

Kean University
Application Instruction Sheet for Teacher Certification Undergraduate Candidates

Title of Certificates

Art Teacher K-12	Mathematics Teacher K-12
Biology Teacher K-12	Music Teacher K-12
Chemistry Teacher K-12	P-3 Early Childhood Teacher
Earth Science Teacher K-12	Physical and Health Education Teacher K-12
Elementary Teacher K-6	Social Studies Teacher K-12
Elementary/Bilingual Teacher	Spanish Teacher K-12
Elementary/ P-3 Teacher	Teacher of Student with Disabilities
English Teacher K-12	Theatre Teacher K-12

List the Middle School (5-8) by subjects (Math, Spanish, Language Arts, Science and Social Studies)

Application for Certification

Top portion of the application contains your Biological information which includes: address, phone number, DOB ect.

ETHNICITY: Required by State of New Jersey – Please choose one.

CITIZENSHIP: Non Citizen including green card holders must file a Declaration of Intention (download form from link on application and return forms along with application to Hennings Hall Room 214).

TEACHING EXPERIENCE: List only contract information – Student Teaching NOT acceptable.

List **ALL** Colleges attended (recent Two).

Forms for **OATH of ALLIGIANCE** for citizens and Non-Citizens Oath/Affidavit to become a Citizen (All forms must be Notarized)

It is your responsibility to make sure every item is answered.

An incomplete application will NOT be processed.

Test Requirements

Any Test requirements needed for Certification must be submitted along with your application to our Teacher Certification Office. Please submit Praxis results for any required areas such as P-3, K-6, 5-8, K-12 all subject areas. In addition, Bilingual candidates must also submit – ACTFL, OPI/WPT results.

Fees and Payments

Union Campus: All payments should be made at the Student Accounting Office on the 3rd floor in the Administration Building. Make checks or money orders payable to “Kean University”. Make sure to get a payment receipt. It **must be** submitted with your application.

OCC Campus: All payments should be made at the Gateway Building Room 103 or the Dr. Walsh. Make checks or money order payable to “Kean University”. **“NO CASH”** will be accepted at the Ocean County College Campus. Make sure to get a payment receipt. It **must be** submitted with your application.

The Application for Certification and Payment Receipt must be returned together with any other required documents to the Office of Teacher Certification in Hennings Hall Room 214 - (908) 737-3800, by the deadline date noted below.

Application Deadlines for Undergraduate Students

May Certification Candidates - March 31st

August Certification Candidates – March 31st

December Certification Candidates – December 1st

Paperwork will be submitted to the Department of Licensing in the following months as follows:

May Candidates – June

August Candidates – September

December Candidates - February

Undergraduate Initial Certification CEAS	
Biology Teacher	\$190
Earth Science Teacher	\$190
English Teacher	\$190
Fine Arts Teacher	\$190
Health and Physical Education Teacher	\$190
Mathematics Teacher	\$190
Music Teacher	\$190
Chemistry Science Teacher	\$190
Social Studies Teacher	\$190
Spanish Teacher	\$190
Teacher of Theatre	\$190
Elementary K-5/ P-3 Teacher	\$380
Elementary K-5/Bilingual Teacher	\$360
Elementary K-5/5-8/Bilingual Teacher **	\$550
Elementary K-5/5-8 **	\$380
Elementary Teacher (K-5)	\$190
Special Ed/K-5 Teacher	\$360
Special Ed/K-5/5-8 Teacher **	\$550
Special Ed/K-12 Secondary Teacher	\$360
Special Ed/K-5/Bilingual Teacher	\$530
Special Ed/P-3	\$360
Special Ed/K-5/5-8/Bilingual Teacher **	\$720

** Students receiving Middle School endorsement must take the Praxis for the Middle School subject. You pay a \$20.00 processing Praxis fee plus the \$170.00 certification fee. Indicate the subject area on the line that indicates: Certificate Requested.

**Kean University
Office of Teacher Certification
1000 Morris Avenue
Union, New Jersey 07083
908-737-3800**

APPLICATION FOR CERTIFICATION

(Please type required information, Print copy for Submission to Office of Teacher Certification)

Certification Requested:		
Social Security No. and Student ID No.:	Date of Birth:	
Prefix: Mr. <input type="checkbox"/> , Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> , Suffix: Jr. <input type="checkbox"/> , Sr. <input type="checkbox"/> , II <input type="checkbox"/> , III <input type="checkbox"/>	Sex: Male <input type="checkbox"/> or Female <input type="checkbox"/>	
Last Name:	Maiden Name:	
First Name:	Middle Initial:	
Address:		
City:	State:	Zip Code:
Telephone #'s:		Email:
Cell:	Home:	
Business:	Other:	
ETHNICITY (Required Information for Certification Applicants)		
Please select one:		
American Indian or Alaska Native <input type="checkbox"/>	Cuban <input type="checkbox"/>	
African/African American <input type="checkbox"/>	Hispanic <input type="checkbox"/>	
Asian/Pacific Islander <input type="checkbox"/>	Puerto Rican <input type="checkbox"/>	
White <input type="checkbox"/>	Other <input type="checkbox"/>	
Are you a U.S. Citizen?: Yes <input type="checkbox"/> or No <input type="checkbox"/>		
If No, Have you filed a Declaration of Intention? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
(Please click on links below – print both forms and fill out) note: forms must be notarized		
http://www.state.nj.us/education/educators/license/forms/noncitoath.pdf		
http://www.state.nj.us/education/educators/license/forms/noncitaff2.pdf		
WORK/EDUCATIONAL EXPERIENCE		
Have you any Teaching Experience: Yes <input type="checkbox"/> or No <input type="checkbox"/> Number of years		
Have you ever held a New Jersey Teacher's Certificate?: Yes <input type="checkbox"/> or No <input type="checkbox"/>		

CONTRACT EDUCATIONAL OR WORK EXPERIENCE: (Last 2 Position(s), Begin with Present Position)

From _____ To _____ Position Held: _____ State: _____
Employer: _____
Description: _____

From _____ To _____ Position Held: _____ State: _____
Employer: _____
Description: _____

Have you ever had a certificate revoked or suspended in this or any other state? Yes or No

Have you ever been convicted of a crime in this or any other state? Yes or No

I Give permission to submit information from my certification file to school districts for purposes of employment:
Yes or No

COLLEGE RECORDS: (Include ALL Colleges)

Name of College	Location (State)	Degree Earned (BA or BS)	Year	GPA	Completed Professional Education Program
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>