



## **ALPINE SCHOOL DISTRICT**

**Philip Simotas**  
**President**  
**Board of Education**

**Maureen McCann**  
**Superintendent/Principal**

### **SUBSTITUTE TEACHER CERTIFICATE INSTRUCTION SHEET**

**For issuance of a Bergen County substitute teacher's certificate, the following items must be forwarded to the Alpine Public School District to the Office of the County Superintendent of Bergen County:**

**Substitute Certification Application**  
**Oath of Allegiance form – NOTARIZED**  
**Fingerprint Certificate**  
**Official Transcripts – SEALED**

*These items may be mailed to:*

**Superintendent's Office**  
**500 Hillside Avenue**  
**Alpine, New Jersey 07620**  
**Attn: Nancy Smith**

**A certified check or money order for \$12.00 – payable to the Commissioner of Education**

**This certificate is transferable from county to county. If an applicant applies to more than one county for substitute employment, only one certificate will be required. That certificate must be presented to each county in which it is to be used and may be validated by receiving County only if a local school district advises the County Superintendent of the need for services of the applicant.**

**RETURN ALL FORMS DIRECTLY TO THE OFFICE OF THE SUPERINTENDENT**

**Superintendent's Office**  
**500 Hillside Avenue**  
**Alpine, New Jersey 07620**  
**Attn: Nancy Smith**

(REV. 10.15.14)  
**STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION**  
**DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION**  
**SUBSTITUTE CREDENTIAL APPLICATION** COUNTY: \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED**

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the Executive County Superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9B-6.5(b). Such credentials, which are issued by the Executive County Superintendent of Schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

**TO BE COMPLETED BY APPLICANT – Please Type or Print Clearly**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (First) (Middle/Maiden) (Last)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

Are you a citizen of the United States? Yes  No   
 If no, have you filed an Affidavit of Intent to Become a Citizen? Yes  No  If yes, Alien Registration # \_\_\_\_\_

NOTE: The Affidavit of Intent to Become a Citizen is not a requirement for the substitute credential.

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

If yes, give the name of the municipality and attach statement giving details.

Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes  No

If yes, attach statement giving details.

Have you taken the Oath of Allegiance? Yes  No

Regionally-Accredited College Name	Location	EDUCATION	Degree / Degree Date	Major	# Credits

**WORK EXPERIENCE (teaching)**


I certify that the above statements and data are correct: \_\_\_\_\_  
 (Signature of Applicant) (Date)

**FOR DISTRICT OR DISTRICT DESIGNER\* USE: AFFIRMING TRANSMITTAL OF APPLICATION**

Print Name of District Representative or District Designer Representative _____	Signature of District Representative or District Designer Representative _____
Name of District for Which Application is Transmitted _____	Date _____
Name Vendor / Firm if Transmitted by Designer _____	*District designer is defined as a vendor / firm that contracts with the district for this purpose.

<p><b>FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION</b></p> <p><input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee</p> <p>Date of Criminal History Approval if applicable _____ or _____</p> <p>Date of Emergent Hire Approval if applicable _____</p> <p>CERTIFICATE # _____</p> <p>DATE OF ISSUE _____</p>	<p><b>VOCATIONAL / SCHOOL NURSE APPLICATION</b></p> <p><input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license.</p> <p><input type="checkbox"/> RN License # _____ Exp. Date _____</p>
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New Jersey State Department of Education  
Office of Certification and Induction

**OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY**

**IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.**

**A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

**Endorsement Information.** Please enter below the code and print the name of each endorsement for which you are applying.

Code Name of Endorsement

**B. 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.

**C. Certification** Failure to complete these items will result in rejection of the candidate's application for certification.

Circle whichever applies

1. 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? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. 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

3. 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

4. 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

5. Have you ever 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

6. 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 Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

**D. Verification of Accuracy**

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

Applicant's Signature (in ink)

Date

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

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Certification and Induction  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

## Criminal History Review - New Applicants

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist/>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."
2. Select Option #1: "New Administration Fee Request (New Applicants Only)" - This screen will display four (4) options. Select #1 "All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools."
3. Fill in Applicant Authorization and Certification — County Code is 03 for Bergen, District Code is 0080 for Alpine. Proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department process, the request and issuance of approval letter. There will also be an additional \$1.00 convenience fee for processing the credit card information. Click the "Make Payment" button one time to complete the transaction.
5. After completing the payment transaction, there will be three additional steps to be completed:
  1. View and/or print your New Administration Fee Payment Request confirmation page.
  2. Complete and/or print your IdentoGO NJ Universal Fingerprint Form
  3. Click here to schedule your fingerprinting appointment with MorphoTrust

Select the first option "View and/or print your New Administration Fee Payment Request confirmation page" and print a copy of the receipt by clicking the print button in the upper right corner of the page. Please include the receipt with your new hire packet.

Next select the second option "Complete and/or print your IdentoGO NJ Universal Fingerprint Form" to complete the IdentoGO NJ Universal Fingerprint Form. Type the missing information in the seven (7) highlighted boxes (height, weight, maiden name if applicable, place of birth, country of citizenship, hair color, and eye color). Once complete, click "Submit". Once submitted you must view and print the IdentoGO NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.

6. Access the Idento/Go/MorphoTrust web page at [www.bioapplicant.com](http://www.bioapplicant.com). Under New Appointment, click "START HERE" at bottom of page, fill out information as it appears on the Universal Fingerprint form and click "CONTINUE". Schedule a fingerprinting appointment. Please print a copy to bring to MorphoTrust and for the Board Office)  
The IdentoGo NJ Universal Fingerprint form by MorphoTrust paper form needs to be filled out along with the online form. Please bring the paper form to the MorphoTrust location you selected for a LiveScan fingerprinting. \$62.66 can be paid by credit card online to MorphoTrust.

**MAKE SURE** you write down the Applicant ID Number the system gives you so you can put this ID number on the bottom of the NJ Universal Fingerprint Form.

7. After LiveScan fingerprinting is completed, the IdentoGo NJ Universal Fingerprint form by MorphoTrust together with the receipt should be brought to the Board Office for record keeping.
8. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing it on the Criminal History Review Unit website. Please give a copy to your employer

**\*\* Things to bring to MorphoTrust fingerprinting location:** Valid Photo Driver's License or Passport, NJ Universal Fingerprint Form IDG\_NJAPP\_020115\_V2 completely filled out and a copy of the online MorphoTrust \$62.66 payment/appointment scheduled. \*\*

## **Criminal History Review - Archive Application Request**

1. If fingerprints were taken after Feb. 21, 2003, Archiving can be done online by going to <http://www.nj.gov/education/educators/crimhist/>.
2. Click on **File Authorization & Make Electronic Payment for Criminal History Record Check**.
3. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
4. Please enter your Social Security Number to ascertain if you are eligible for the process. Click **"Continue."**
5. Under **Applicant Authorization and Certification form (AA&C):**  
**Select Option #1: "All Job Positions (except School Bus Drivers) for Public School"**
6. Fill in Applicant Authorization and Certification --- Your most recent **PCN (Process Control Number)** is required for this process. It can be obtained from your **Morpho Trust** receipt or by accessing the "Applicant Approval Employment History" section on the website. **County Code is 03 for Bergen, District Code is 0080 for Alpine.** In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click **"Next"**
7. Submit your credit card payment. Total payment is **\$28.50** (\$27.50 plus \$1.00 convenience). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
8. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** Print a copy of this receipt.
9. In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing it on the Criminal History Review Unit website. Please give a copy to your employer

(1) Originating Agency Number (ORI #) <b>NJ930100Z</b>		(2) Category <b>EDK</b>	(3) Statute Number <b>18A:6-7.2</b>		
(4) Reason for Fingerprinting <b>Public School Employment</b>			(5) Document Type <b>RB1</b>	(6) Payment Information <b>\$65.45</b>	
(7) Contributor's Case # (Unique Identifier) <b>030080</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address Address City State Zip					
(21) Gender (Select one) Female Male Other	(22) Hair Color	(23) Eye Color	(24) Race (Select One)		
(25) Occupation / Position (with respect to Requirement) <b>Substitute Teacher</b>	(26) Employer / Organization Name (with respect to Requirement) <b>Alpine Board of Education</b> Employer Address <b>500 Hillside Avenue</b> City <b>Alpine</b> State <b>NJ</b> Zip <b>07620</b>				
<b>Identification Requirement</b> - Acceptable identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blacks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required that you present this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981. Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted. Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN
Scheduled Day & Date:	Scheduled Time	Scheduled Site:
Agency Information: STATE AND FBI BACKGROUND CHECK		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

**Mantoux Test and Physical is  
REQUIRED  
for ALL NEW HIRES**

**If previously tested within the past year, please furnish a copy of your negative results to the Superintendent's Office. If the test was positive, proof of a negative chest X-ray is required.**

**If you have not had a mantoux (TB Test) or a recent physical, please contact your physician and schedule an appointment.**

**Please send a copy of your test results and physical to the Superintendents's Office as soon as possible.**





**ALPINE SCHOOL DISTRICT**

**Philip Simotas**  
**President**  
**Board of Education**

**Olga Yarmolina**  
**Business Administrator/**  
**Board Secretary**

**NAME OF EMPLOYEE**

\_\_\_\_\_ **Last**

\_\_\_\_\_ **First**

**Position**

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_

**Examination:**

**Date Mantoux Administered** \_\_\_\_\_

**Reading date of Mantoux Test** \_\_\_\_\_

**Are you a positive tuberculin reactor (Mantoux intradermal)**

Yes ( )      No ( )

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Examining Physician**

**PERSONNEL PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Examination:**

Blood Pressure: \_\_\_\_\_ Is this normal for individual: Y / N

Heart: \_\_\_\_\_ Is this normal for individual: Y / N

Lungs: \_\_\_\_\_ Is this normal for individual: Y / N

Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_ Abdomen \_\_\_\_\_

Ears (Otosopic) \_\_\_\_\_ Hernia \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Orthopedic \_\_\_\_\_

Thyroid \_\_\_\_\_ Posture \_\_\_\_\_

Nose \_\_\_\_\_ Feet \_\_\_\_\_

Mouth \_\_\_\_\_ Skin \_\_\_\_\_

Nervous Disorder \_\_\_\_\_ Reflexes \_\_\_\_\_

Deformities \_\_\_\_\_ Allergies \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

General Health:      Good ( )              Fair ( )              Poor ( )

**Tests:**

Urinalysis (if indicated) \_\_\_\_\_

Hemoglobin (if indicated) \_\_\_\_\_

Remarks and recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examining Physician

**EMPLOYEE HEALTH HISTORY**

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Person to be notified in case of emergency:

Name \_\_\_\_\_  
Last First

**HEALTH HISTORY:**

Past accidents/illnesses and date (Serious) \_\_\_\_\_  
\_\_\_\_\_

Allergies (Pollens, Medications) \_\_\_\_\_ Asthma \_\_\_\_\_

Blood Type \_\_\_\_\_ Unknown \_\_\_\_\_

Convulsive Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_

Earaches \_\_\_\_\_ Eye Problem \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Frequent Colds \_\_\_\_\_ Cramps \_\_\_\_\_ Headaches \_\_\_\_\_

Hernia \_\_\_\_\_ Kidney Disease \_\_\_\_\_

Inoculations: Dates of Series of Tetanus Toxoid and/or Booster \_\_\_\_\_  
\_\_\_\_\_

Operations (serious) \_\_\_\_\_ Date \_\_\_\_\_

Orthopedic defects \_\_\_\_\_

Rheumatic fever \_\_\_\_\_

Are you positive tuberculin reactor (Mantoux intradermal)

Yes ( ) No ( )

**Describe any current health problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any medications presently prescribed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**ALPINE SCHOOL  
500 Hillside Avenue  
Alpine, NJ 07620**

201-768-8255

www.alpineschool.org

**SUBSTITUTE TEACHER APPLICATION**

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (Town) (State/Zip)

Phone No. \_\_\_\_\_  
(Home) (Other)

Social Security No. \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Do you possess a NJ Teaching Certificate? Yes \_\_\_ No \_\_\_ Subject \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Explain (exclude minor traffic violations): \_\_\_\_\_

Are you related to anyone that works for Alpine Public School? Yes \_\_\_ No \_\_\_ (If yes, who?)

**WORK EXPERIENCE (Start with most recent)**

<u>YEARS</u>	<u>POSITION</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>WAGES/SALARY</u>
20__ to 20__	_____	_____	_____
___ to ___	_____	_____	_____
___ to ___	_____	_____	_____

**EDUCATION**

<u>College/University</u>	<u>Location</u>	<u>Degree</u>	<u>Year Received</u>	<u>Major/Minor</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES (Please give one personal and two business references)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you prefer to substitute for: Elementary \_\_\_ Middle \_\_\_ Days of week available \_\_\_\_\_

**COPY OF CERTIFICATION/COUNTY LICENSE, PROOF OF FINGERPRINTING AND MANTOUX TEST MUST BE SUBMITTED PRIOR TO BOARD APPROVAL.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_