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NJ SUBSTITUTE TEACHER  
CERTIFICATION INSTRUCTIONS

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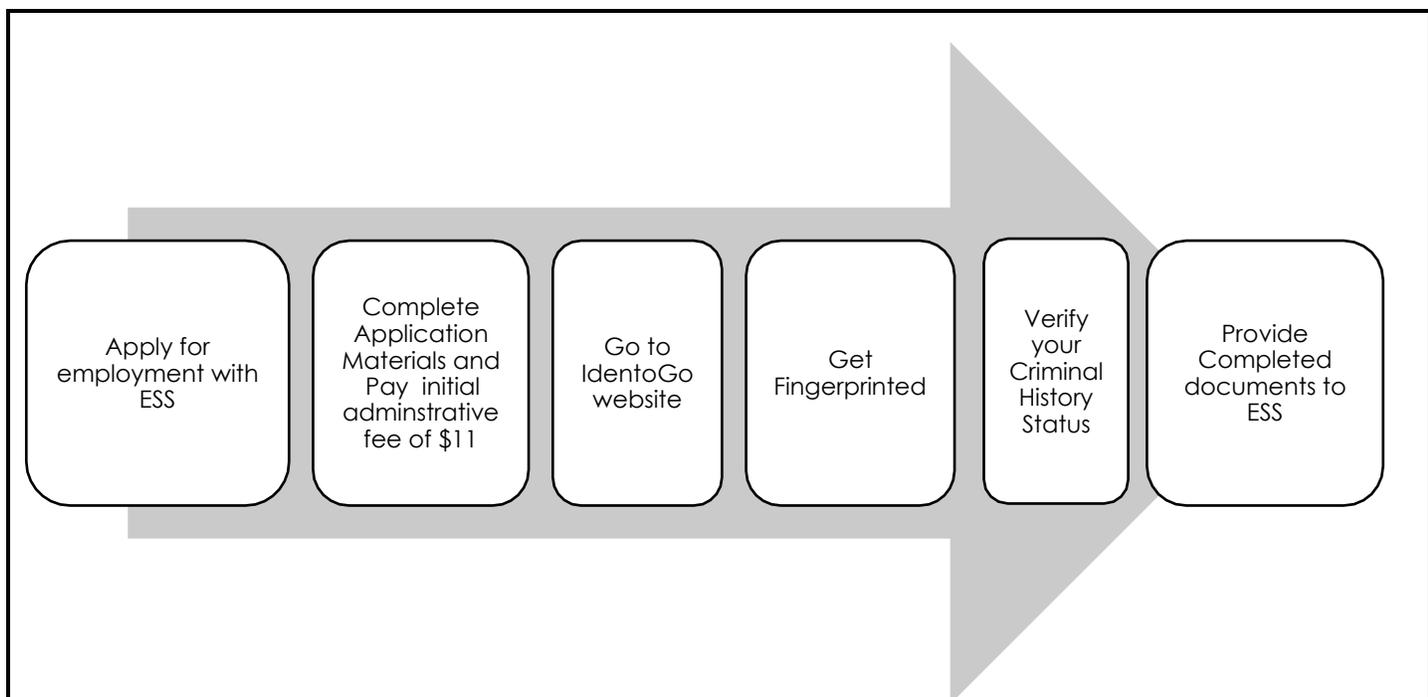


## **NJ Substitute Teacher Certification Information**

- Substitute credentials are valid for 5 years.
- You are able to renew your substitute teacher certification anytime within 6 months prior to the expiration date indicated on your certification. The Department of Education ***will not*** accept any paperwork before this date.
- Likewise, if your substitute teacher certification has already expired you ***may not*** qualify for a renewal and you may have to undergo additional steps.
- Fees for the credentials cannot be older than 30 days, regardless of the type of payment. Please do not obtain money order or submit payment until your entire packet is ready to be submitted to ESS. You must print your full name and last 4 digits of SSN on all money orders and/or checks.
- A substitute credential is **NOT** needed for persons who hold a New Jersey standard **Instructional, Educational Service or Administrative** license, Certificate of Eligibility (CE), or Certificate of Eligibility with Advanced Standing (CEAS).
- A substitute 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.

### **Applying for a NJ Substitute Certification**

The steps for applying for your substitute teaching certification are described below.



1. Apply for employment with ESS by visiting our website.

2. You will need to complete the following application forms:
  - ✓ Substitute Credential Application - Check "Yes" that you have taken the Oath of Allegiance, and sign and date on the applicant line.
  - ✓ [Oath of Allegiance](#) form
  - ✓ Pay administrative fees for the criminal history background clearance on the New Jersey Department of Education [Criminal History Website](#) (Fingerprint, Archive, or Transfer – see attached forms.)
  - ✓ Request official, sealed college transcripts proving at least 60 college credit hours, or official "course by course" evaluation from a regionally accredited college. Please have transcripts sent directly to you. You will provide them to ESS, along with remaining requirements at a later point.
  
3. Provide the following packet of information to ESS:
  - a. Completed Substitute Application
  - b. Oath of Allegiance
  - c. Official, sealed college transcripts indicating at least 60 college credit hours
  - d. Approved Criminal History Check (*Date of Approval cannot be more than 5 months ago. If it is, you will need to Archive your fingerprints.*)
  - e. \$125 money order made payable to **The Commissioner of Education.**

**There are several key details to remember which pertain to the certification fee:**

- \* Purchase your money order LAST, as it cannot be over 30 days old when the DOE receives it.
- \* If you reside in Passaic County, only money order purchased from the US Post Office will be accepted.
- \* Clearly sign the money order and include your last 4-digits of your social security number.
- \* Do NOT send a check
- \* Do NOT write anything on the back of the money order.

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Please send your completed forms in one package to:

ESS - NJ Operations  
800 Kings Highway North  
Suite 405 & 410  
Cherry Hill, NJ 08034

**Do Not Mail paperwork directly to New Jersey Department of Education - it MUST be submitted to ESS.**

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## Service Limits and Related District Processes

The following teaching time limits apply to substitute teachers:

Credential/ Certificate	Service Limit (In Same Class Per Year)
Substitute Credential; Educational Services or Administrative Certificates	20 instructional days
CTE Substitute Credential	40 instructional days
CE or CEAS <u>not in</u> subject area of classroom where substitute is placed	40 instructional days
Standard certificate <u>not in</u> subject area of classroom where substitute is placed	40 instructional days
CE or CEAS <u>in</u> subject area of classroom area where substitute is placed	Can be extended from 60 instructional days to up to one academic year; for an extension beyond 60 days, CEAS and CE substitutes must: <ul style="list-style-type: none"> <li>• Have a provisional certificate;</li> <li>• Be enrolled in or have completed a mentoring program; and</li> <li>• Be enrolled in or have completed CE or CEAS educator preparation program.</li> </ul>
Standard certificate <u>in</u> subject area of classroom area where substitute is placed	Can be extended from 60 instructional days to up to one academic year



## New Jersey Criminal History Information

### **If...**

- \*You have never been fingerprinted for Public School Employment, **or**
- \*You were fingerprinted before February 21, 2003...



You will need to follow the instructions for  
**New Fingerprinting Procedure**

### **If...**

- \*You were fingerprinted over a year ago and have not been continuously employed with a school district, **or**
- \*You were digitally fingerprinted after February 21, 2003 for Public School Employment, other than a substitute position...



You will need to follow the instructions to  
**Archive Your Criminal History Letter.**

### **If...**

- \*You Were fingerprinted after February 21, 2003, and
- \* You Were fingerprinted for Public School Employment, and
- \*You Were fingerprinted for a substitute position, and
- \*You Have been continuously employed by a school district since the year your criminal history letter was issued...And can provide a Verification of Employment letter from the school...



You will need to follow the instructions to  
**Transfer Your Criminal History Information.**



## New Jersey Credentialing Fingerprinting Instructions New Applicants Only

According to N.J.S.A.18A:6-7.2 i.e. anyone working as a substitute teacher, substitute teacher aide, substitute school nurse, substitute custodian, substitute cafeteria worker, substitute school secretary or substitute clerical worker, or any substitute position, regardless of pupil contact, must submit to the criminal history record check. Please [Click Here](#) or copy and paste the following web address into your browser: <https://homerom4.doe.state.nj.us/chr/> to begin the process.

Please follow the below instructions **exactly** as written. **Any modifications you make may result in additional fees and/or additional time added to the hiring process.**

1. Select **New Administration Fee Request (New Applicants Only)**

► **New Administration Fee Request (New Applicants Only)**  
File Authorization, make electronic payment and print Identogo NJ Universal Fingerprint form.

2. Type in your Social Security Number
3. The next screen displays four (4) options (shown below) pertaining to the job position(s) and employer. Please select **Option 1, All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools.**

**Please select an AA&C form:**

1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
2. All School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors
3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
4. All School Bus Drivers and Bus Aides, for Non Public Schools and Other Agencies

4. Next, you will be prompted to enter your personal information. When you reach the **Job Category** box (shown below), select **\*Substitute Teacher or \*Substitute Aide.**
  5. When you reach the **School Info** box, please leave all selections blank – except under **Contractor/Vendor** section. The first dropdown list is for you to select **County**, and the second dropdown list is for you to select **\*ESS from the available Contractor/Vendor options.**
- \* Selecting a different option will incur additional fees for you.**
- \* Please reference the chart on the next page for accurate and acceptable County and Contractor/Vendor information.

**Applicant Information:**

PCN\*:  ( To look up your PCN number, please click [here](#) )

Last Name\*:  ---Suffix---  First Name\*:  Middle Init.:

Social Security No.\*:  ( Number only without "-" )

Date of Birth\*: ---month---  ---day---  ---year---

Sex\*: ----- select -----

Race\*: ----- select -----

Street Address\*:

City\*:

State\*: ---select---  Zip\*:

**Job Category\*:**

New School Info. \*:

Public School Selection

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LEAVE BLANK

Other School Selection

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LEAVE BLANK

Contractor/Vendor

----- Select County ----- \*

ESS(7001) \*

**Legal Certification:**

To continue with the ePayment process read and accept the terms of the AA&C by checking the box:

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.2 or N.J.S.A. 18A:12-1.2 or N.J.S.A. 18A:39-19.1.

## 6. Contractor Codes

County	County Code	ESS	Contractor Code	Contributor's Case Number
Atlantic	01	ESS	7005	017005
Bergen	03	ESS	7002	037002
Burlington	05	ESS	7006	057006
Camden	07	ESS	7001	077001
Cape May	09	ESS	7009	097009
Cumberland	11	ESS	7010	117010
Essex	13	ESS	7011	137011
Gloucester	15	ESS	7012	157012
Hudson	17	ESS	7008	177008
Hunterdon	19	ESS	7013	197013
Mercer	21	ESS	7014	217014
Middlesex	23	ESS	7007	237007
Monmouth	25	ESS	7015	257015
Morris	27	ESS	7016	277016
Ocean	29	ESS	7003	297003
Passaic	31	ESS	7017	037002
Salem	33	ESS	7004	337004
Somerset	35	ESS	7018	357018
Sussex	37	ESS	7019	377019
Union	39	ESS	7020	397020
Warren	41	ESS	7021	417021

7. Once you submit your information, you will be asked to pay an \$11 fee, (\$10.00 administrative fee for the department to process the request and issue an approval letter, and an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information.) The only accepted methods of payment are Visa, MasterCard, and American Express or Discover credit cards. Click **Next**.
8. Complete payment information on the next screen.
9. After completing the transaction, you will be presented with three required steps:
  - View and/or print your New Administration Fee Payment Request confirmation page
  - View and/or print your IdentoGO NJ Universal Fingerprint Form
  - Click here to schedule your fingerprinting appointment
10. Select the first option “**View and/or print your New Administration Fee Payment Request confirmation page**”, which will state “**Your ePayment transaction has been processed successfully.**” Print a copy of the receipt by clicking the print button in the upper right corner of the page and retaining this copy for your records.

11. Next select the second option “**View and/or print your Identogo NJ Universal Fingerprint Form**” to complete the Identogo NJ Universal Fingerprint Form. Type the missing information into the seven highlighted boxes (*height, weight, maiden name if applicable, and place of birth, country of citizenship, hair color, and eye color*). After the form is complete, you must click the “**Submit**” button at the bottom of the page. When the form has been submitted, you must view and print the **Identogo NJ Fingerprint Form** and present it at the time of LiveScan fingerprinting.  
  
\* **You will not be fingerprinted without this form.**
12. Access the IDEMIA web page by selecting the third option: **Click here to schedule your fingerprinting appointment** or you can **call 1-877-503-5981** to schedule. Once you are on the correct page, click the following link: <https://uenroll.identogo.com/> under the New Appointment section and follow the prompts.
13. Enter the Service Code—**2F1FB1** – Select **GO**
14. Select Schedule or Manage Appointment-
  - Fill out all of the necessary information on the form and click next
  - Contributors Case Number - **Refer to Chart Above**
15. Additional Information you can use when registering-
  - Originating Agency Number (ORI#) - **NJ930100Z**
  - Category - **EDK**
  - Statute Number - **18A:6-7.2**
  - Reason for Fingerprinting - **Public School Employment**
  - Document Type - **RB1**
  - Payment Information - **\$66.05**
  - Contributors Case Number - **Refer to Chart Above**
16. You will need to pay a fee of \$66.05 by credit card upon scheduling or provide a money order at scheduled appointment—Personal Checks and Cash are not accepted
17. In about two weeks, you will be able to [Click Here](#) or copy and paste the following into your browser: <https://homerom5.doe.state.nj.us/chrs18/?app-emp-history> to check the status of your criminal history letter and view/print your **Applicant Approval Employment History**.



## New Jersey Credentialing Archive Instructions

Applicants who were digitally fingerprinted subsequent to February 21, 2003 and have had the state fingerprint image retained by the NJSP and category Education Keep (EDK) are eligible for the Archive Submission Process. This form must include the most recent **Process Control Number (PCN)** obtained from your previous MorphoTrust receipt or your Applicant Approval Employment History from the Criminal History Review Unit website. You will not be required to go to a site to be digitally fingerprinted.

Please [click here](#) or copy and paste the following web address into your browser to begin the archival process: <https://homeroom4.doe.state.nj.us/chr/>. Follow the below instructions exactly as written. **Any modifications you make may result in additional fees and/or additional time added to the hiring process.**

1. Select the second option: **Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003).**

▶ **Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)**

You must have been previously printed through the Department of Education subsequent to February 21, 2003 and the state print image retained by the State Bureau of Identification to be eligible for the Archive process. If you were fingerprinted as a College Student or as a Volunteer and paid a reduced fingerprinting fee, you are not eligible for the archive process.

2. Please enter your Social Security number to ascertain if you are eligible for the archival process. Click **Continue**.
3. Select the first option, **All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools.**

**Please select an AA&C form:**

**You must have been previously printed through the Dept. of Education subsequent to February 21, 2003 and the state print image retained by the State Bureau of Identification to access the Archive process**

- 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools**
- 2. All School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities, Charter Schools and Authorized School Bus Contractors**
- 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools**

- Next, you will be prompted to enter your personal information. When you reach the **Job Category** box (shown below), select **\*Substitute Teacher or \*Substitute Aide**.
- When you reach the **School Info** box, please leave all selections blank –except under **Contractor/Vendor** section. The first dropdown list is for you to select **County**, and the second dropdown list is for **you to select \*ESS from the available Contractor/Vendor options**.

\* Selecting a different option will incur additional fees for you.

\* Please reference the chart on the next page for accurate and acceptable County and Contractor/Vendor information.

**Applicant Information:**

PCN\*:  ( To look up your PCN number, please click [here](#) )

Last Name\*:  ---Suffix---  First Name\*:  Middle Init.:

Social Security No. \*:  ( Number only without "-" )

Date of Birth\*: ---month---  ---day---  ---year---

Sex\*: ---- select ----

Race\*: ---- select ----

Street Address\*:

City\*:

State\*: ---select---  Zip\*:

**Job Category\*:**

New School Info. \*:

Public School Selection

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LEAVE BLANK

Other School Selection

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LEAVE BLANK

Contractor/Vendor

----- Select County -----  \*

ESS(7001)  \*

## Contractor Codes

County	County Code	ESS	Contractor Code	Contributor's Case Number
Atlantic	01	ESS	7005	017005
Bergen	03	ESS	7002	037002
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Cape May	09	ESS	7009	097009
Cumberland	11	ESS	7010	117010
Essex	13	ESS	7011	137011
Gloucester	15	ESS	7012	157012
Hudson	17	ESS	7008	177008
Hunterdon	19	ESS	7013	197013
Mercer	21	ESS	7014	217014
Middlesex	23	ESS	7007	237007
Monmouth	25	ESS	7015	257015
Morris	27	ESS	7016	277016
Ocean	29	ESS	7003	297003
Passaic	31	ESS	7017	037002
Salem	33	ESS	7004	337004
Somerset	35	ESS	7018	357018
Sussex	37	ESS	7019	377019
Union	39	ESS	7020	397020
Warren	41	ESS	7021	417021

6. Proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click **Next**.
7. Submit your credit card payment. Total payment is \$28.75. Click **Continue** and then click **Make Payment** at the bottom of the next page.
8. The Payment Confirmation page will state **Your ePayment transaction has been processed successfully**. You should print a copy of this receipt.
9. In about two weeks, you will be able to [click here](#) or copy and paste the following into your browser: <https://homerom5.doe.state.nj.us/chrs18/?app-emp-history> to check the status of your criminal history letter and view/print your **Applicant Approval Employment History**.



## New Jersey Transfer Instructions

Effective January 18, 2011, individuals serving in substitute positions who transfer from one employer to another, must submit a Transfer Request online at the department website, to the Criminal History Review Unit.

Please [click here](#) or copy and paste the following web address into your browser to begin the transfer process: <https://homerom4.doe.state.nj.us/chr/>.

\* There is a \$6.00 fee per request.

1. Select the fourth option: **Transfer Request (Only Substitutes & Bus Drivers are eligible)**.

► **Transfer Request (Only Substitutes & Bus Drivers are eligible)**

May only be completed by applicants, Educational Facilities, Contractors or Vendors.

2. Enter your Social Security number to ascertain if you are eligible for the transfer process. Click **Continue**.
3. The screen will display the options below. Select **For All Other Job Categories**.

To enter Transfer Request form, please select your current Job Category:

► **For All Bus Drivers ONLY**

► **For All Other Job Categories**

4. Next, you will be prompted to enter your personal information. When you reach the **Job Category** box (shown below), select **\*Substitute Teacher** or **\*Substitute Aide**.
5. When you reach the **School Info** box, please leave all selections blank – except under **Contractor/Vendor** section. The first dropdown list is for you to select **County**, and the second dropdown list is for **you to select \*ESS from the available Contractor/Vendor options**.

\* Selecting a different option will incur additional fees for you.

\* Please reference the chart on the next page for accurate and acceptable County and Contractor/Vendor information.

**Applicant Information:**

PCN\*:  ( To look up your PCN number, please click [here](#) )

Last Name\*:  ---Suffix---  First Name\*:  Middle Init.:

Social Security No.\*:  ( Number only without "-" )

Date of Birth\*: ---month---  ---day---  ---year---

Sex\*: ----- select -----

Race\*: ----- select -----

Street Address\*:

City\*:

State\*: ---select---  Zip\*:

Job Category\*:

New School Info. \*:

Public School Selection

**LEAVE BLANK**

Other School Selection

**LEAVE BLANK**

Contractor/Vendor

\*

\*

6. Notify ESS once this step is completed.
7. In about 48 hours, you will be able to [Click Here](#) or copy and paste the following link into your browser: <https://homerom5.doe.state.nj.us/chrs18/?app-emp-history> to check the status of your criminal history letter and view/print your **“Applicant Approval Employment History.”**

## Contractor Codes

<b>County</b>	<b>County Code</b>	<b>ESS</b>	<b>Contractor Code</b>	<b>Contributor's Case Number</b>
Atlantic	01	ESS	7005	017005
Bergen	03	ESS	7002	037002
Burlington	05	ESS	7006	057006
Camden	07	ESS	7001	077001
Cape May	09	ESS	7009	097009
Cumberland	11	ESS	7010	117010
Essex	13	ESS	7011	137011
Gloucester	15	ESS	7012	157012
Hudson	17	ESS	7008	177008
Hunterdon	19	ESS	7013	197013
Mercer	21	ESS	7014	217014
Middlesex	23	ESS	7007	237007
Monmouth	25	ESS	7015	257015
Morris	27	ESS	7016	277016
Ocean	29	ESS	7003	297003
Passaic	31	ESS	7017	037002
Salem	33	ESS	7004	337004
Somerset	35	ESS	7018	357018
Sussex	37	ESS	7019	377019
Union	39	ESS	7020	397020
Warren	41	ESS	7021	417021

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**

W. Andrew Hall  
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  
ESS  
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 \_\_\_\_\_

**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