nj. gov/education/crimhist

New Applicant Request

- 1. Access the Office of Student Protection Review's New Applicant process.
- 2. Select the first option: "New Administration Fee Request (New Applicants Only)".
- 3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "Continue."
- 4. If you are eligible for the process, the screen will display four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to the next screen.
 - **a.** All job positions, except school bus drivers and bus aides, for public schools, private schools for students with disabilities and charter schools;
 - **b**. All school bus drivers and bus a ides for public schools, private schools for students with disabilities, charter schools and authorized school bus contractors;
 - C. All job positions, except school bus drivers and bus aides, for nonpublic schools; or
 - d. All school bus drivers and bus aides for nonpublic schools and other agencies.
- 5. Complete the requested applicant information to include the county/district/school/contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form (AA&C) by checking the box.
- 6. Complete the required payment information. There is a \$10.00 administrative fee for the Department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Accepted methods of payment are Visa, MasterCard, American Express or Discover credit cards.
- 7. You must click the "Make Payment" button only *one time* to complete the transaction. After completing the transaction, you will be presented with three required steps:
 - a. View and/or print your New Administration Fee Payment Request confirmation page;
 - b. Complete and/or print your IdentoGO NJ Universal Fingerprint Form;
 - C. Click here to schedule your fingerprinting appointment with MorphoTrust
- 8. Select the first option -- "View and/or print your New Administration Fee Payment Request confirmation page" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
- 9. Next select the second option "View and/or print your IdentoGO NJ Universal Fingerprint Form." You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for height, weight, maiden name (if applicable), place of birth, country of citizenship, hair color, and eye color and present it to MorphoTrust at the time of LiveScan fingerprinting.
- 10. Access the MorphoTrust web page by selecting the third option "Click here to schedule your fingerprinting appointment with MorphoTrust" or call 1-877-503-5981 to schedule a fingerprinting appointment.

In about two weeks, you will be able to view and print your "Applicant Approval Employment History" by accessing the Office of Student Protection website. Provide a copy to your employer



OFFICE OF STUDENT PROTECTION ePayment



This is a Secure Website!

On-Line Applicant Authorization and Certification (AA&C)



New Administration Fee Request (New Applicants Only).

File Authorization, make electronic payment and print IdentoGO NJ Universal Fingerprint form.

Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)

You must have been previously printed through the Department of Education subsequent to February 21, 2003 and the state print image retained by the State Bureau of Identification to be eligible for the Archive process. If you were fingerprinted as a College Student or as a Volunteer and paid a reduced fingerprinting fee, you are not eligible for the archive process.

Transfer Request (Only Substitutes & Bus Drivers are eligible).
May only be completed by applicants, Educational Facilities, Contractors or Vendors.

Reprint Your Payment Confirmation

Web Site

Faqs

NEW JERSEY STATE DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NEW JERSEY 08625-0500
609-376-3999



OFFICE OF STUDENT PROTECTION ePayment



NEW APPLICATION REQUEST - Social Security Check For Eligibility
Please Enter Your Social Security Number for Eligibility:
SSN: - - -
FAQs
Cancel

NEW JERSEY STATE DEPARTMENT OF EDUCATION PO BOX 500 TRENTON, NEW JERSEY 08625-0500 609-376-3999



OFFICE OF STUDENT PROTECTION ePayment



AA&C Home

APPLICANT AUTHORIZATION AND CERTIFICATION (AA&C) NEW ADMINISTRATION FEE PAYMENT REQUEST

A user of the CHRU ePayments process will be asked to fill out an on-line Applicant Authorization and Certification (AA&C) form.

NEW APPLICATION REQUEST



Please select an AA&C form:

- All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools
- 2. All School Bus Drivers and Bus Aides, for Public Schools, Private
 Schools for Students with Disabilities, Charter Schools and Authorized
 School Bus Contractors
- 3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
 - 4. All School Bus Drivers and Bus Aides, for Non Public Schools and Other Agencies

NOTE: A School Bus Driver is defined as an individual holding or applying for a Motor Vehicle "S" Endorsement.

NEW JERSEY STATE DEPARTMENT OF EDUCATION
PO BOX 500
TRENTON, NEW JERSEY 08625-0500
609-376-3999



OFFICE OF STUDENT PROTECTION ePayment



AA&C Home

APPLICANT AUTHORIZATION AND CERTIFICATION (AA&C) NEW ADMINISTRATION FEE PAYMENT REQUEST

All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools

STEP 1: Input Information and L	Legal Certification STEP 2: Payment STEP 3: Submit
Applicant Information:	
Last Name*:	Suffix ➤ First Name*: Middle Init.:
Social Security No.*:	(Number only without "-")
Date of Birth*:	month ▼
Sex*:	select v
Race*:	select v
Height*:	(such as: 6 ' 1")
Weight*:	(lbs, number only)
Maiden or alias Last Name	
Place of Birth *:	(US State if US Citizen, Country for all others)
Country of Citizenship*:	(USA, or others)
Hair Color*:	select •
Eye Color*:	select 🗸
Street Address*:	
City*:	
State*:	select Zip*:
Job Category*:	select Position Name (Position Code)
School Info. *:	O Public School Selection MONMOUTH(26) HOLMDEL TWP(0724) SAINT BENEDICT SCHOOL(66G) ** O Contractor/Vendor O Sponsors Contributor Contributor Contributor
Email *: Telephone Number*:	26-0724-66 G (Numbers only)

Legal Certification:

To continue with the ePayment process read and accept the terms of the AA&C by checking the box: