



State of New Jersey

DEPARTMENT OF EDUCATION

Warren County Office

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Governor

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Lt. Governor

DR. LAMONT REPOLLET
ACTING 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)** or a County Office.

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 completion of forms available online of previous employment.
6. Criminal History Clearance listing the sponsor district. (School District)

<http://www.nj.gov/education/educators/crimhist/>

7. **\$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 SUBMIT THE APPLICATION AND/OR OATH TO TRENTON

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 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

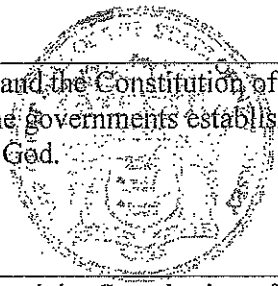
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

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

