4. Appropriate Oath of Allegiance Form with signature notarized
5. A fee of \$125 (Postal Money Order or Certified Check) payable to:  
"Commissioner of Education"  
***(Do not send postal money order/certified check until you have all of the above. Checks over two weeks old cannot be accepted.)***

This certificate is transferable from county to county. If an applicant applies to more than one county for substitute employment, only one certificate will be required.

NOTE: Failure to supply all necessary information will delay processing of the application.

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)

<b>FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION</b>	
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.

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

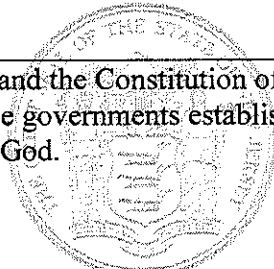
*Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.*

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