

THE COLLEGE OF NEW JERSEY- APPLICATION FOR STATE OF NJ CERTIFICATION

1.	Legal Name/Gender	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2.	Date of Birth/SS#	Date of Birth:	SS#
3.	Street Address		
4.	City, State, Zip Code		
5.	Phone Number / TCNJ ID#		TCNJ ID#
6.	Personal Email address DO NOT USE TCNJ EMAIL		
7.	Citizenship	<input type="checkbox"/> I am a U.S. citizen applying for a State of NJ teaching certificate. (Complete Oath of Allegiance #14). If not, have you filed a declaration of Intention form <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not a U.S. citizen, I am applying for a CQ	
8.	Certification(s) Applying For (select all that apply)	<input type="checkbox"/> Elementary Ed. <input type="checkbox"/> Early Childhood Ed. <input type="checkbox"/> Social Studies <input type="checkbox"/> Physics <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Biology <input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> Chemistry <input type="checkbox"/> Technology Ed. <input type="checkbox"/> Spanish <input type="checkbox"/> Health & Physical Ed. <input type="checkbox"/> Driver's Ed. <input type="checkbox"/> Middle School E/LA <input type="checkbox"/> Middle School Math <input type="checkbox"/> Middle School Social Studies <input type="checkbox"/> Middle School Science <input type="checkbox"/> Special Education <input type="checkbox"/> BVI <input type="checkbox"/> DHH <input type="checkbox"/> Sign Lang <input type="checkbox"/> School Counselor <input type="checkbox"/> SAC <input type="checkbox"/> Reading Specialist <input type="checkbox"/> LDTC <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Bilingual/Bicultural <input type="checkbox"/> Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> School Nurse <div style="text-align: right;">Other _____</div>	
9.	Health Requirement (select ALL that apply)	<input type="checkbox"/> I completed a college-level biology, health, or BIO 104 course. <input type="checkbox"/> I completed a State of NJ Health/Physiology test. <input type="checkbox"/> I already hold a State of NJ instructional certificate.	
10.	New Jersey Certification	Have you ever held a State of NJ instructional certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, submit copy of certificate(s) and letter of experience with application.	
11.	Other State Certification	Do you hold a valid standard certificate in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, submit a copy of certificate(s) with application.	
12.	Suspension/Revocation Conviction Failure to complete these items will result in rejection of the candidate's application for certification. * If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information for the Oath of Allegiance form.	Please check whichever applies: <ol style="list-style-type: none"> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * <input type="checkbox"/> Yes <input type="checkbox"/> No 	

13.	Completed Programs	<u>College</u>	<u>Degree Earned</u>	<u>Year</u>	<u>GPA</u>
<p>14. Oath of Allegiance</p> <p>Choose one of the following:</p> <p>Option I</p> <p>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.</p> <p>Option II</p> <p>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.</p>					
15.	Notary Signature (do not complete)	Sworn and subscribed to before me this _____ day of _____, 20_____ Notary Signature _____		Notary Seal	
16.	Applicant Signature (written or electronic)	I certify that all statements and information provided herein are true and accurate. _____ Date _____ Applicant Signature			
17.	Race (required)	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> 2+ Races <input type="checkbox"/> Other: _____			
<p>*For Office Use Only*</p> <p>*Office Notes*</p> <p>BATCH# _____</p>		<input type="checkbox"/> Dec _____ <input type="checkbox"/> May _____ <input type="checkbox"/> August _____ <input type="checkbox"/> Fee <input type="checkbox"/> Praxis <input type="checkbox"/> HIB <input type="checkbox"/> ACTFL <input type="checkbox"/> SLPI <input type="checkbox"/> edTPA <input type="checkbox"/> Copy of Cert <input type="checkbox"/> Ltr of Exp <input type="checkbox"/> Hold <input type="checkbox"/> Problem <input type="checkbox"/> Clear <input type="checkbox"/> Pre-Post <input type="checkbox"/> Awarded			