



Burlington County Special Services School District Burlington County Institute of Technology

Request for Substitute Certificate or to Renew Substitute Certificate

A minimum of 60 semester credit hours from an accredited college or university is required to receive an Instructional Substitute Certificate. A Substitute Certificate is issued for a five (5) year period and the candidate assumes responsibility for Certificate renewal; not the school district or the County Board of Education Office.

A person holding a valid NJ Instructional Certificate is not required to apply for a Substitute Certificate. He/she may substitute in areas outside the scope of this certificate for no more than 20 consecutive days in the same position.

All items must be returned to the **Personnel Office** as a complete package:

1. Two (2) Original Completed Applications (*One form is shaded; both forms must be completed and included as part of your application, no copies are accepted*)
2. Completed Oath of Allegiance – must be signed in front of a Notary
3. Money Order or Certified Check in the amount of \$125.00 made payable to **Commissioner of Education** (please print your name and address on check)
4. Official Sealed College Transcripts indicating a minimum of 60 credits*
5. Copy of Criminal History Approval Letter – use link in order to apply <http://www.state.nj.us/education/educators/crimhist/>
6. Completed County Form
7. If applying for a Substitute Nursing Certificate please include Official Verification of NJRN License

If renewing your Substitute Certificate, it is not necessary to include College Transcripts or copy of Criminal History Approval Letter.

Personnel will forward all completed packages to the Burlington County Board of Education Office for processing. Once we receive your Original Certificate from the County Office candidates will be notified with instructions on picking up your certificate.

Keep your original certificate in a safe place since it is your responsibility to keep it current.

* If you are applying for a CTE or Nursing Substitute Teacher Certification please contact Personnel to assist. There are other documents that may be substituted for the required transcripts.

(REV. 10.15.14)
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
 DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION
 SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: _____

NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED

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: 9B-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

Regionally-Accredited College Name	Location	EDUCATION Degree / Degree Date	Major	# Credits

WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____
 (Signature of Applicant) (Date)

<u>FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION</u>	
Print Name of District Representative or District Designee Representative _____	Signature of District Representative or District Designee Representative _____
Name of District for Which Application is Transmitted _____	Date _____
Name Vendor / Firm if Transmitted by Designee _____	*District designee is defined as a vendor / firm that contracts with the district for this purpose.

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

(REV. 10.15.14)
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
 DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION
SUBSTITUTE CREDENTIAL APPLICATION COUNTY: _____

NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED

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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 OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION

Print Name of District Representative or District Designee Representative _____

Signature of District Representative or District Designee Representative _____

Name of District for Which Application is Transmitted _____

Date _____

Name Vendor / Firm if Transmitted by Designee _____

*District designee is defined as a vendor / firm that contracts with the district for this purpose.

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION

Application Oath Transcripts Fee
 Date of Criminal History Approval if applicable _____ or
 Date of Emergent Hire Approval if applicable _____
 CERTIFICATE # _____
 DATE OF ISSUE _____

VOCATIONAL / SCHOOL NURSE APPLICATION

For vocational applicants/notarized statement of previous employment or valid occupational license.
 RN License # _____ Exp. Date _____

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 _____

Tracking Number _____

Email Address _____

Phone Number Including Area Code _____

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

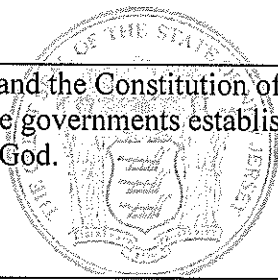
Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code _____ Name of Endorsement _____

B. Oath of Allegiance *Choose one of the following.*

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.*

Circle 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

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

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

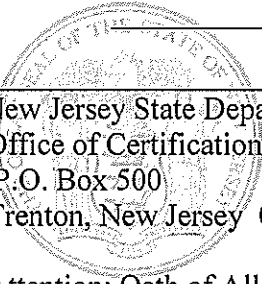
Applicant's Signature (in ink)

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 Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

NEW JERSEY DEPARTMENT OF EDUCATION
BURLINGTON COUNTY OFFICE OF EDUCATION
P.O. BOX 6000
MOUNT HOLLY, NJ 08060-6000

County Form

Name (Mr., Miss, Mrs., Ms.) _____

Maiden Name _____

Address _____
Street City State

Telephone Home _____ Cell _____

College Attended _____ Degree Granted _____
_____ Date _____

Social Security Number _____

Have you ever held a County Substitute Certificate? Yes _____ No _____

What County _____ Expiration Date _____

Check the NJ teaching licenses(s) you held or currently hold:

___ Standard ___ Certificate of Eligibility
___ Emergency ___ Non-Citizen
___ Provisional ___ Part-time
___ Certificate of Eligibility with Advance Standing

Name of School District where you are employed in Burlington County and the building: