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

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| **1**. | **Legal Name/Gender** | **Name:** | **Gender:** | * **Male ☐Female**
* **Other**
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| **2**. | **Date of Birth/SS#** | **Date of Birth:** | **SS#** |
| **3.** | **Street Address** |  |
| **4.** | **City, State, Zip Code** |  |
| **5.** | **Phone Number**  |  | **TCNJ PAWS ID#** |
| **6.** | **Use email address created in NJEDCERT Account** |
| **7.** | **Citizenship** | * **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 ☐Yes ☐No**
* **I am not a U.S. citizen, I am applying for a CQ (Graduate Overseas Candidates)**
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| **8.** | **Certification(s)****Applying For****(select all that apply)** | * **Elementary Ed. ☐ Early Childhood Ed. ☐ Social Studies K-12 ☐ Physics K-12 ☐ English K-12**
* **Math K-12 ☐Biology K-12 ☐Art K-12 ☐ Music K-12 ☐ Chemistry K-12 ☐ Technology Ed. K-12**
* **Spanish K-12**
 |
|  |  | * **Middle School E/LA ☐ Middle School Math ☐ Middle School Social Studies ☐ Middle School Science**

**\*\*\* All Middle School Endorsements are grades 5-8\*\*\*** |
|  |  | * **Special Education ☐ DHH Oral/Aural ☐ DHH Sign Language (SLPPI required)**

**☐ School Counselor ☐ SAC ☐ English as a Second Language ☐ Bilingual/Bicultural** * **Principal ☐ Supervisor ☐ School Nurse Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| **9.** | **Health Requirement (select ALL that apply)** | * **I completed a college-level biology, health, or BIO 104 course.**
* **I completed a State of NJ Health/Physiology test.**
* **I already hold a State of NJ instructional certificate.**
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| **10.** | **New Jersey Certification****(Graduate Candidates)** | **Have you ever held a State of NJ instructional certificate?*** **Yes ☐No -If yes, submit copy of certificate(s) and letter of experience with application.**
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| **11.** | **Other State****Certification****(Graduate Candidates)** | **Do you hold a valid standard certificate in another state?*** **Yes ☐No –If yes, submit a copy of certificate(s) with application.**
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| **12.** | **Suspension/Revocation Conviction** | **Please check 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** |
|  | **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.** |
| **13.** | **Completed Programs** | **College**  |  | **Degree Earned** | **Year** | **GPA** |
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| **14.** | **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.** |
| **15.** | **Applicant Signature (written or electronic)** | **I certify that all statements and information provided herin are true and accurate.****Applicant Signature Date** |  |
| **16.** | **Notary Signature (do not complete)** |

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| --- | --- |
| **Sworn and subscribed to before me this day of , 20** **Notary Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Notary Seal** |

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| **17.** | **Race (required)** | * **Asian**
* **White**
 | * **Black**
* **2+ Races**
 | * **Hawaiian Native ☐Hispanic**
* **Other:**
 |  | * **Native American**
 |
| **\*For Office Use Only\*****NOTES:** | * **Dec ☐ January\_\_\_\_\_\_\_\_ ☐ May ☐ August \_\_\_\_\_\_\_\_\_\_**

 **☐ Praxis ☐ HIB ☐ ACTFL ☐ SLPI ☐ Copy of Cert ☐ Letter of Exp.** |
| * **Hold ☐Problem ☐Clear ☐Pre-Post ☐Awarded**
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