



SCHOOL OF EDUCATION

APPLICATION FOR NJ CERTIFICATION & LICENSURE

NOTE: INCOMPLETE AND HAND WRITTEN APPLICATIONS WILL BE RETURNED.

- 1. CERTIFICATE REQUESTED:
2. Z#
3. PERSONAL EMAIL (Non-Stockton)
4. LAST NAME FIRST MIDDLE INT'L
5. MAIDEN NAME
6. Social Security #
7. HOME ADDRESS: STREET CITY ST ZIP
8. CELL PHONE #
9. DATE OF BIRTH
10. SEX: M F
11. OPTIONAL INFORMATION: ASIAN BLACK MEXICAN AMERICAN PUERTO RICAN OTHER HISPANIC NATIVE AMERICAN NATIVE HAWAIIAN WHITE

- 12. ARE YOU A U.S. CITIZEN? * IF NO, Non-Citizens must COMPLETE AND SUBMIT with application a notarized Non-Citizen Oath of Allegiance AND an Affidavit of Intent to Become a Citizen
13. HAVE YOU EVER HELD A NJ TEACHER'S CERTIFICATE? * IF YES, SUBMIT a copy with your application.
14. DO YOU HOLD A VALID STANDARD CERTIFICATE IN ANOTHER STATE? * IF YES, SUBMIT copy(ies) of certificate(s) with application.
15. 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 with application a Criminal/Offense Information Form

- 16. 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? *
17. HAVE YOU EVER SURRENDERED OR RELINQUISHED AN EDUCATION OR OTHER PROFESSIONAL CERTIFICATE, LICENSE OR CREDENTIAL IN NEW JERSEY OR ANY OTHER STATE OR JURISDICTION? *
18. 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? *
19. 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? *
20. ARE YOU THE SUBJECT OF ANY CIVIL, CRIMINAL OR ADMINISTRATIVE INVESTIGATION IN NEW JERSEY OR ANY OTHER STATE OR JURISDICTION? *

*IF YOU ANSWERED "YES" to any questions between 16 – 20, COMPLETE AND SUBMIT with application "ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE FORM"

Authorization to Duplicate Transcripts and Release Resume' Information

Effective January 1, 1987, certification regulations require all individuals seeking a teaching certificate to submit transcripts of all previous college work to the New Jersey Department of Education Certification Bureau (presently the Office of Licensure and Credentials) along with the completed application form and a copy of a final student teaching evaluation form.

Please complete the information requested below, sign where indicated, and return this form to the School of Education office with the certification application. This allows the college to send your transcripts to the New Jersey Department of Education. The transcripts will be duplicated from official copies in the files of the Office of Student Records at Stockton.

A number of school districts have asked for the name, address, phone number and certifications of graduating seniors. If you wish to have us share that information with school districts, please indicate below.

I, _____, hereby authorize the School of Education to forward copies of my resume' and transcripts of college work, including work completed at the other accredited schools, to school districts and to the New Jersey Department of Education as part of my certification application package.

(Date)

(Signature)

*** OFFICIAL STOCKTON UNIVERSITY TRANSCRIPTS, (THAT INCLUDE CONFERRAL OF BA AND PROGRAM COMPLETION), WILL BE SUBMITTED FOR REVIEW TO DETERMINE YOUR ELIGIBILITY FOR CERTIFICATION BY STOCKTON

THE REMAINDER OF THIS APPLICATION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY

OATH OF ALLEGIANCE (CITIZENS) *(NEW JERSEY CERTIFICATE HOLDERS EXEMPT)

I, _____, DO SOLEMNLY SWEAR, (OR AFFIRM) THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION 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.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ A.D. _____.

NOTARY SIGNATURE

DATE

NOTARY SEAL

*NON-CITIZENS MUST COMPLETE A NON-CITIZEN OATH OF ALLEGIANCE AND AN AFFIDAVIT OF INTENT TO BECOME A CITIZEN.

I CERTIFY THAT THE PREVIOUS STATEMENTS AND DATA ARE CORRECT.

DATE SIGNATURE
*** TO BE SIGNED IN THE PRESENCE OF A NOTARY ***

New Jersey State Department of Education
Office of Certification and Induction

DATE OF BIRTH RECORD CORRECTION REQUEST

Please note that your date of birth is one of three essential security fields in our database. To help prevent identity theft, we must require you to fill out and send in this notarized form. You will be informed by email when your date of birth has been updated in our system. Thank you for your patience.

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

Date of Birth: Month Day Year

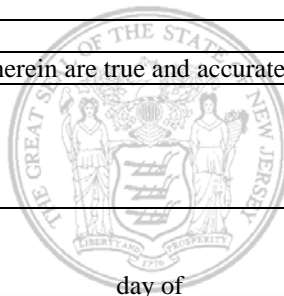
Social Security Number Phone Number Including Area Code

Email Address:

C. 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: Date of Birth Record Change Request

Filename and Path and Revision Date 05.20.14

PRINT ALL THREE (3) PAGES
PAGES 1 & 3 NEED TO BE NOTARIZED