

Application for State Certification

Application Procedures

1. **Complete Application:** Please complete all required information on the following pages to ensure timely and accurate processing. The last page is required to be notarized by a notary public.
2. **Fees:** Please see the attached Fee Schedule to see what the applicable fee is for the certification(s) you are seeking. All fees can be paid at The Office of Student Accounting, Administration Building, 3rd floor. A copy of the payment receipt must accompany this application. Fees can be paid by cash, check, money order, or credit card (credit cards are charged a 2.58% processing fee).
3. **Non-Citizens:** Individuals who are not U.S. Citizens must complete the Application for State Certification and submit a non-citizen oath (BTEAC-20) along with a declaration of intention to become a U.S. Citizen. All documents must be notarized.
4. **Deadlines:** Completed forms, payment receipt, and other supporting documentation (if required) should be submitted to the Office of the Registrar by the dates below:

Program Completion

Fall semester
Spring semester
Summer semester

Deadline

First Friday in October (October 7)
First Friday in February (February 3)
First Friday in March (March 3).

Failure to comply with the above deadlines can result in a delay in processing or a deferral of this application to the following semester for processing.

5. **Certification Delivery:** Once this application is processed by the Office of the Registrar, the application will be sent to Trenton for processing and issuance of the appropriate certification. Certifications are no longer mailed or available in hard copies. Recipients can check the status of and access their certificates by visiting grad.kean.edu/certification.
6. **Verify Employment and Work Experience:** Applicants seeking certificates for:

Director of School Counseling
Learning Disabilities Teacher Consultant (LDTC)
Reading Specialist
Principal Endorsement
Supervisor Endorsement

need to submit a letter on official letterhead from your Principal, District Superintendent, or from your District's Office of Human Resources. The letter must include years of employment and the capacity in which you worked. A sample template has been included for your reference. Letters can be submitted with this application or faxed directly to the Office of the Registrar at 908-737-3299 (attn.: Student Support Services).

Important Note:

Applications for Certification will not be sent to Trenton for processing prior to degree conferral and/or program completion. Once program completion and/or degree conferrals are verified, the application will be sent to Trenton electronically. Once received in Trenton, it typically takes approximately four weeks for the certificate to be issued.

Certificate	Requirements	Praxis	Fee
Bilingual/Bicultural (Standard)	Language evaluation test and Instructional Certificate in Elementary Education or secondary subject area	NO	\$95
Director of School Counseling (Standard)	Post-Master's, three years of experience in guidance, Standard School Counselor of SPS Certificate	NO	\$95
Earth Science (Standard)	Standard Instructional Certificate	YES	\$115*
E.S.L. (Standard)	Language evaluation test, Standard Instructional Certificate	NO	\$95
Initial Instructional Certifications: (CEAS) Art, Biology, Chemistry, Elementary Education (K-5), English, Math, Science, Social Studies, Spanish, Middle School (5-8), P-3	5-8, Middle School, Elementary/N-12 Subject Matter Endorsement	YES	\$190*
Learning Disabilities Teacher Consultant (LDTTC) (Standard)	Post-Master's, three years teaching experience, Standard Instructional Certificate	NO	\$95
P-3 Endorsement (Standard)	Standard Instructional Certificate	YES	\$115*
Principal (CE)	Post-Master's, NJ Standard Instructional Educational Services or Administrative Certificate, applicants admitted since fall 2008 must have five years teaching experience	YES	\$190*
Reading Specialist (Standard)	Post-Master's, two years teaching experience	NO	\$95
School Business Administrator (CE)	Post-Master's	NO	\$170
School Counseling (Standard)	Post-Master's	NO	\$95
School Library Media Specialist (CEAS)	Post-Master's	NO	\$170
School Nurse (Standard)	CPR and AED Certificate, NJ Registered Nurse License	NO	\$95
School Psychologist (Standard)	Post-Master's, practicum, externship	NO	\$95
Speech Language Specialist (Standard)	Post-Master's	YES	\$115*
Substance Abuse Awareness Coordinator (SAC) (CEAS)	Must have previous certification administered by NJ Department of Education (teacher, nurse, counselor, or social worker)	NO	\$170
Supervisor (Standard)	Post-Master's, three years teaching experience, Standard Instructional Educational Certificate	NO	\$95
Teacher of Reading (Standard)	Standard Instructional Certificate	YES	\$115*
Teacher of Students with Disabilities (CEAS)	Standard or Provisional Instructional Certificate	NO	\$170
Teacher of Students with Disabilities (Standard)	Standard Instructional Certificate	NO	\$95

*PRAXIS handling fee included. If the PRAXIS is required, it is the student's responsibility to make sure the scores have been forwarded to the NJ State Department of Education by the Educational Testing Service (ETS) by listing their social security number on their exam. Students should also forward a copy of their score report directly to the Office of the Registrar to ensure timely processing.

Payment must be made at the time of submission of this application. Payment can be made at the Office of Student Accounting, Administration Building must accompany this application. Fees can be paid by cash, check, money order, or credit card (credit cards are charged a 2.58% processing fee).

Application for State Certification

Please note, you can type on this form

Last Name _____ First Name _____

Social Security # _____ Student ID# _____ D.O.B. ____/____/____

Program _____ Gender ____ Male ____ Female

What certification(s) are you requesting? _____

Address _____

City _____ State _____ Zip _____

Preferred Contact Phone # _____ Personal Email _____

Ethnicity (Optional)

Are you Hispanic/Latino ____ Yes ____ No

What is your race? (check as many that apply)

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or other Pacific Islander

____ White

Anticipated Date of Program Completion

____ January 2017

____ May 2017

____ August 2017

Are you a US Citizen? ____ Yes ____ No

If No, have you filed a Declaration of Intention? ____ Yes ____ No

Do you have any professional teaching experience? ____ Yes ____ No

Have you ever held a NJ Teaching Certificate? ____ Yes ____ No

Do you currently hold a valid standard teaching certificate(s) in another state? ____ Yes ____ No

If yes, please submit copies of certificate(s) with application

Work Experience (Please list your last three professional employments, beginning with the most recent)

Employer _____ Location _____

Title/Position Held _____ From _____ To _____

Employer _____ Location _____

Title/Position Held _____ From _____ To _____

Employer _____ Location _____

Title/Position Held _____ From _____ To _____

Have you ever had a certificate revoked or suspended in this or any other state?

____ Yes ____ No If yes, please explain _____

Have you ever been convicted of a crime in this or any other state?

____ Yes ____ No If yes, please explain _____

Oath of Allegiance (to be completed by US Citizens in the presence of a certified notary public).

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 government 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 US Citizens must complete a Non-Citizen Oath of Allegiance and an Affidavit of Intent to become a US Citizen.*

I certify that the previous statements and data are correct.

Signature of student

Date

Please submit this completed form with proof of payment to the Office of the Registrar, Administration Building, 1st floor.

For official use:

Date Processed

Evaluator Initial

Employment Verification Template

[School Letterhead]

[Date]

Student Support Services
Office of the Registrar
1000 Morris Avenue
Union, NJ 07083
Administration Building, 1st floor
Fax: 908-737-3299

To Whom It May Concern:

This letter is to confirm that [full name] has been employed as a [full time or part time] [position] at [school] from [start date] – [end date or present].

[Any other pertinent information- optional].

If you require any other information, please feel free to contact me.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Phone]

[Email]