

Instructions for Substitute Nurse

WASHINGTON TOWNSHIP SCHOOLS

53 West Mill Road, Long Valley, NJ 07853

Requirements: Approval for employment by the Washington Township Board of Education shall not be final until the applicant obtains a Tuberculin Test by a licensed physician. The prospective employee will be responsible for the cost of the TB Test. All substitutes are required to submit to a fingerprinting check, as outlined in N.J.S.A. 18A:6-7.2 et seq. This includes the required payments. Must have a School Nurse Certificate/Substitute Nurse Certificate or R.N. license to apply for substitute school nurse certificate through the district.

After you have completed all paperwork in this packet, **please call Nancy Harte, Personnel Specialist at (908) 876-4172 between 9:00AM and 3:00PM with any questions or to schedule an appointment for an interview.** You must submit all completed paperwork **BEFORE** your name is presented to the Board of Education for approval to substitute in the district. Any forms that need to be notarized can be done at the time of your appointment.

1. Complete Application
2. Bring in two reference letters
3. Original Social Security Card - If you need a social security card, visit or call the social security office at 1-800-772-1213
4. If applying for Substitute Nurse Certification, complete the County Substitute Certificate Application & Oath of Allegiance. You will need to bring your RN license and a check or money order for \$125 made payable to the "Commissioner of Education". Otherwise, bring in your original Substitute Nurse Certificate or original New Jersey School Nurse Certificate. You will also need to submit your CPR and AED certifications. Once fingerprinted, you will need to submit your fingerprint background approval.
5. Schedule a Test for Tuberculosis. If you have proof of a test within the last six months, please bring a copy of your results
6. Washington Township Schools pays all Substitutes via Direct Deposit. Please complete attached form.
7. Complete the Department Of Education electronic filing for criminal history. See below for instructions:

A. If you are currently substituting in another district, please bring your original approval letter and MorphoTrak receipt. You will not need additional fingerprinting. I will, however, need to verify with the school district that you are currently on their substitute list and have completed your fingerprinting. Instructions will be given to you at your interview for the required transfer request. There is a \$5.00 fee and an additional \$1.00 convenience fee charge. **OR**

B. If you are not currently working or substituting in another school district, but have been fingerprinted and processed through the Department of Education after February 21, 2003, your fingerprints may be archived. Go to the department Website, <http://www.nj.gov/education/crimhist/>. Follow the link for "epayment Criminal History Record Check", Click on "Archive Application Request" and put in your SS#. Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. **Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Nurse". The cost to archive your prints is \$27.50. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. Click the "submit" button only one time to complete the transaction. Print a copy of your confirmation by clicking the print button in the upper right corner of the page. Codes necessary to complete this on-line filing are as follows: County Code is 27, District Code is 5520 for Washington Township Schools. You will need to bring a copy of your print-out to your interview. **OR**

C. If you are a New substitute:

(a) Go to the department Website, <http://www.nj.gov/education/crimhist/>. Follow the link for "epayment Criminal History Record Check", Click on "New administration Fee Request (Initial Applicants) Click on #1 "All job positions.....for Public Schools..." Complete the form. All fields with a red asterisk must be completed before proceeding to the next page. **Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Nurse". The cost of the administrative fee is \$10.00, with an additional \$1.00 convenience fee. Methods of payment are Visa, MasterCard, American Express or Discover credit cards. Click the "submit" button only one time to complete the transaction. Print a copy by clicking the print button in the upper right corner of the page. Codes necessary to complete this on-line filing are as follows: County Code is 27; District Code is 5520 for Washington Township Schools.

(b) From this page you may go directly to schedule your appointment. Click on www.bioapplicant.com. You will need to complete the IdentoGo MORpho Trust Fingerprinting form which is on the online filing. To help you complete the form, some of the information you will need includes the following:

ORI – NJ930100ZN for Department of Education

Category: EDK

Statute: 18A:6-7.2 for Public School Employment

Document Type: RB1 for both Federal and State Cards

Contributor's Case #: 275520

Continue to add in your personal information

**Occupation: It is critical to complete this accurately with special emphasis on choosing the correct job category. Please select "Substitute Nurse".

Employer: Washington Township Schools, 53 West Mill Rd, Long Valley, NJ 07853

Continue to schedule your appointment to your convenience. The cost of prints will be \$65.45. Be sure to print out your confirmation. Also be sure to bring a photo ID, along with the IdentoGo New Jersey Universal Fingerprint Form. **Please be sure to bring in your receipts to the Board Office at your scheduled appointment.**

At your interview, you will be required to complete a W-4 Form, as well as an I-9, Employment Eligibility Verification Form. Please note that you will be required to submit **original** appropriate identification forms.

WASHINGTON TOWNSHIP SCHOOL DISTRICT

53 West Mill Road, Long Valley, NJ 07853
(908) 876-4172 Fax (908) 876-9392

Jeffrey S. Mohre
Superintendent

Jolene R Baffitori
Assistant Superintendent

Liz George, CPA
Business Administrator

SUBSTITUTE APPLICATION

Date: _____

Position(s) Applied For: Teacher Nurse Aide Custodian
(Circle all that apply)

Name: _____ Social Security #: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Are you a citizen of the United States? Yes _____ No _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If yes, please explain: _____

If applying for a Substitute Custodian position, do you have a Black Seal License?
Yes _____ No _____

Date you can begin employment: _____

May we contact your present employer? _____

EDUCATIONAL BACKGROUND

School	Name & Location	Specialization or Nature of Course Completed	From	To	Degree or Diploma	Number of Credits
Secondary						
College						
Graduate						
Other						

PREVIOUS EMPLOYERS

Employer & Location	Dates From – To	Position	Reason For Leaving

PERSONAL REFERENCES: (Do not include family members)

Name: _____ Relationship: _____

Address: _____
Street City Zip

Name: _____ Relationship: _____

Address: _____
Street City Zip

The information on this application is correct to the best of my knowledge.

Signature Date

TO QUALIFY TO SUBSTITUTE AS A NURSE:.....

(Must submit a copy of your CPR and AED Certifications)

1. If you have a NJ School Nurse certificate, please bring the original to the Board Office. You may substitute without applying for the substitute certification.

You may skip the next two pages.

Or

2. If you have a current substitute nurse certificate, please bring the original to the Board Office.

You may skip the next two pages.

Or

3. To Apply for County Substitute Nurse Certificate:
(please bring all completed forms to the Board Office at your scheduled appointment.
Do not mail any forms to the Department of Education)
 - Complete the attached application.
 - Oath of Allegiance (attached). You may have it notarized in the Board Office. Do not sign this form...notary must witness signature.
 - Valid New Jersey RN License.
 - If you would also like to substitute as a teacher...
Have your official college transcripts reflecting at least 60 credits forwarded to (only undergraduate transcripts are acceptable)

Personnel Specialist
Washington Township Schools
53 West Mill Road
Long Valley, NJ 07853

- Check or money order for \$125 made payable to the "Commissioner of Education".
- Fingerprint background approval of not older than 5 months

(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)

FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION

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.

<p>FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION</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>VOCATIONAL / SCHOOL NURSE APPLICATION</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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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

WASHINGTON TOWNSHIP BOARD OF EDUCATION

53 West Mill Road, Long Valley, N.J. 07853

(908) 876-4172 Fax (908) 876-9392

Jeffrey S Mohre
Superintendent

Jolene R Battitori
Assistant Superintendent

Liz George
Business Administrator

**To: All New Staff
(Including Substitutes, Student Teachers & Contracting Staff)**

**From: Jeffrey S. Mohre
Superintendent**

Re: Test for Tuberculosis

All new employees, as well as Substitutes, Student Teachers and Contracted Staff, in the Washington Township School District must have a Mantoux TB Skin or an Interferon Gamma Release Assay (IGRA) Blood Test for tuberculosis as required by the NJ Department of Education.

If you have had one of the above mentioned tests within the last six months, please have your doctor's office complete the form below. If not, you are responsible to have your doctor's office perform a test for you.

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Tuberculosis Test Results

A Mantoux TB Skin for tuberculosis was given to:

_____ on _____ and the results were:
(name) (date of test)

Negative _____ Positive _____ .

Signature of Doctor/Nurse: _____

Affiliation: _____

Address: _____

**THIS FORM MUST BE RETURNED TO THE PERSONNEL OFFICE
PRIOR TO YOUR START DATE**

Washington Township Board of Education
53 West Mill Road, Long Valley, NJ 07853 - 908-876-3616

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS

It is understood that this agreement may be terminated by me at any time by written notification to *company*. Any such notification to *company* shall be effective only with respect to entries initiated by *company* after receipt of such notification and a reasonable opportunity to act on it. It is also understood that *company* cannot be held responsible for errors made by any participating *banks*, but will assist in rectifying these mistakes if appropriate.

Name (please print) _____ Social Security # _____

E-Mail Address (for those without a wtschools.org email address): _____

Signature: _____ Date: _____

I hereby authorize and request the above named company, to make payment of any amounts owing to me which are processed through payroll by initiating credit entries to my account(s) indicated below on the bank named below, hereinafter called *bank* and I authorize and request *bank* to accept any credit entries initiated by *company* to such account(s) and to credit the same to such *company* authorization and permission to initiate debit entries to my account(s) for the purpose of correcting an erroneous credit entry, provided however, such debits are limited to a maximum of the erroneous credit and the correction must be effected within five business days of the credit entry. The *company* shall provide written notification of such correction and the reason therefore according to automated clearing house rules.

FOR NEW DIRECT DEPOSIT ACCOUNTS
A VOIDED CHECK or BANK ISSUED DIRECT DEPOSIT FORM
must be submitted with this form.
(a deposit slip may be used if it contains the proper ABA/Routing #)

Bank Account No 1:

Bank Name _____	NO CHANGE _____
Type of Account (Circle one) CHECKING or SAVINGS	CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____ Specific Amount \$ _____ (PER PAY)

Bank Account No 2:

Bank Name _____	NO CHANGE _____
Type of Account (Circle one) CHECKING or SAVINGS	CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____ Specific Amount \$ _____ (PER PAY)

Bank Account No 3:

Bank Name _____	NO CHANGE _____
Type of Account (Circle one) CHECKING or SAVINGS	CANCEL Direct Deposit _____
Account # _____	Entire Paycheck/Balance _____ Specific Amount \$ _____ (PER PAY)