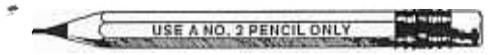
STATE OF NEW JERSEY

OFFICE OF LICENSING AND ACADEMIC CREDENTIALS

MARKING INSTRUCTIONS



WRONG MARKS ⊘ ⊗ ◒ ⊙

RIGHT MARK ●

DEPARTMENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

APPLICATION FOR LICENSURE

FROM

NEW JERSEY DEPARTMENT OF EDUCATION
CN 500
TRENTON, NJ 08625-0500

OUT-OF-STATE GRANDFATHERED TEACHER
OF N-8 ELEMENTARY

INSTRUCTIONS

PART A (2 Sides)

- For instructions in completing PART A of this application form, please refer to the HOW TO APPLY FOR LICENSURE or the PROVISIONAL TEACHER PROGRAM - INFORMATION AND APPLICATION packets.
- Enclose appropriate fee in money order or certified check payable to "Commissioner of Education." PERSONAL CHECKS ARE NOT ACCEPTED.

PART B (2 Sides)

- For instructions in completing PART B which is machine processed, carefully follow all directions or the forms will be returned to you.
- Use a No. 2 pencil. Do not use a pen. Do not tape, tear, or staple fees or any other documents to this form.
- Print the requested information in the boxes, and fill in the corresponding circle for each letter or number you enter. Erase errors completely.
- Be certain to complete all 4 pages of this application form.
- DO NOT SUBMIT PHOTOCOPIES OF THIS APPLICATION FORM. If additional forms are needed call (609) 292-2070.

PART A

1. SOCIAL SECURITY # _____ 2. PHONE # _____ _____
3. LAST NAME _____ FIRST NAME _____ M.I. ____ MAIDEN NAME _____
4. ADDRESS _____ APT. CITY _____ STATE _____ ZIP CODE _____ - _____
5. TRANSACTION(S) REQUESTED. PLEASE PRINT THE NAME OF THE ENDORSEMENT, e.g. ART, ENGLISH, PRINCIPAL, etc.
   A. LICENSE(S) / CERTIFICATE(S) _____ _____ _____
   B. EVALUATION(S) _____ _____ _____
   C. DUPLICATE(S) _____ _____ _____
   D. NAME CHANGE(S) _____ _____ _____
6. CHECK (✓) THE NJ LICENSE YOU HOLD ____ STANDARD ____ EMERGENCY ____ CERTIFICATE OF ELIGIBILITY WITH ADVANCED STANDING ____ CERTIFICATE OF ELIGIBILITY ____ NONE
7. ARE YOU A U.S. CITIZEN: ☐ Yes ☐ No
8. IF NO, HAVE YOU FILED A DECLARATION OF INTENTION: ☐ Yes ☐ No
9. ORIGINAL DOCUMENTATION OF YEARS OF TEACHING EXPERIENCE: ENCLOSED ☐ Yes ☐ No TO BE SUBMITTED ☐ Yes ☐ No
10. COPY OF OUT OF STATE CERTIFICATES: ENCLOSED ☐ Yes ☐ No TO BE SUBMITTED ☐ Yes ☐ No

PART A

11. EDUCATIONAL OR WORK EXPERIENCE: (LAST 3 POSITIONS) BEGIN WITH PRESENT POSITION:

POSITION HELD_____ DESCRIPTION_____
FROM_____ TO_____ EMPLOYER_____ STATE_____
POSITION HELD_____ DESCRIPTION_____
FROM_____ TO_____ EMPLOYER_____ STATE_____
POSITION HELD_____ DESCRIPTION_____
FROM_____ TO_____ EMPLOYER_____ STATE_____

12. HAVE YOU EVER HAD A CERTIFICATE REVOKED OR SUSPENDED IN THIS OR ANY OTHER STATE? ☐ Yes ☐ No
13. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN THIS OR ANY OTHER STATE OR ANY JURISDICTION OUTSIDE OF THE U.S.A.? ☐ Yes ☐ No
14. I GIVE PERMISSION TO SUBMIT INFORMATION FROM MY LICENSING FILE TO SCHOOL DISTRICTS FOR PURPOSES OF EMPLOYMENT. ☐ Yes ☐ No

15. **OFFICIAL COLLEGE TRANSCRIPTS** MUST BE SUBMITTED FOR REVIEW TO DETERMINE YOUR ELIGIBILITY FOR LICENSURE.

COLLEGE RECORD: (INCLUDE ALL COLLEGES) NAME OF COLLEGE	LOCATION (STATE)	TYPE OF DEGREE	YEAR EARNED	ENCLOSED	TO BE SUBMITTED
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

OATH OF ALLEGIANCE - (COMPLETED BY U.S. CITIZENS)

- NON-CITIZENS MUST COMPLETE A NON-CITIZEN OATH OF ALLEGIANCE AND AN AFFIDAVIT OF INTENT TO BECOME A CITIZEN
- NEW JERSEY LICENSE / CERTIFICATE HOLDERS ARE EXEMPT FROM COMPLETION.

16. 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.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ A.D. 20 _____. _____ NOTARY SIGNATURE _____ NOTARY SEAL

17. I CERTIFY THAT ALL STATEMENTS AND DATA ARE CORRECT. _____ DATE _____ SIGNATURE IN INK

•••APPLICANTS PROCEED TO PART B - DO NOT COMPLETE ITEM 18 BELOW•••

FOR COUNTY USE ONLY

18. COUNTY CODE _____ DISTRICT CODE _____ FEES: APPLICATION $ _____ TEST SCORE $ _____ EVALUATION $ _____ DUPLICATE $ _____ NAME CHANGE $ _____ TOTAL $ _____

METHOD OF PAYMENT: ☐ Certified Check ☐ P.M.O. ☐ B.M.O. ☐ Other

ATTACHMENTS: _____ DATE SUBMITTED: _____

FOR ADMINISTRATIVE USE ONLY

CERTIFICATE OF ELIGIBILITY/ADVANCED STANDING

TEST	SCORE	DATE	TYPE	LEVEL	FIELDS	ISSUE DATE	BASIS	COUNTY
			6					
			6					
			6					

LICENSES APPROVED FOR ISSUANCE AS FOLLOW:

TYPE	LEVEL	FIELDS	ISSUE DATE	EXPIRATION DATE	BASIS FOR APPROVAL	COUNTY	DISTRICT

EVALUATOR _____ TR ☐ KEEP CASE ☐ NO TRANSCRIPT INVOLVED ☐ TRANSCRIPT RETURNED TO COUNTY ☐ TRANSCRIPT DISCARDED ☐

16 YOUR MAILING ADDRESS

a. Street Address (include apartment number, if applicable) Use blank circle (◯) for spaces in address.

b. City

c. State

d. ZIP Code (U.S. only)

FOR OFFICE USE ONLY	DOLLARS	CENTS	FOR OFFICE USE ONLY
◯ AR ◯ REG ◯ AP			COMPLETE ◯ Yes ◯ No

PART COMPLETE BOTH SIDES

1 SOCIAL SECURITY NUMBER

(Fill in the correct circles)

2 NAME

Enter your full name, including your middle initial if you have one. Be sure to fill in the correct circles. Omit hyphens and apostrophes.

Last Name - First 20 letters | First Name - First 15 letters | M.I. | Maiden Name - First 10 letters

3 SEX

- Female
- Male

4 RACE (Optional)

- African American
- Asian/Pacific Islander
- Cuban
- Puerto Rican
- Other Hispanic
- Native American/ Alaskan Native
- White
- Other

5 DATE OF BIRTH (Fill in the correct circles)

MONTH	DAY	YEAR
Jan		
Feb		
Mar	0 0	0 0
Apr	1 1	1 1
May	2 2	2 2
June	3 3	3 3
July	4	4 4
Aug	5	5 5
Sept	6	6 6
Oct	7	7 7
Nov	8	8 8
Dec	9	9 9

6 U.S. CITIZEN ?

- Yes
- No

7 IF NOT A U.S. CITIZEN HAVE YOU FILED AN AFFIDAVIT OF INTENT?

- Yes
- No

8 HAVE YOU ANY TEACHING EXPERIENCE?

- Yes
- No

IF YES, YEARS ▶ (YEARS: 0 0 … 9 9)

9 DO YOU HOLD A STANDARD NEW JERSEY TEACHER'S LICENSE?

- Yes
- No

10 DO YOU HOLD A VALID, STANDARD LICENSE IN ANOTHER STATE? IF YES, SUBMIT COPY(IES).

- Yes
- No

11 INDICATE ALL DEGREES YOU HAVE EARNED

- Bachelor's
- Master's
  - Ed. Admin./Supr.
  - MBA
  - MLS
  - MPA
  - MED
  - MSW
  - MS
  - MA
- Other _____
- Doctoral (Ph.D., DBA, Ed.D., etc.)

12 GPA

13 HAVE YOU EVER HAD A CERTIFICATE REVOKED OR SUSPENDED IN THIS OR ANY OTHER STATE?

- Yes
- No

IF YES, ENCLOSE STATEMENT WITH DETAILS.

14 HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN THIS OR ANY OTHER STATE OR ANY JURISDICTION OUTSIDE OF THE U.S.A.?

- Yes
- No

IF YES, ENCLOSE STATEMENT WITH THE NAME OF THE MUNICIPALITY AND PROVIDE DETAILS.

15 REQUEST

- Certificate
- Evaluation
- Duplicate
- Name Change

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