

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
OFFICE OF LICENSING AND ACADEMIC CREDENTIALS

**RENEWAL OF
EMERGENCY OR PROVISIONAL CERTIFICATE**

Leave this
Column
Blank

1. Social Security No. 576-29-7996 Tracking No. _____

2. Last Name SANCHEZ 3. First Name NICHOL 4. Initial A Maiden Name _____

5. Home Address - Number - Street or Rural Route 334 HUNTER AVE. City SCOTCH PLAINS State NJ Zip Code 07076

6. Type Code 4 Grade Level Code _____ Authorization Code 1103 Original Issuing Date 01/11 Current Expiration Date (yr.) 07/12 County Code 39 District Code 5290

1. _____
(COLLEGE)

7a. _____
(1 OR 2)

7b. _____
(DISTRICT)

8. XXXX

LOCAL DISTRICT OFFICE (FILL IN BELOW)

7. Applicant is 1. Being Re-employed, 2. Being offered initial employment for the School Year 2012 - 2013 as a teacher of Science 6-8
(GRADES AND SUBJECTS)

date of (re) appointment _____ 39/5290
(SCHOOL DISTRICT CODE NUMBERS)

(DATE) (SIGNATURE OF EMPLOYING OFFICIAL) (TITLE)

9. _____
(COLLEGE)

(EXP. DATE)

8. If application is for an emergency certificate, fill in this space: This request is necessary because the Board of Education could not secure the services of a certificated teacher suitable for the position. This request was officially approved by the Board on _____
(DATE)

(SIGNATURE, BOARD OF EDUCATION SECRETARY)

(COUNTY)

10. _____

COUNTY OFFICE (FILL IN ALL ITEMS BELOW)

9. Basis for renewal _____ if basis is 5, transcripts are from _____
(COLLEGE)

New Expiration date (year) is _____

10. Please check appropriate items:

1. Transcripts on file in this office indicate that applicant has completed the in-service supervised teaching course at _____
(COLLEGE)

2. Transcripts on file in this office indicate that applicant has completed the first part of the in-service supervised teaching course at _____
_____ and should complete the course next year. (COLLEGE)

3. An OTEC 14 on file in this office indicates that applicant has been accepted as a pre-registered student in the in-service supervised teaching program at _____ College.

4. NO LONGER TEACHING IN THIS COUNTY.

County _____

(DATE) (SIGNATURE) (TITLE)

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5. Home Address - Number - Street or Rural Route 334 HUNTER AVE. City SCOTCH PLAINS State NJ Zip Code 07076

6. Type Code 4 Grade Level Code 1001 Authorization Code 01/11 Original Issuing Date 07/12 Current Expiration Date (yr.) 39 County Code 5290 District Code _____

1. _____

(COLLEGE)

7a. _____

(1 OR 2)

7b. _____

(DISTRICT)

8. XXXX

LOCAL DISTRICT OFFICE (FILL IN BELOW)

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