

(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)

FOR DISTRICT USE	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name _____	Signature _____
District _____	Date _____

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION <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 _____	VOCATIONAL / SCHOOL NURSE APPLICATION <input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp.Date _____
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