

New Jersey State Department of Education  
Office of Certification and Induction

**VERIFICATION OF COMPLETION FOR  
AN INTRODUCTION TO THE TEACHING PROFESSION:  
A 24 HOUR PRESERVICE PROGRAM**

**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
Phone Number	E-mail Address		

**B. To Be Completed by New Jersey College/University**

The above named applicant has requested that equivalent coursework completed at your college/university be considered in lieu of the 24 hour preservice requirement for issuance of an instructional Certificate of Eligibility. Please complete information in Section B regarding the content of the coursework 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 coursework. 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 one or more courses that meet the 24 hour pre-service requirement in accordance with N.J.A.C. 6A:9B-8.1(a)5 as described below:

**Demonstration of knowledge of basic pedagogical skills appropriate to the area of endorsement, including but not limited to, classroom management, lesson planning, introduction to New Jersey's Core Curriculum Content Standards, and assessment of pupil progress as documented through successful completion of a minimum of 24 hours of study offered through a Department-authorized provider or through equivalent coursework documented on the transcript of a regionally accredited, four-year college or university.**

**\*\*\*Please attach a list of relevant course(s) descriptions that indicate a one to one correspondence with the above mentioned requirement.**

**C. Certification**

Name of New Jersey College/University	
Address	
City	State Zip
Printed Name of Individual Completing this Form	<b>College / University Seal</b>
Contact Telephone Number:	
Printed Name & Title of Authorizing Officer (Dean of the College or School of Education or Dean's Designee)	
Signature of Authorizing Officer	
Date	

**Applicant: Return this form with official transcripts and course descriptions to:**  
New Jersey State Department of Education  
Office of Certification and Induction  
P.O. Box 500  
Trenton, New Jersey 08625-0500  
**Attention: Judith A. Cifone**