

**Center for Teacher Preparation & Partnerships
in Collaboration with**

College of Professional Studies

TO: CANDIDATE READY FOR NON-INSTRUCTIONAL OR STANDARD
CERTIFICATE - SCHOOL NURSE

RE: NJCU SN CERTIFICATION APPLICATION PACKET

If you have completed the academic requirements for the **Non- Instructional or Standard School Nurse Certificate**, please complete and submit the following:

- NJ State Application for Certification (**official transcripts & notary are not required**)
- Educational Advisement and Certification Form
- Professional Nursing license (only if uploaded copy in CastleBranch has expired)
- CPR Certification (only if uploaded copy in CastleBranch has expired)

Please submit your completed application through the BlackBoard Graduate Nursing Community's *SN Certification Application Packet Upload*.

All documents must be uploaded as **one** scanned PDF file.

Photos of documents will not be processed.

- When your application is received, reviewed, and deemed complete you will be nominated for certification.
- You will receive an email from NJEdCert with additional instructions following your nomination approval.
- Once your nomination is approved and you receive your email from NJEdCert, certification payment can be made directly to the DoE via the [NJEdCert website](#).

STUDENT NAME: _____

GothicID Number: _____

NJCU Email: _____

Questions or comments about the application process should be forwarded to
Dr. Nelda Ephraim, Graduate School Nurse Program Coordinator
e-mail: nephraim@njcu.edu, phone 201-200-3727

**NEW JERSEY CITY UNIVERSITY
COLLEGE OF EDUCATION**

EDUCATIONAL ADVISEMENT AND CERTIFICATION SHEET

Please check the code and type of certification you are seeking:

- | | |
|--|--|
| <input type="checkbox"/> 0106 Supervisor | <input type="checkbox"/> 2100 Music Comprehensive |
| <input type="checkbox"/> 0299 Principal | <input type="checkbox"/> 2210 Biological Science |
| <input type="checkbox"/> 1000 Elementary | <input type="checkbox"/> 2220 Earth Science |
| <input type="checkbox"/> 1013 Pre-School through Grade 3 | <input type="checkbox"/> 2240 Physical Science |
| <input type="checkbox"/> 1102 Middle School Mathematics | <input type="checkbox"/> 2300 Social Studies |
| <input type="checkbox"/> 1103 Middle School Science | <input type="checkbox"/> 2470 Teacher of the Handicapped |
| <input type="checkbox"/> 1104 Middle School Social Studies | <input type="checkbox"/> 2475 Teacher of Students with Disabilities |
| <input type="checkbox"/> 1105 Middle School Language Arts | <input type="checkbox"/> 2702 School Counselor |
| <input type="checkbox"/> 1200 Art Education | <input type="checkbox"/> 2845 Associate School Library Media Special |
| <input type="checkbox"/> 1410 English | <input type="checkbox"/> 2855 School Library Media Specialist |
| <input type="checkbox"/> 1430 Reading | <input type="checkbox"/> 3000 School Nurse |
| <input type="checkbox"/> 1475 English as a Second Language | <input type="checkbox"/> 3010 School Nurse (Non-Instructional) |
| <input type="checkbox"/> 1480 Bilingual/Bicultural | <input type="checkbox"/> 3100 School Psychologist |
| <input type="checkbox"/> 1550 Spanish | <input type="checkbox"/> 3300 Learning Disability Teach Consultant |
| <input type="checkbox"/> 1620 Health Education | <input type="checkbox"/> 3310 Reading Specialist |
| <input type="checkbox"/> 1900 Mathematics | |

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Last Name	First Name	MI	Maiden
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Street Address

City	State	County	Zip Code
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Gothic ID #	Telephone No.
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Current E-Mail Address	Date of Program Completion
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Institution Where Bachelor's Degree Was Acquired	Major
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Praxis Scores & Date Taken _____	Are you a US citizen? _____ <i>Yes or no</i>
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Signature of Student	Date
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** CTPP and CPS office use only **

Graduate Program Coordinator	Date
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Dean/Administrator Approval	Date
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NEW JERSEY STATE DEPARTMENT OF EDUCATION
DEPARTMENT OF LICENSURE AND ACADEMIC CREDENTIALS
PO 500
TRENTON, NJ 08625-0503

APPLICATION FOR CERTIFICATION

Questions with a * symbol must be answered. If they are not answered the application will not be processed.

1. *SOCIAL SECURITY NO. _____ 2. TELEPHONE NO. _____ 3.*DATE OF BIRTH _____ 4. SEX M F

5. *LAST NAME _____ *FIRST NAME _____ MIDDLE INITIAL _____ MAIDEN NAME _____

6. *HOME ADDRESS (STREET NUMBER OR RURAL ROUTE) _____

CITY _____ STATE _____ ZIP _____

*EMAIL ADDRESS: _____

*7. ARE YOU A U.S. CITIZEN? ___ YES ___ NO *8. IF NO, HAVE YOU FILED A DECLARATION OF INTENTION? ___ Y ___ N

9. CERTIFICATE(S) REQUESTED _____

10. HAVE YOU ANY TEACHING EXPERIENCE? ___ YES ___ NO
IF YES, SUBMIT ORIGINAL DOCUMENTATION OF YEARS OF TEACHING EXPERIENCE.

11. HAVE YOU EVER HELD A NJ TEACHER'S CERTIFICATE? ___ YES ___ NO

12. DO YOU HOLD A VALID STANDARD CERTIFICATE IN ANOTHER STATE? ___ YES ___ NO
IF YES, SUBMIT COPY(IES) OF CERTIFICATES WITH APPLICATION.

13. EDUCATIONAL OR WORK EXPERIENCE: (LAST 3 POSITIONS) BEGIN WITH PRESENT POSITION: *If no position was ever held put N/A*

POSITION HELD _____ DESCRIPTION _____
FROM _____ TO _____ EMPLOYER _____ STATE _____

POSITION HELD _____ DESCRIPTION _____
FROM _____ TO _____ EMPLOYER _____ STATE _____

POSITION HELD _____ DESCRIPTION _____
FROM _____ TO _____ EMPLOYER _____ STATE _____

*14. 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? ___ YES ___ NO

*15. HAVE YOU EVER SURRENDERED OR RELINQUISHED AN EDUCATION OR OTHER PROFESSIONAL CERTIFICATE, LICENSE OR CREDENTIAL IN NEW JERSEY OR ANY OTHER STATE OR JURISDICTION? ___ YES ___ NO

*16. 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? ___ YES ___ NO

*17. 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? ___ YES ___ NO

*18. ARE YOU THE SUBJECT OF ANY CIVIL, CRIMINAL OR ADMINISTRATIVE INVESTIGATION IN NEW JERSEY OR ANY OTHER STATE OR JURISDICTION? ___ YES ___ NO

*** IF YOU ANSWERED YES TO QUESTIONS #14 TO #18, PLEASE COMPLETE AND SUBMIT *THE ADDITIONAL INFORMATION FOR THE OATH OF ALLEGIANCE FORM TO THE NJCU CTPP OFFICE:***
<http://www.state.nj.us/education/educators/license/forms/OathAdditional.pdf>

***19. HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY, NO CONTEST OR *NOLO CONTENDERE* TO, OR HAD ADJUDICATION WITHHELD TO A CRIME OR OFFENSE, INCLUDING DUI, IN NEW JERSEY OR ANY OTHER STATE OR JURISDICTION? ___ YES ___ NO**

IF YOU ANSWERED YES, PLEASE COMPLETE AND SUBMIT A *CRIMINAL /OFFENSE INFORMATION FORM TO THE NJCU CTPP OFFICE: <http://www.state.nj.us/education/educators/license/forms/conviction.pdf>

20. OPTIONAL INFORMATION:

___ ASIAN ___ AFRICAN AMERICAN ___ MEXICAN AMERICAN ___ PUERTO RICAN ___ OTHER HISPANIC ___ NATIVE AMERICAN ___ NATIVE HAWAIIAN ___ WHITE

I GIVE PERMISSION TO SUBMIT INFORMATION FROM MY CERTIFICATION FILE TO SCHOOL DISTRICTS FOR PURPOSES OF EMPLOYMENT. ___ YES ___ NO

HONORS _____

21.

COLLEGE RECORD: (INCLUDE ALL COLLEGES) NAME OF COLLEGE	LOCATION (STATE)	DEGREE EARNED	YEAR	GPA	COMPLETED PROFESSIONAL EDUCATION PROGRAM	
					YES	NO

OFFICAL COLLEGE TRANSCRIPTS MUST GE SUBMITTED FOR REVIEW TO DETERMINE YOUR ELIGIBILITY FOR CERTIFICATION.

- A. _____
- B. _____
- C. _____

***22. OATH OF ALLEGIANCE**

I, _____, DO SOLEMNLY SWEAR, (OR AFFIRM) THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE CONSTITUTION OF THE STATE OF NEW JERSEY, AND THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE SAME AND TO THE GOVERNMENTS ESTABLISHED IN THE UNITED STATES AND IN THIS STATE, UNDER THE AUTHORITY OF THE PEOPLE, SO HELP ME GOD.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ A.D. 20__.

 NOTARY SIGNATURE

 DATE

 NOTARY SEAL

***NON-CITIZENS MUST COMPLETE A NON-CITIZEN OATH OF ALLEGIANCE AND AN AFFIDAVIT OF INTENT TO BECOME A CITIZEN.**

***23. I CERTIFY THAT THE AFORECITED INFORMATON IS TRUE. I AM AWARE THAT I AM SUBJECT TO PUNISHMENT IF I WILLFULLY, PROVIDE INCORRECT OR MISLEADING INFORMATION.** _____

 SIGNATURE

 DATE

NOTE: COMPLETE ITEMS 1-23. INCOMPLETE APPLICATIONS WILL BE RETURNED.

*****APPLICANTS DO NOT WRITE BELOW THIS LINE*****