

April 22, 2014

TO: Chief School Administrators
Charter School Lead Persons
Private Schools for Students with Disabilities
School Bus Contractors
Nonpublic Schools
Authorized Vendors

FROM: Robert J. Cicchino, Director
Office of Fiscal Accountability and Compliance

SUBJECT: Criminal History Review Unit -- IdentoGo MorphoTrust Form and Instructions

IMPORTANT UPDATE INFORMATION CONCERNING CRIMINAL HISTORY FINGERPRINTING PROCEDURES – PLEASE INFORM STAFF RESPONSIBLE FOR PROCESSING THE BACKGROUND CHECKS OF THE UPDATED CHANGES TO THE PROCEDURES. NEW PROCEDURES ARE NOT REQUIRED BY LICENSED CHILD CARE CENTERS.

The Criminal History Review Unit has integrated the new IdentoGo MorphoTrust Fingerprinting form into our online filing. The new form will only be available to the applicant/employee to complete online. This form cannot be downloaded or distributed by educational facilities or authorized vendors.

Applicants and employees requiring a criminal history record check for employment purposes must obtain the county, district and if required, school names and codes or the county and contractor names and codes from their employer. The employee/applicant will go online to the New Jersey Department of Education Web site at: <http://www.nj.gov/education/educators/crimhist> and select "File Authorization and Make Electronic Payment for Criminal History Record Check," then select "New Administration Fee Request (Initial Applicants)." Applicants or employees will then select one of the four (4) options depending on their job position and employer. They would complete the Applicant Authorization & Certification (AA & C) form and make the required Administrative fee payment.

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Applicant/employee will print their fee payment receipt, complete the blocks on the IdentoGo form that have not been pre-populated and print the IdentoGo form. Following completion of the online filing, there will be a link to MorphoTrust to schedule their appointment to be LiveScan fingerprinted.

Please be advised that effective May 1, 2014, the NJ Division of Taxation will require a \$0.70 tax on the MorphoTrust fee; therefore block #6 will reflect \$67.20 on that date.

Educational Facilities/Contractors should make the attached Addendum available to applicants and employees that require a criminal history record check.

RJC/CHC/cc/chief.school.admin.ltr.completing IdentoGo MorphoTrust Form 4/22/2014
Attachment: Addendums 1 and 2

c: Members, State Board of Education
Commissioner
Senior Staff
Executive County Superintendents
Executive Directors for Regional Achievement Centers
Executive County School Business Administrators
NJ LEE Group
Garden State Coalition of Schools

Addendum 1

SCHOOL/CONTRACTOR INSTRUCTIONS

- The employer must provide the applicant/employee with the county, district, and if required, school names and codes or the county and contractor names and codes along with the following information:
- All applicants must submit their Applicant Authorization and Certification by going to the Criminal History website at <http://www.nj.gov/education/educators/crimhist> and clicking on the line "File Authorization and Make Electronic Payment for Criminal History Record Check."
- Applicant/Employee shall select the first choice "New Administration Fee Request" and then select one of the four options depending on their job position and employer.
- Applicant/Employee must complete the Applicant Authorization & Certification (AA&C) form and make the required administrative fee payment with a credit or debit card.
- After the administrative fee payment has been approved, the applicant will be presented with three choices:
 1. View and print their Applicant Authorization & Certification (AA&C) confirmation page.
 2. Complete and print their Identogo NJ Universal Fingerprint form.
 3. Schedule their MorphoTrust fingerprinting appointment.

As you may be aware, the Criminal History Review Unit (CHRU), to be in compliance with state law mandating written authorization prior to conducting a criminal history record check, is in the process of integrating the New Jersey Universal Fingerprint Form (IdentoGO) into our online criminal history record check process. This procedure will require all new applicants for employment to file for a criminal history record check by visiting the Department Web site and providing the CHRU with the written authorization to conduct the criminal history record check. The new IdentoGO form will be pre-populated with information the applicant provides in completing the Authorization and Certification information. Applicant will print the new IdentoGO form and present it to MorphoTrust at time of LiveScan fingerprinting appointment. We are projecting the completion of the project to be April 22, 2014.

New Applicants for employment that have scheduled their appointment with MorphoTrust after the April 30, 2014 deadline, will not be printed by MorphoTrust if they appear at the site using the outdated MorphoTrak Universal Form, version 4.0. Therefore, applicants who have appointments on May 1, 2014 and thereafter should visit the Department of Education Web site after the new IdentoGO form is integrated and file a new Applicant Authorization and Certification. The second filing will allow you to print the new IdentoGO form. If the applicant has already paid the \$11.00 fee to CHRU, they may request re-imbusement of the original fee by contacting NICUSA at 866-418-8798.

Substitute Requirements

The following is required to become a substitute teacher in the North Caldwell School District:

1. Fingerprinting through IdentoGo Morpho Trust.
2. Completed Applicant Authorization and Certification (notarized), and the Substitute Credential Application along with bank check/money order for required fees returned to this office.
3. A copy of your Criminal History Review letter must be forwarded to this office.
4. Mantoux test results.
5. Copies of any teaching certifications (if applicable)

If you have any further questions please email me at vzecchino@ncboe.org or call the office at any time (973) 712-4366.

Thank you,

Victoria Zecchino

NORTH CALDWELL SCHOOL DISTRICT
INSTRUCTION SHEET FOR COUNTY SUBSTITUTE CERTIFICATE
APPLICATION

Victoria Zecchino 973-712-4366

County Office 973-621-2750

SUBSTITUTE TEACHER CERTIFICATE

For issuance of a substitute teacher's certificate, the following items should be forwarded to this office:

- Completed, notarized Substitute Certification Application with a \$125.00 money order/bank check Payable to the Commissioner of Education.
- ← • Official transcript of 60 semester-hour credits completed from an accredited college.
- ← • * Fingerprinting by IdentGo Morpho Trust Fingerprinting. (\$66.50 + .70 NJ Tax) \$67.20

online

The process of applying for an Initial Application Request is in the following order:

- 1) Completion and submission of the e-Payment On-Line Applicant Authorization and Certification (AA &C) Initial Application Request. The procedure is listed below in Section III/Subsection A. <https://homeroom2.state.nj.us/chr/chr>
- 2) Scheduling an appointment with IndentGo Morpho Trust and submitting to LiveScan Fingerprinting.
 - **An additional \$10.00 payment must be made to the Department of Education must be submitted electronically prior to scheduling an appointment to be fingerprinted by IndentGo Morpho Trust. There is an addition \$1.00 convenience charged by NICUSA. If you do not make this payment they will not release your letter. This can be made online using Visa, MasterCard, American Express or Discover credit cards via the website, <http://www.nj.gov/education/educators/crimhist/> . When you receive your Criminal History Review letter in the mail forward a copy to this office immediately.**
 - For specific vocational-technical skills, an appropriate county substitute certificate may be issued to an applicant on the basis of appropriate work experience in lieu of 60 semester-hour college credits. Such work experience shall be substantiated by a notarized statement of previous employment.
 - Mantoux test results.

Holders of a Substitute Certification must provide the following:

- A copy of Substitute Certificate
- Mantoux Test Results

- A copy of Criminal History Review letter
- Verification of continuous employment
- A copy of the Transfer Request from the Criminal History Review Unit

Holders of a CE or CEAS issued by the Board of Examiners may serve as a substitute teacher in areas authorized by their credentials for a total of 60 instructional days in the same position in one school district during the school year. Holders of a CE or CEAS are not required to have a substitute credential for this service should submit the following:



- Copy of Teacher Certification.
 - Notarized Oath of Allegiance.
- An additional \$11.00 payment must be made to Criminal History Review Unit for processing. If you do not make this payment they will not release your letter.** Payment must be made online using Visa, MasterCard, American Express or Discover credit cards via the website, <http://www.nj.gov/education/educators/crimhist/>.
- Completed, on line Applicant Authorization and Certification. https://homeroom2.state.nj.us/chr/chr_start.jsp

Archive Submission Process

*Applicants that were LiveScan printed subsequent to February 21, 2003 and have had the State fingerprint image retained by the state police, category Education Keep (EDK), are eligible for the Archive Submission Process.

Applicant LiveScan Fingerprinting for paid employees who are eligible for "Archive Submission Process" will pay a reduced fee of \$32.00, **including the \$10.00 administrative fee.** There is also a \$1.00 convenience fee charged by NICUSA.

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 used and may be validated by the receiving county only if a local school district advises the county superintendent of the need for the services of the applicant, based on adequate supply of regularly certified teachers to staff the school.

UNPAID VOLUNTEERS: (No Change)

Unpaid volunteers will be processed by state and federal authorities at a cost of \$26.00 payable to MorphoTrust at time of scheduling. The Authorization/Certification and administrative fee of \$10.00 must also be submitted to the department by accessing our website at: <http://www.state.nj.us/education/educators/crimhist/>. The unpaid volunteer, by statute, must be reimbursed for the cost of the processing including any administrative fees. There is also a \$1.00 convenience fee charged by NICUSA.

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

(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

EDUCATION

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

WORK EXPERIENCE (teaching)

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

<u>FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION</u>	
Print Name of District Representative or District Designee Representative _____	Signature of District Representative or District Designee Representative _____
Name of District for Which Application is Transmitted _____	Date _____
Name Vendor / Firm if Transmitted by Designee _____	*District designee is defined as a vendor / firm that contracts with the district for this purpose.

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