

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

**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 \_\_\_\_\_