

Rutgers University | Newark - APPLICATION FOR STATE OF NJ CERTIFICATION

1.	Legal Name/Gender	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2.	Date of Birth/SS#	Date of Birth:	SS#
3.	Street Address		
4.	City, State, Zip Code		
5.	Phone Number / RUID#		RUID#
6.	Personal Email DO NOT USE RU-N EMAIL		
7.	Citizenship	<input type="checkbox"/> I am a U.S. citizen applying for a State of NJ teaching certificate. (Complete Oath of Allegiance BOX #14). <input type="checkbox"/> I am not a U.S. citizen and I'm applying for a State of NJ teaching certificate. (Complete Oath of Allegiance BOX #15).	
8.	Certification(s) Applying For (select all that apply)	<input type="checkbox"/> Bilingual/Bicultural Ed <input type="checkbox"/> Biological Science <input type="checkbox"/> Chemistry <input type="checkbox"/> Earth Science <input type="checkbox"/> English <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics <input type="checkbox"/> Physical Science <input type="checkbox"/> Portuguese <input type="checkbox"/> Social Studies <input type="checkbox"/> Spanish <input type="checkbox"/> Technology Ed Other _____	
9.	Health Requirement (select ALL that apply)	<input type="checkbox"/> I completed a college-level biology, health, or nutrition course. <input type="checkbox"/> I have evidence of basic military training. <input type="checkbox"/> I completed/will need to complete a State of NJ Health/Physiology test. <input type="checkbox"/> I already hold a State of NJ instructional certificate.	
10.	New Jersey Certification	Have you ever held a State of NJ instructional certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, submit copy of certificate(s) and letter of experience with application.	
11.	Other State Certification	Do you hold a valid standard certificate in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No -If yes, submit a copy of certificate(s) with application.	
12.	Suspension/Revocation Conviction 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.	Please check whichever applies: <ol style="list-style-type: none"> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> No 	

		6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Completed Programs	<u>College</u>	<u>Degree Earned</u> <u>Year</u> <u>GPA</u>
14.	Notary Signature (do not complete)	Sworn and subscribed to before me this _____ day of _____, 20_____ Notary Signature _____	Notary Seal
15.	Applicant Signature (written or electronic)	I certify that all statements and information provided herein are true and accurate. _____Date_____	
		Applicant Signature	
16.	Race (required) check all that apply	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> 2+ Races <input type="checkbox"/> Other:_____	
For Office Use Only		<input type="checkbox"/> Dec _____ <input type="checkbox"/> May _____ <input type="checkbox"/> August _____	
Office Notes		<input type="checkbox"/> Fee <input type="checkbox"/> Basic Skills <input type="checkbox"/> Praxis II <input type="checkbox"/> edTPA <input type="checkbox"/> HIB <input type="checkbox"/> H/Psy <input type="checkbox"/> Cert Copy <input type="checkbox"/> OPI/WPT	
BATCH# _____		<input type="checkbox"/> Needs Review <input type="checkbox"/> Pending <input type="checkbox"/> Certified <input type="checkbox"/> Awarded <input type="checkbox"/> Submitted	