

New Jersey State Department of Education
Office of Certification and Induction – Provisional Teacher Program

**VERIFICATION OF COMPLETION
45 HOURS OF STUDY IN LANGUAGE ARTS/LITERACY AND 45 HOURS OF STUDY
IN MATHEMATICS FOR
TEACHER OF ELEMENTARY SCHOOL IN GRADES K-5**

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name	First Name	Middle Name or Initial
Street Address		
City		
	State	Zip
Social Security Number	Date of Birth: Month	Day Year

B. To Be Completed by College/University (Please include a description of course(s) to be considered)

The above named applicant has requested that an equivalent course completed at your college/university be considered in lieu of the requirement for completion of 45 hours of study in the teaching of language arts/literacy at the K-5 level and/or a minimum of 45 hours of study in teaching mathematics at the K-5 level. Please complete information in Section B regarding the content of the course to be considered. To be valid, this form must be signed by the dean of the college or school of education or the dean's designee at the institution where the applicant completed the relevant course. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. PLEASE RETURN THIS FORM TO THE APPLICANT.

This candidate has completed a course that meets the requirement in accordance with N.J.A.C. 6A:9-8.3(b)5 as described below:
Provisional teachers holding an elementary school (K-5) certificate of eligibility may be exempted from completing 45 hours of study in the teaching of language arts/literacy at the K-5 level as well as from completing 45 hours of study in the teaching of mathematics at the K-5 level if: i. For each area of study, they have completed 45 hours of study in that area as documented by a Department-approved alternate route regional training center or through an equivalent course on the transcript of a regionally accredited four-year college or university ;
This candidate has completed (initial one or both as applicable): **MUST INCLUDE A COURSE DESCRIPTION**
 _____ an equivalent elementary K-5 language arts/literacy course _____ an equivalent elementary K-5 mathematics course

C. Certification

Name of College/University	
Address:	
City:	State: Zip:
Printed Name of Individual Completing this Form	College / University Seal
Contact Telephone Number:	
Printed Name & Title of Authorizing Officer (Dean of the College or School of Education or Dean's Designee. e.g., certification officer.)	
Signature of Authorizing Officer:	
Date	

Applicant: **Return this form with OFFICIAL TRANSCRIPT AND COURSE DESCRIPTION** to:
 New Jersey State Department of Education
 Office of Certification and Induction – Provisional Teacher Program
 P.O. Box 500
 Trenton, New Jersey 08625-0500
Attention: Judith A. Cifone