

New Jersey State Department of Education  
Office of Certification and Induction

**ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE  
FOR THE APPLICATION OF CERTIFICATION**

Identification Information. Please print clearly.				
Last Name		First Name		Middle Name/Initial
Street Address				
City			State	Zip
Social Security Number	Date of Birth	Month	Day	Year

I. Please select (✓) appropriate question(s) from the list below and provide pertinent details. The State Board of Examiners and teacher licensing authority require that you provide additional information and documentation. The State Board of Examiners will review the information provided to determine if your application can be processed.

- 1. 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?
- 2. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction?
- 3. 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?
- 4. 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?
- 5. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction?

II. Please provide pertinent details regarding your "yes" answer to question 1, 2, 3, 4, or 5 from section (I) above and attach any official documentation.

III. You may provide any additional information or documentation that you would like the State Board of Examiners to consider. If you wish to provide additional information, please attach additional sheets.

**I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.**

Signature	Date (mm/dd/yyyy)
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Please return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500. For **substitute credentials** please return this form to your County Office of Education's Certification Clerk.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

OCI 9/22/2016

