

## SUBSTITUTE TEACHER'S LICENSURE PROCEDURES

For issuance of a Substitute Teacher's Credential, in Camden County, the following items should be sent to the local school district where applicants are seeking employment:

1. Substitute Application Form (REV. 5/10), (obtain Superintendent's signature).
  2. Oath of Allegiance/Verification of Accuracy Form with signature notarized.
  3. Official transcripts containing a minimum of 60 semester hour credits completed in an accredited college.
  4. Certified checks, personal checks or money order payable to "Commissioner of Education," in the amount of \$125.00 (Checks must be dated within 30 days of submission to County Office.)
  5. Criminal history qualification letter from the Department Of Education. (The approval letter for Initial Issuance should be no more than five months old.)
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For issuance of a Career and Technical Education Credentials in Camden County, the following items should be sent to the local school district where applicants are seeking employment:

1. Substitute Application Form (REV. 5/10) (obtain Superintendent's signature).
  2. Oath of Allegiance/Verification of Accuracy Form with signature notarized.
  3. Experience statement from employer documenting two years of full-time work experience within the past five years in the appropriate career cluster or valid occupational license.
  4. Certified checks, personal checks, or money order payable to "Commissioner of Education" in the amount of a \$125.00. (Checks must be dated within 30 days of submission to County Office.)
  5. Criminal history qualification letter from the Department of Education.
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For issuance of Substitute School Nurse License /Non-instructional Credential, the following items should be submitted to the local school district where applicants are seeking employment:

1. Substitute Application Form (REV. 5/10), (obtain Superintendent's signature).
  2. Oath of Allegiance/Verification of Accuracy Form with signature notarized.
  3. Copy of R.N. License for the State of New Jersey notarized.
  4. Certified checks, personal checks or money order payable to "Commissioner of Education," in the amount of \$125.00(Checks must be dated within 30 days of submission to County Office.)
  5. If Teaching Submit Official Transcripts.
  6. Criminal History qualification letter from Department of Education.
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For issuance of Athletic Coach Holding Substitute Credential in Camden County, the following items should be submitted to the local school district where applicants are seeking employment:

1. Athletic Coach Application and all required documents listed.

For issuance of a Duplicate Credential, in Camden County, the following items should be submitted to the local school district where you are seeking employment:

1. Substitute Credential Application Form (Rev.5/10)
  2. Duplicate Substitute Credential Request Form along with three forms of identification as noted on the form including the mandatory photocopy of the applicant's social security card.
  3. Certified check, money order, or money order payable to "Commissioner of Education," in the amount of \$60.00. (Checks must be dated within 30 days of submission to County Office.)
  4. Updated Criminal History Report.
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For issuance of Renewal Credentials, in Camden County, the following items should be submitted to the local school district where applicants are seeking employment:

1. Substitute Application Form (Rev. 5/10), obtain Superintendent's signature.
  2. Oath of Allegiance/Verification of Accuracy Form with signature notarized.
  3. Certified check, personal check, or money order payable to "Commissioner of Education," in the amount of \$125.00. (Checks must be dated within 30 days of submission to County Office.)
  4. Return your expired Substitute Certificate. Can be renewed up to 6 months before they expire.
  5. Updated Criminal History Report.
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**NOTE: A substitute credential is not needed for persons who hold a standard New Jersey Instructional license, Certificate of Eligibility (CE), or Certificate of Eligibility with advanced Standing (CEAS).**

(REV. 5/10)  
 STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION  
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS  
 SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: \_\_\_\_\_

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: 9-6.5(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 USE</b>	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name _____	Signature _____
District _____	Date _____

<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                  Date of Criminal History Approval if applicable _____ or                  Date of Emergent Hire Approval if applicable _____                  CERTIFICATE # _____                  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.  <input type="checkbox"/> RN License # _____ Exp. Date _____</p>
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New Jersey State Department of Education  
Office of Licensure and Credentials

**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

Email Address

Phone Number Including Area Code

*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. This form is to be completed only by those individuals who are U.S. citizens.

**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.

Have you ever had a certificate revoked or suspended in this or any state? Circle whichever applies  
If yes, enclose a statement indicating the action taken and provide the pertinent details. Yes No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details. Yes No

**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 Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

**NON-CITIZEN OATH OF ALLEGIANCE**

**IMPORTANT: This form is to be completed by only those individuals who are NOT U.S. citizens.**

**A. Please print your name as it appears on any documentation that you are required to submit.**

Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date Of Birth	Month	Day	Year
E-mail Address		Phone Number	Area Code		
Endorsement Information. Please enter below the code and print the name of the each endorsement for which you are applying.					
Endorsement Code		Endorsement Name			

**B. Oath of Allegiance – choose one of the options below. (To be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9.)**

**Option I**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey, so help me God.

**Option II**

I, \_\_\_\_\_ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

**C. Certification** *Failure to complete these items will result in rejection of the candidate's application for certification.*

Have you ever had a certificate revoked or suspended in this or any state? If yes, enclose a statement indicating the action taken and provide the pertinent details.	Circle whichever applies Yes      No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.	Circle whichever applies Yes      No

**D. Verification of Accuracy**

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)	Date
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Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Seal	Notary Signature
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Once completed, mail the form to:  
 New Jersey State Department of Education  
 Office of Licensure and Credentials  
 P.O. Box 500  
 Trenton, New Jersey 08625-0500  
 Attention: Non-Citizen Oath of Allegiance

New Jersey State Department of Education  
Camden County Office

## DUPLICATE SUBSTITUTE CREDENTIAL REQUEST

This form is only to be used to request the reprint of a substitute credential due to the loss of the original document previously issued in Camden County. Only one (1) reprint per credential can be accommodated. None of the applicant's personal information can be changed. In order for your reprint request to be processed, this form must be completed in its entirety. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification and a notarized statement of loss for those credentials that are no longer in your possession.

### SUBSTITUTE CREDENTIAL TO BE REPRINTED

Please remember to enclose your personal check, certified check or money order for the amount of the \$60.00 made out to the "Commissioner of Education."

**A. Basic Information** Please print your name as it appears on your current credential.

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

Email address

**B. Documentation Requirements:** In this section, the applicant is required to submit *no less than three* types of identification including a mandatory photocopy of an individual's social security card. Clear and legible photocopies of these cards and papers should be attached to this form.

**Submission of identification – Check boxes of those items for which you have attached copies.**

**Required COPY of Your Social Security Card** -- A photocopy of the applicant's social security card *must* be submitted as one of three types of identification for the purpose of reprinting a substitute credential. For a replacement card please contact the Social Security Administration at 1-800-772-1213 or go to <http://www.ssa.gov/ssnumber> and click on Replacement Card. The remaining two items may be selected from the items listed below.

**Also include COPIES of any two of the following items.**

Certificate of Birth (Raised Seal Copy)

Valid Marriage License

Valid New Jersey or Out-of-State Auto Operator License

United States Passport (current or expired within 3 years)

Adoption Papers

Certificate of Citizenship

Certificate of Naturalization

Valid United States Military Photo ID Card

Valid New Jersey Non-Driver Digital ID Card

**D. Applicant's Signature (in ink)**

**Date**

**C. Notarized Statement of Loss & Substitute Credential Reprint Status**

Where credentials previously issued to you are no longer in your possession (e.g., lost), please enter the information for each substitute credential below.

**List of Previously Issued Credentials No Longer in Your Possession That You Wish Reprinted**

Indicate Type of Substitute Credential (Teacher/School Nurse-Non-instructional/Career and Technical Education/Educational Interpreter)	Date Issued (mm/dd/yyyy)

**D. Certification** *Failure to complete these items will result in rejection of the candidate's application for substitute credential.*

Have you ever had a certificate revoked or suspended in this or any state?  
If yes, enclose a statement indicating the action taken and provide the pertinent details.

Circle whichever applies  
Yes      No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Circle whichever applies  
Yes      No

**NOTARY.** Present this form to a notary public and have the following notarized. The notary will affix his/her raised seal stamp to this document. *DO NOT ATTACH OR ENCLOSE ORIGINAL DOCUMENTS.*

Applicant's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Seal

Notary Signature

Date of Signature

**NEW JERSEY STATE DEPARTMENT OF EDUCATION**

P.O. Box 500  
100 Riverview Plaza  
Trenton, New Jersey 08625-0500

**APPLICATION FOR APPROVAL TO HIRE ATHLETIC COACH HOLDING SUBSTITUTE CREDENTIAL**

**PURPOSE:** To provide county superintendent of schools with necessary information to approve a person holding a Substitute Credential as an interscholastic coach pursuant to N.J.A.C. 6A:9-5.19.

**INSTRUCTIONS:** Answer all items listed below and attach materials as follows:

1. Copy of advertisement for coaching position.
2. Original County Substitute Credential
3. Copy of standards for coaching position.
4. Letter from district superintendent attesting to knowledge and experience of prospective coach.

RETURN TWO COPIES OF THE COMPLETED APPLICATION TO THE COUNTY SUPERINTENDENT

Name of District \_\_\_\_\_  County \_\_\_\_\_

Type of vacant coaching position \_\_\_\_\_ Date of Assignment \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

FOR DISTRICT USE ONLY		FOR COUNTY USE ONLY		
Please indicate attachments by placing an X on the line in front of each item.		Check yes or no for acceptance		
		Yes	No	If no, state reason
<input type="checkbox"/>	Copy of coaching vacancy advertisement			
<input type="checkbox"/>	Original county substitute credential			
<input type="checkbox"/>	Copy of standards for position			
<input type="checkbox"/>	Letter attesting to knowledge and experience			
<input type="checkbox"/>	Other (specify)			

Statement of Assurance: No applicants holding New Jersey State Teacher Certification qualified for position based on written standards.

Please print name of Chief School Administrator \_\_\_\_\_

Signature of Chief School Administrator \_\_\_\_\_ Date \_\_\_\_\_

**FOR COUNTY USE ONLY**

Application is: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason for disapproval \_\_\_\_\_

Signature of County Superintendent \_\_\_\_\_ Date \_\_\_\_\_