



School of Education  
State Certification Application Packet

**Directions**

Attached is the “Application for Caldwell University Recommendation to the NJ Department of Education for NJ State Licensure” in Portable Document Format (PDF). **Please fill out electronically.** Once you open the document, you will be able to complete the necessary information on the form. Afterwards, print the application and sign in front of a notary public.

COMPLETE ALL REQUESTED INFORMATION. FAILURE TO DO SO EXTENDS THE TIME REQUIRED FOR YOUR CERTIFICATION REQUEST TO BE PROCESSED.

Items 1 through 8 require personal information. Item 10 requires the title of the certification for which you are applying. The titles of the various certifications and the certification fee schedule is found on the following page. No application can be processed without the completed documents and your check or money order for the appropriate amount. Please take your time in filling out the application, following directions for any additional required forms that must be submitted.

Item 19: Oath of Allegiance. Please print your name in one of the options.

Item 20: Applications must be notarized by a notary public. For your convenience, you may have the application notarized by Dr. Brian Bulger, in the Education Suite, room 216, Werner Hall. (Dr. Bulger will meet with clinical interns (ED 475) during one of the seminar classes to go over the certification process and notarize paperwork. Clinical Interns will be notified of the date during the semester.)

**Certification Process**

The certification application will be sent to the New Jersey Department of Education approximately two to three weeks after the semester ends (after degree conferral and/or program completion is verified). If you are applying for **initial teaching certificate**, the state will send a survey to your personal email account once you are recommended. Hesitation in filling out this survey could hold up the certification process.

**Please note that state certificates are no longer mailed from the Department of Education. It may take two to three weeks for the certificate to be processed electronically.**

Information on the status of your certificate will be available online including certificate name, certificate ID number, date of issuance, and expiration date if applicable. Instructions to view this information can be found at <https://www.state.nj.us/education/license/forms/HowtoVerifyCertification.pdf>. Note: The system will not recognize your name and social security number until the Department of Education issues the license.

**Required documentation and deadlines**

**Copies of required test scores for your certification must accompany this application.** This will include passing Praxis and OPI (Oral Proficiency Interview) results. It is important to note that it is also the responsibility of the student to make sure that the NJ Department of Education is a recipient of your Praxis scores. A copy of your passing scores must be submitted with this application. If your certification requires documentation verifying years of professional experience, a letter or [Record of Professional Experience](#) form must be filled out by your district/school employer and submitted with this application along with any other required documents. See the following page with information on specified fees and required documentation for your certification. Please note that these requirements are established by the NJ DOE and therefore are subject to change.

Submit the completed application below with the required documents and fees to the Certification Office, located in the Education Suite in Werner Hall, room 219. **Checks or money orders should be payable to Caldwell University, in the amount calculated above.** Questions? Contact Dr. Brian Bulger ([bbulger@caldwell.edu](mailto:bbulger@caldwell.edu)) or Gloria Friedman ([gfriedman@caldwell.edu](mailto:gfriedman@caldwell.edu)) or call (973) 618-3551.

**Please note that your paperwork and payment must be submitted by the deadlines below or it will be held until the following semester for submission to the NJ DOE for certification approval.**

If coursework completed at the end of:	Paperwork due:	If coursework completed at the end of:	Paperwork due:	If coursework completed at the end of:	Paperwork due:
Fall A Semester	Sept 15	Spring A Semester	Feb 15	Summer A Semester	June 15
Fall or Fall B Semester	Nov 15	Spring or Spring B Semester	April 15	Summer B Semester	July 15

**Required Fees and Documentation** *Please check appropriate area(s) below and submit this page with application*

<i>Area of Certification Currently Sought</i>	<i>Required Documentation</i>	<i>Certification Fee</i>
<input type="radio"/> Initial Teaching Certification <b>For Clinical Interns Only (ED 470/475)</b> <i>(Please enter your specific certification area(s) on line 10 of the application)</i>	<i>Will be notified of any documentation and/or additional fees needed</i>	<b>Paid for in fees for Clinical Practice (ED 470)</b>
<input type="radio"/> ESL – English as a Second Language - Standard	<ul style="list-style-type: none"> <li>A copy of your Instructional certificate is required.</li> <li>OPI /WPT results must be provided</li> </ul>	\$95.00
<input type="radio"/> ESL – English as a Second Language - CEAS	<ul style="list-style-type: none"> <li>A copy of your Instructional certificate is required.</li> <li>OPI/WPT results must be provided.</li> </ul>	\$170.00
<input type="radio"/> Learning Disabilities Teacher Consultant	<ul style="list-style-type: none"> <li>A letter or <a href="#"><u>Record of Professional Experience form</u></a> from the district or school verifying at least 3 years of full-time teaching experience.</li> <li>A copy of your Standard certificate is required.</li> </ul>	<b>Paid for in fees for ED 615</b>
<input type="radio"/> Principal	<ul style="list-style-type: none"> <li>A <a href="#"><u>Record of Professional Experience form</u></a> filled out by your employer documenting 5 years of successful educational experience.</li> <li>Complete 300 internship hours</li> <li>Must provide a copy of your Praxis: 6990, School Leaders Licensure Assessment (test 6011 will be accepted if taken prior to 9/1/2019)</li> </ul>	\$190.00
<input type="radio"/> Reading Specialist	<ul style="list-style-type: none"> <li>A letter or <a href="#"><u>Record of Professional Experience form</u></a> from the district or school verifying 2 years of full-time teaching experience.</li> <li>A copy of your Standard certificate is required.</li> </ul>	\$95.00
<input type="radio"/> School Administrator	<ul style="list-style-type: none"> <li>Complete 150 Internship hours.</li> <li>Must provide a copy of your Praxis: 6991 School Superintendent Assessment (test 6021 will be accepted if taken prior to 9/1/2019)</li> </ul>	\$190.00
<input type="radio"/> Supervisor	<ul style="list-style-type: none"> <li>A letter or <a href="#"><u>Record of Professional Experience form</u></a> from the district or school verifying at least 3 years of full-time teaching experience.</li> <li>A copy of the Standard certificate is required.</li> <li>Supervisor candidates must also have a Master’s degree.</li> </ul>	\$95.00
<input type="radio"/> School Counselor		\$95.00
<input type="radio"/> Teacher of Students with Disabilities – Standard	A copy of your (Standard) Instructional certificate is required.	\$95.00
<input type="radio"/> Teacher of Students with Disabilities – CEAS	A copy of your (CEAS) Instructional certificate is required.	\$170.00
<input type="radio"/> Teaching certification, with modification	<i>Will be notified of any documentation and/or additional fees needed</i>	\$190.00
<input type="radio"/> School Nurse	<ul style="list-style-type: none"> <li>Copy of a current NJ registered professional nurse license issued by the NJ State Board of Nursing</li> <li>Copy of CPR &amp; AED certificate(s)</li> </ul>	\$95.00
<input type="radio"/> School Nurse Non-Instructional	<ul style="list-style-type: none"> <li>Copy of a current NJ registered professional nurse license issued by the NJ State Board of Nursing</li> <li>Copy of CPR &amp; AED certificate(s)</li> </ul>	\$95.00
<b>ENTER TOTAL DUE</b>		

Student ID# \_\_\_\_\_

**CALDWELL UNIVERSITY**

Graduate  
Undergraduate

**SCHOOL OF EDUCATION**

Application for Caldwell University Recommendation to the NJ Department of Education for NJ State Licensure

1. Social Security No. \_\_\_\_\_ 2. Date of Birth (mm/dd/yyyy) \_\_\_\_\_ 3. Gender: **M** **F**

4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_

5. Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

6. Mobile No \_\_\_\_\_ Personal Email (not university) \_\_\_\_\_

7. Race/Ethnicity (optional information): African/American Asian/Pacific Islander Cuban Puerto Rican  
Other Hispanic Native American/Alaskan Native White Other Unknown

8. Are you a U.S. Citizen? Yes \*No

9. \*Non-citizens must complete a notarized *Non-Citizen Oath of Allegiance* and an *Affidavit of Intent to Become a Citizen*.

- Non-Citizen Oath of Allegiance: \_\_\_\_\_
- Non-Citizen Affidavit of Intent to Become a Citizen:  
\_\_\_\_\_

10. Certificate(s) requested \_\_\_\_\_

11. Have you ever held a NJ certificate? Yes No If yes, please submit copy with your application.

12. Do you hold a valid certificate in another state? Yes No If yes, please submit copy with your application.

13. Have you ever been convicted of, pled 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 yes, complete and submit a *Criminal/Offense Information form*: \_\_\_\_\_

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 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 any answer to above Questions 14-18 is "Yes", please complete and submit the *Additional Information for the Oath of Allegiance form*: \_\_\_\_\_

Applicants- please do not write below this line (on this page)

Date rec'd \_\_\_\_\_ Check/MO # \_\_\_\_\_ Batch # \_\_\_\_\_ Mailed Date (DOE) \_\_\_\_\_

Student ID# \_\_\_\_\_

**CALDWELL UNIVERSITY**

Graduate  
Undergraduate

SCHOOL OF EDUCATION

Social Security No. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**19. Oath of Allegiance** (*Choose one of the following*)

**Option I**

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.

**Option II**

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.

**20. Verification of Accuracy**

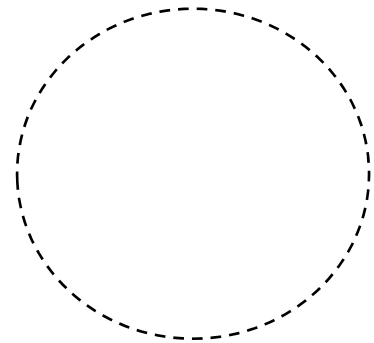
I certify that all statements and information provided herein are true and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal



Please return this form with check/money order payable to **Caldwell University**

Mail with other required documents to:

Caldwell University, School of Education

120 Bloomfield Avenue, Caldwell, NJ 07006

Attn: Dr. Brian Bulger