(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: UNION

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

Robert Gardella
Print Name of District Representative or District Designee Representative

Signature of District Representative or District Designee Representative

Summit
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	VOCATIONAL / SCHOOL NURSE APPLICATION
☐ Application ☐ Oath ☐ Transcripts ☐ Fee Date of Criminal History Approval if applicable _____ or Date of Emergent Hire Approval if applicable _____ CERTIFICATE # _____ DATE OF ISSUE _____	☐ For vocational applicants/notarized statement of previous employment or valid occupational license. ☐ RN License #_____ Exp.Date_____