Application for State Certification

Application Procedures

1. **Complete Application:** Please complete all required information on the following pages to ensure timely and accurate processing.

2. **Fees:** Please see the attached Fee Schedule to see what the applicable fee is for the certification(s) you are seeking. Students can go to Student Accounting Office and pay via cash, money order or debit card and indicate, that payment is made for "State Certification". Students may also pay online at [https://www.kean.edu/academics/college-education/teacher-certification](https://www.kean.edu/academics/college-education/teacher-certification). We require a copy of the receipt as a part of the application process. Fees are not mailed to the Certification Office. If paying online, students must use a debit or credit. Certification fees are only refundable for applications that have not yet been submitted to the Department of Education after which the fees are non-refundable.

3. **Citizen/Non-Citizen:** US Citizen must complete an Oath of Allegiance and Individuals who are not U.S. Citizens must complete the Application for State Certification and submit a Non-Citizen Oath, along with a Declaration of Intention to Become a U.S. Citizen. All documents must be notarized. See website for forms.
   [https://nj.gov/education/license/forms.htm](https://nj.gov/education/license/forms.htm)

4. **Deadlines:** Completed forms, payment receipt, and other supporting documentation (if required) should be submitted to The Office of Teacher Certification & Alternate Route Programs, located in Hennings Hall Room 214, by the dates below:

<table>
<thead>
<tr>
<th>Program Completion</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall semester</td>
<td>October 15</td>
</tr>
<tr>
<td>Spring semester</td>
<td>February 5</td>
</tr>
<tr>
<td>Summer semester</td>
<td>February 5</td>
</tr>
</tbody>
</table>

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 Teacher Certification & Alternate Route Programs, the application will be sent to Trenton for processing and issuance of the appropriate certification. Paper Certifications are no longer mailed or available in hard copies. Recipients can check the status of their certificates by visiting the “Check Application Status” tab on the Department of Education website: [https://nj.gov/education/license](https://nj.gov/education/license).

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

   are required to submit a letter on official letterhead from your Principal, District Superintendant, 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 Teacher Certification and Alternate Route Programs at 908-737-3806.

Important Note:
Applications for Certification will not be sent to Trenton for processing prior to degree conferral and/or program completion. Upon completing the program and/or degree conferrals are verified, the application will be sent to Trenton electronically. Once received in Trenton, it typically takes approximately 4-6 weeks for the certificate to be processed.
KEAN UNIVERSITY

Teacher Certification Office
Hennings Hall Room 214

Application for State Certification
(please note, you can type on this form)

Last Name ___________________________ First Name ___________________________ Mid. Int. ______

Social Security # ______________________ Student ID# ___________________________ D.O.B. ___/___/____

Program _______________________________ Gender ______ Male ______ Female

What certification(s) are you requesting? _______________________________________________________

Address
____________________________________________________________________

City ___________________________ State ___________ Zip Code ___________________________

Preferred Contact Phone # ___________________________ Personal Email ___________________________

Ethnicity (Required) 

Anticipated Date of Program Completion

What is your race? (Check One)______ January

______ American Indian or Alaska Native

______ May

______ Asian/Pacific Islander

______ Summer I

______ African/African American

______ Summer II

______ Cuban

______ Puerto Rican

______ White

______ Other Hispanic

______ Other

Are you a US Citizen?
If yes, you must file an Oath of Allegiance
If No, you must file a Declaration of Intention
And Non-Citizen Oath of Allegiance

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

Yes ______ No ______
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 ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How you ever been convicted of a crime in this or any other state? _____ Yes _____ No
If yes, please explain ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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 Teacher Certification Office, Hennings Hall Room 214
<table>
<thead>
<tr>
<th>Certificate</th>
<th>Requirements</th>
<th>Praxis</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilingual/Bicultural (Standard) Bilingual (CEAS)</td>
<td>Language proficiency tests and Instructional Certificate in Elementary Education or secondary subject area (No Languages)</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$170.</td>
</tr>
<tr>
<td>Director of School Counseling (Standard)</td>
<td>Post-Master's, three years of experience in guidance Standard School Counselor of SPS Certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>E.S.L. (Standard) ESL (CEAS)</td>
<td>Language proficiency test, Standard or CEAS Instructional certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$170.</td>
</tr>
<tr>
<td>Initial Instructional Certifications:</td>
<td>S-8, Middle School, Elementary/N-12 Subject Matter Endorsement</td>
<td>YES</td>
<td>$190*</td>
</tr>
<tr>
<td>(CEAS) Art, P-3 Early Childhood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities Teacher Consultant (LDTC) (Standard)</td>
<td>Post-Master's, three years teaching experience, Standard Instructional Certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>P-3 Endorsement (Standard)</td>
<td>Standard Instructional Certificate</td>
<td>YES</td>
<td>$115*</td>
</tr>
<tr>
<td>P-3 (CEAS)</td>
<td>CEAS Instructional Certificate</td>
<td></td>
<td>$190.</td>
</tr>
<tr>
<td>Learning Disabilities Teacher Consultant (LDTC)</td>
<td>Post Master's three years teaching experience, Standard Instructional Certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>Principal (CE)</td>
<td>Post-Master's, NJ Standard Instructional Educational Services or Administrative Certificate, applicants admitted since fall 2008 must have five years teaching experience</td>
<td>YES</td>
<td>$190*</td>
</tr>
<tr>
<td>Reading Specialist (Standard)</td>
<td>Post-Master's, two years teaching experience</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>School Business Administrator (CE)</td>
<td>Post-Master's</td>
<td>NO</td>
<td>$170.</td>
</tr>
<tr>
<td>School Counseling (Standard)</td>
<td>Post-Master's</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>School Library Media Specialist (CEAS)</td>
<td>Post-Master's</td>
<td>NO</td>
<td>$170.</td>
</tr>
<tr>
<td>School Nurse (Standard)</td>
<td>CPR and AED Certificate, NJ Registered Nurse License</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>School Psychologist (Standard)</td>
<td>Post-Master's, practicum, externship</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>Speech Language Specialist (Standard)</td>
<td>Post-Master's</td>
<td>YES</td>
<td>$115*</td>
</tr>
<tr>
<td>Substance Abuse Awareness Coordinator (SAC) (CEAS)</td>
<td>Must have previous certification administered by NJ Department of Education (teacher, nurse, counselor, or social worker)</td>
<td>NO</td>
<td>$170.</td>
</tr>
<tr>
<td>Supervisor (Standard)</td>
<td>Post-Master's, three years teaching experience, Standard Instructional Educational Certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
<tr>
<td>Teacher of Reading (Standard)</td>
<td>Standard Instructional Certificate</td>
<td>YES</td>
<td>$115*</td>
</tr>
<tr>
<td>Teacher of Students with Disabilities (CEAS)</td>
<td>CEAS Instructional Certificate</td>
<td>NO</td>
<td>$170.</td>
</tr>
<tr>
<td>Teacher of Students with Disabilities (Standard)</td>
<td>Standard Instructional Certificate</td>
<td>NO</td>
<td>$95</td>
</tr>
</tbody>
</table>

*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, code 7666 by the Educational Testing Service (ETS). The social security number is required to be on the exam. Students should also forward a copy of their score report directly to the Teacher Certification Office 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, 3rd floor Administration Building and a receipt must accompany this application. Fees can be paid by cash, check, money order, or Debit credit card.
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]