

NON-CITIZEN OATH OF ALLEGIANCE**IMPORTANT: This form is to be completed by only those individuals who are NOT U.S. citizens.****A. Please print your name as it appears on any documentation that you are required to submit.**

Last Name		First Name		Middle Name/Initial	
Street Address					
City			State		Zip
Social Security Number		Date Of Birth	Month	Day	Year
E-mail Address		Phone Number	Area Code		

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

Endorsement Code	Endorsement Name
------------------	------------------

B. Oath of Allegiance – choose one of the options below. (To be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9.)**Option I**

I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey, so help me God.

Option II

I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

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

Have you ever had a certificate revoked or suspended in this or any state? If yes, enclose a statement indicating the action taken and provide the pertinent details.	Circle whichever applies Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.	Circle whichever applies Yes No

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 Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Non-Citizen Oath of Allegiance