New Jersey State Department of Education Office of Certification and Induction Trenton, NJ 08625-0500

Rutgers – School of Communication & Information

| Application for Certification | | |
|--|--|--|
| Social Security: | | |
| Last Name: | First Name: | |
| Middle Initial: | Gender: Male Female | |
| Date of Birth: (mm/de | d/yyyy) | |
| Race:Ethnicity— | | |
| African/American Asian/Pacific Islander Cuban Puerto Rican Other Hispanic Native American/Alaskan Native White Other Unknown | | |
| Address: | Apt: | |
| City: | State: | |
| Zip: | | |
| US Citizen: Yes No | | |
| Email: | Mobile phone: | |
| Certificate Requested: Certificate of Eligibility Certificate of Eligibil | y (CE) ity with Advanced Standing (CEAS) | |
| Have you any teaching experience? Yes No | (If yes, submit original documentation) | |
| Have you ever held a NJ Teacher's Certificate? Yes | s No | |
| Do you hold a valid standard certification in another of certification with application) | state? Yes No (If yes, submit copy | |

*Official College Transcripts must be submitted for review to determine your eligibility for certification.

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| SSN: | Last Name: | First Name: | |
|-------------------------------------|--|---|--|
| Oath of Allegi | į į | This form is to be completed only by those | |
| Option I | | | |
| support the Consthat I will bear tr | do solemnly swear, (or affirm) that I will tution of the United States and the Constitution of the State of New Jersey, and e faith and allegiance to the same and to the governments established in the in this State, under the authority of the people, so help me God. | | |
| Option II | | | |
| I,that I will suppor | t the Constitution of the United Stat | do solemnly swear, (or affirm) es and the Constitution of the | |
| State of New Jers | sey, and that I will bear true faith an | d allegiance to the same and to the | |
| governments esta | ablished in the United States and in t | this State, under the authority of the people | |
| Certification is application for co | <u>-</u> | result in rejection of the candidate's | |
| Have you ever ha | nd a certificate revoked or suspended | d in this or any state? Yes No | |
| If yes, enclose a | statement indicating the action taker | and provide the pertinent details. | |
| <u>-</u> | | in this or any other state or any jurisdiction | |
| | ited States? Yes No statement indicating the municipality | y where this occurred and provide the | |