

**STATE DEPARTMENT OF EDUCATION ESSEX COUNTY OFFICE**

**INSTRUCTIONS FOR APPLYING FOR A COUNTY SUBSTITUTE CERTIFICATE**

For a County Substitute certificate, submit the following items:

1. County substitute application (**original** signed by applicant and Superintendent/Director, Lead Person).
2. A personal check or money order, made payable to the “Commissioner of Education,” for \$125.00.
3. Oath of Allegiance- notarized (Non-Citizens submit Non-Citizen Oath)
4. Official transcript showing 60 semester hour credits from a regionally accredited college/university. Foreign credentials must be submitted to a foreign credential evaluation service. Original copy must be submitted.
5. Proof of fingerprinting - copy of criminal history approval letter
6. School Nurse – need copy of a valid RN license
7. Vocational – need to present 2 years of full-time experience in the appropriate career cluster. Shall be documented by an experience statement from an employer or presentation of a valid occupational license

Complete packet should be submitted to: Essex County Office  
Leroy F. Smith Public Safety Building  
60 Nelson Place, 1<sup>st</sup> Floor South  
Newark, NJ 07102  
Attention: Certification

(REV. 5/10)  
 STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION  
 DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS  
**SUBSTITUTE CREDENTIAL APPLICATION** COUNTY: \_\_\_\_\_

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: 9-6.5(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)

<b>FOR DISTRICT USE</b>	
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION	
Print Name _____	Signature _____
District _____	Date _____

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