

PATERSON PUBLIC SCHOOLS



HUMAN RESOURCE SERVICES
90 DELAWARE AVENUE
PATERSON, NEW JERSEY 07503

DEAD LINES:
FALL: SEPTEMBER 30
SPRING: FEBRUARY 28

IA (Level II) _____ IA (Level IV) _____ BA+30 _____ MA+30 _____
IA (Level III) _____ IA (Level V) Degree Holder _____ MA _____ Ph.D./Ed.D. _____

APPLICATION FOR EQUIVALENCY

FULL NAME _____

ADDRESS _____

TELEPHONE NO () _____ SCHOOL _____ EXT. _____

COLLEGE RECORD: GRADUATE OF: _____
HIGHEST DEGREE HELD: _____
RECEIVED FROM: _____
PRESENT POSITION: _____
PERMANENT CERTIFICATION: _____

(TO BE ELIGIBLE FOR EQUIVALENCY, AN APPLICANT MUST HAVE PERMANENT CERTIFICATION AND IN ADDITION TO FILLING OUT THIS FORM, YOU ARE REQUIRED TO HAVE YOUR COLLEGE OR UNIVERSITY SEND AN OFFICIAL TRANSCRIPT TO: MS. KAREN BRINSTER PATERSON PUBLIC SCHOOLS, HUMAN RESOURCE SERVICES, 90 DELAWARE AVENUE, PATERSON, NEW JERSEY 07503)

EXPERIENCE CREDIT: NO. YEARS OF CONTINUOUS SERVICE IN THE PATERSON PUBLIC SCHOOLS:
NO. OF YEARS _____ DATES: FROM _____ TO _____

(NOTE: AUTHORIZED LEAVES OF ABSENCE DO NOT BREAK THE CONTINUITY OF SERVICE BUT ARE NOT COUNTED AS EARNED SERVICE. PLEASE LIST THESE LEAVES OF ABSENCE BELOW:

TYPE OF LEAVE GRANTED	DATES:	FROM	TO

ACADEMIC CREDIT- LIST THE EXACT NAME OF COURSE AND CREDITS EARNED. (UNDERGRADUATE COURSES ARE NOT ACCEPTABLE UNLESS APPROVED AS PART OF A GRADUATE PROGRAM) (Use reverse side if needed for further documentation)

NAME OF COURSE	COLLEGE/UNIV.	YEAR	NO. OF CREDITS EARNED

I hereby certify that the information given is correct
Date: _____
Principal's Signature _____

I AM APPLYING FOR THE ABOVE INDICATED EQUIVALENCY AND CERTIFY THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE. APPLICANT'S SIGNATURE _____ DATE _____

APPROVED _____ REJECTED _____ DATE _____

TOTAL CREDITS APPROVED _____ + _____ = _____ TOTAL

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PATERSON, NEW JERSEY 07503

DO NOT WRITE BELOW THIS LINE

Approved: _____

Reason Rejected: _____

Date: _____

(12/2013)