

New Jersey State Department of Education  
Office of Licensure and Credentials

**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
Email Address	Phone Number Including Area Code		

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

Code	Name of Endorsement
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**B. Oath of Allegiance** *This form is to be completed only by those individuals who are U.S. citizens.*

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.

**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.	<u>Circle whichever applies</u> 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.	<u>Circle whichever applies</u> 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
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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: Oath of Allegiance/Verification of Accuracy