



**COLLEGE of  
SAINT ELIZABETH**

Application for New Jersey Certification  
Office of Certification and Academic Credentials

1. Last Name: \_\_\_\_\_ 2. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 3. First Name: \_\_\_\_\_ 4. Middle Initial \_\_\_\_  
 5. Sex: M \_\_\_\_ F \_\_\_\_ 6. Maiden Name \_\_\_\_\_  
 7. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 8. Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 8. Address: \_\_\_\_\_  
 9. City: \_\_\_\_\_ 10. State: \_\_\_\_\_ 11. Zip: \_\_\_\_\_  
 12. Are you a US citizen? Yes \_\_\_\_ No \_\_\_\_ If no, have you filed a declaration of intent ? \_\_\_\_  
 13. Have you ever had a certificate revoked or suspended in NJ or any other state? Y \_\_\_\_ N \_\_\_\_  
 14. Have you ever been convicted of a crime in NJ or any other State? Y \_\_\_\_ N \_\_\_\_  
 15. (Optional Information) African/American \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Cuban \_\_\_\_  
 Puerto Rican \_\_\_\_ Other Hispanic \_\_\_\_ White \_\_\_\_  
 Native American/ Native Alaskan \_\_\_\_ Other \_\_\_\_

16. Certificate(s) for which I am applying:

17. College Transcripts being submitted:

College	City, State	Degree	Month/yr	GPA	Completed professional Education Program (circle)	
College of Saint Elizabeth	Morristown				Yes	No
					Yes	No

18. I certify that the previous statements and data are correct \_\_\_\_\_  
Signature of Applicant Date

19. ***Oath of Allegiance***

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.

\_\_\_\_\_  
Signature of Applicant Date

Sworn and subscribed to before me this \_\_\_\_ date of \_\_\_\_  
day month year

\_\_\_\_\_  
Notary Signature Date