

**FILED**

*Christine...* 05/28/2008  
STATE OF NEW JERSEY  
BOARD OF MARRIAGE AND FAMILY THERAPY  
EXAMINERS

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
PROFESSIONAL COUNSELOR EXAMINERS  
COMMITTEE OF THE STATE BOARD OF  
MARRIAGE AND FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE  
APPLICATION OF

Administrative Action

**MICHELLE BERNARDO**

PRACTICE ASSOCIATE  
COUNSELING IN THE STATE  
OF NEW JERSEY

**PROVISIONAL ORDER GRANTING  
ASSOCIATE COUNSELOR LICENSE**

This matter was opened before the Professional Counselor Examiners Committee (hereinafter "the Committee") of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Board") upon review of Ms. Bernardo's application for licensure as an Associate Counselor. The Committee has reviewed her application for an Associate Counselor license, including her employment history and a Consent Order signed by her supervisor Michelle Badger, filed on March 6, 2007. The Committee makes the following preliminary findings of fact and conclusions of law:

**FINDINGS OF FACT**

1. Michelle Bernardo submitted an application for an associate license on February 16, 2007. (Annexed as Exhibit A, attached and made a part hereto).

2. On September 19, 2007, respondent submitted a letter on Caring Family Community Services' stationery stating that she has been working for Caring Family Community Services since December 31, 2005, under the

supervision of Michelle Badger, LPC. (Annexed as Exhibit B, attached and made a part hereto.)

3. Respondent's supervisor at Caring Family Community Services, Michelle N. Badger, LPC, signed a Consent Order, filed on March 6, 2008 admitting that she supervised Ms. Bernardo's counseling experience at Caring Family Community Services, in Hamilton, New Jersey, a for-profit setting. (Annexed as Exhibit C, attached and made a part hereto.)

#### CONCLUSIONS OF LAW

Respondent has submitted a letter on Caring Family Community Services' stationery admitting that she was working at Caring Family Services since December 31, 2005 at a time she did not have a license as an associate counselor and that she was supervised by Michelle Badger, LPC. Ms. Badger, LPC, has signed a Consent Order, filed on March 5, 2008 admitting that she supervised Ms. Bernardo's practice of counseling at Caring Family Community Services, a for-profit setting. Ms. Bernardo engaged in the unlicensed practice of counseling, in violation of N.J.S.A. 45:8B-39(a).

ACCORDINGLY, IT IS on this 28<sup>TH</sup> day of May 2008

ORDERED that:

1. Respondent's application for licensure as an Associate Counselor professional counselor is provisionally granted.

2. Respondent is provisionally denied credit toward the mandatory hours of supervised experience required for licensure as a Professional Counselor for the supervised hours performed by respondent in any for-profit setting during the period she was not licensed as an Associate Counselor.

3. Respondent is provisionally assessed a civil penalty in the amount of five hundred dollars (\$500.00) for engaging in the unlicensed practice of professional counseling. Payment shall be by certified check or money order, payable to the "State of New Jersey" and sent to Elaine DeMars, Executive Director, Professional Counselor Examiners Committee of the State Board of Marriage and Family Therapy Examiners, P.O. Box 45044, 124 Halsey Street, Newark, New Jersey 07101.

4. The within Order shall be subject to finalization by the Committee at 5:00 p.m. on the 30th business day following entry hereof unless the applicant requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

a. Submitting a written request for modification or dismissal to Elaine L. DeMars, Executive Director, Professional Counselor Examiners Committee of the State Board of Marriage and Family Therapy Examiners, P.O. Box 45044, 124 Halsey Street, Newark, New Jersey 07101;

b. Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed;

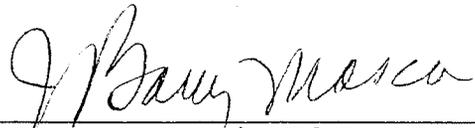
c. Submitting any and all documents or other written evidence supporting the applicant's request for consideration and reasons therefor or in mitigation of the terms in this Provisional Order of Denial.

5. Any submissions will be reviewed by the Committee, and the Committee will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a

supplemental submission during the thirty-day period, or if the Committee is not persuaded that submitted materials merit further consideration, a Final Order of Denial will be entered.

6. In the event that the applicant's submissions establish a need for further proceedings, including, but not limited to, an evidentiary hearing, the applicant shall be notified with regard thereto. In the event that an evidentiary hearing is ordered, the preliminary findings of fact and conclusions of law contained herein shall serve as notice of the factual and legal allegations in such proceeding.

PROFESSIONAL COUNSELOR EXAMINERS  
COMMITTEE OF THE NEW JERSEY STATE BOARD  
OF MARRIAGE AND FAMILY THERAPY  
EXAMINERS



---

J. Barry Mascari, Ed.D., LPC  
President

**EXHIBIT A**



New Jersey Office of the Attorney General  
 Division of Consumer Affairs  
 State Board of Marriage and Family Therapy Examiners  
 Professional Counselor Examiners Committee  
 124 Halsey Street, 6th Floor, P.O. Box 45044  
 Newark, New Jersey 07101  
 (973) 504-6582

Check all that apply:

Professional Counselor

Rehabilitation Counselor

Associate Counselor



## Application for Licensure Professional Counselor/Rehabilitation Counselor/Associate Counselor

nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Print clearly. You must answer all of the questions on this application.

### Personal Information

Name  Mr.  Mrs. BERNARDO MICHELE R. ( N/A )  
Mr. Mrs. Last name First name Middle initial Maiden name

Address:  Home: 24 Thurston Avenue, Ewing, NJ 08618 Mercer  
Street or PO Box City State ZIP code County  
609-406-9096 Pbernardo@sol.com  
Telephone number (include area code) E-mail address

Business: Drenk Behavioral Health Center 609-267-1377  
Name of company Telephone number (include area code)  
795 Woodlane Rd (Burlington County) Mt. Holly, NJ 08060  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or PO Box City State ZIP code County

956 V 91 021 1001  
 RECEIVED  
 DIVISION OF CONSUMER AFFAIRS  
 STATE BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS  
 PROFESSIONAL COUNSELOR EXAMINERS COMMITTEE  
 NEWARK, NJ

Licensed Professional Counselor (L.P.C.)

*Educational Requirements:* Completion of a minimum of 60 graduate semester hours in a planned educational program which includes a master's degree or doctorate in counseling or a related area from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3.

*Supervised Experience (Check One):*

Option A

4,500 hours

*Examination required:*

National Counselor Examination (N.C.E.)

Option B

3,000 hours + 30 graduate semester hours beyond the master's degree in areas clearly related to counseling.

*Examination required:*

National Counselor Examination (N.C.E.)

I will be applying for a specialty designation(s). (If you put a check in this box, a separate Application for Specialty Designation will be mailed to you after it has been determined whether you are eligible to become a licensed professional counselor or a licensed rehabilitation counselor.)

Please indicate the specialty designation(s) for which you will be applying by placing a check in the appropriate box(es).

Clinical Mental Health

School Counselor

Addictions

Gerontology

Career

Licensed Rehabilitation Counselor (L.R.C.)

*Educational Requirements:* Completion of a master's degree in rehabilitation counseling from a regionally accredited institution of higher education, which includes course work in the identified areas set forth at N.J.A.C. 13:34-21.2(a).

*Supervised Experience (Check One):*

Option A

4,500 hours

*Examination required:*

Certified Rehabilitation Counselor Examination (C.R.C.E.)

Option B

3,000 hours + 30 graduate semester hours beyond the master's degree in areas clearly related to rehabilitation counseling as set forth in N.J.A.C. 13:34-21.2(a) through (a)10.

*Examination required:*

Certified Rehabilitation Counselor Examination (C.R.C.E.)

Licensed Associate Counselor (L.A.C.)

*Educational Requirements:* Completion of a minimum of 60 graduate semester hours in a planned educational program, which includes a master's degree or doctorate in counseling or a related area from a regionally accredited institution of higher education, of which 45 graduate semester hours are distributed in at least eight of the identified areas set forth in N.J.A.C. 13:34-11.3.

*Supervised Experience:* Not required for licensure as a licensed associate counselor.

*Examination required:*

National Counselor Examination (N.C.E.)

Have you taken the National Counselor Examination?  Yes  No  
 If "Yes," did you pass the examination?  Yes  No

A copy of your exam scores is required. Please have the National Board of Certified Counselors forward an official copy directly to the Committee.

Have you taken the Certified Rehabilitation Counselor Examination?  Yes  No  
 If "Yes," did you pass the examination? *N/A*  Yes  No

A copy of your exam scores is required. Please have the Commission on Rehabilitation Counselor Certification forward an official copy directly to the Committee.

3. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No

Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

Do you currently hold, or have you ever held a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. Bernardo Michelle R.

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
<u>NCC</u>	<u>69181</u>	<u>NJ - National Board Certification</u>	<u>June 2001 Sept 2011</u>
		<u>NJ -</u>	

Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Have you ever been named as a defendant in any litigation related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 13 through 19, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Experience

To be completed by applicants for licensed professional counselor and licensed rehabilitation counselor only; see attached supervision form.)

Drenk Behavioral Health Center - Out Patient Staff Therapist

Employer's name

Street address

795 Woodlane Rd Suite 301 Mt. Holly, NJ

08060

609-267-1377

City

State

ZIP code

Telephone number (include area code)

Name of supervisor(s)

Title(s)

License designation

Total hours of supervised experience

Total hours of individual supervision

Total hours of group supervision

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Description of job functions and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's name

Street address

City

State

ZIP code

Telephone number (include area code)

Name of supervisor(s)

Title(s)

License designation

Total hours of supervised experience

Total hours of individual supervision

Total hours of group supervision

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Description of job functions and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

responses will be treated confidentially and retained separately. Please read the definitions carefully. Your portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a professional, rehabilitation or associate counselor" is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable counseling judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and professional information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a professional, rehabilitation or associate counselor with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No

2. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*?  Yes  No  Not applicable

3. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?  Yes  No  Not applicable

4. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?  Yes  No  Not applicable

5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?  Yes  No

6. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.")  Yes  No

7. If you answered "Yes" to question 6, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  Yes  No

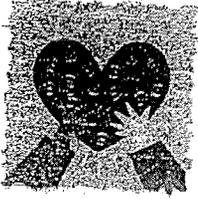
N/A

If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Michelle R. Bernardo MA, NCC  
applicant's signature

10/31/06  
Date

**EXHIBIT B**



# Caring Family Community Services

3535 Quakerbridge Road, Suite 102  
Hamilton, NJ 08619  
Phone # 609-586-1256  
Fax # 609-586-1258

September 19, 2007

NJ Board of MFT Examiners  
Agnes Almeida  
PO Box 45007  
Newark, NJ 07101

STATE OF NEW JERSEY  
DIV. OF CONSUMER AFFAIRS  
BOARD OF MARRIAGE  
& FAMILY THERAPY  
2007 SEP 20 A 9 38

RE: Additional Employment Information

Dear Agnes:

I have been working for Caring Family Community Services as of December 31, 2005, on a part-time basis. Please add this letter to my Licensed Associate Counselor application file.

I passed the NCE examination in 2001, shortly before I graduated the same year. I also completed the required 60 credits for licensure (LAC) after the fall semester of 2006, and application submitted early this year, 2007.

My supervisor informed me that a letter was sent to The Board that included a list of employees that work at Caring Family and who have applications submitted for a expedited review process. Please include my name on this list. If you need to reach my employer direct, her name is Michelle Badger, LPC and she can be reached at (908) 823-1133 X 201.

I did receive a confirmation that my NCE scores were sent to the Board on September 10, 2007. Thank you for your time and attention to this matter. If you need to reach me, please call (609) 40-1541.

Kind Regards,

*Michelle R. Bernardo*  
Michelle R. Bernardo, MA, NCC

2007 SEP 20 10 38

# EXHIBIT C

**FILED**

*Christina L. ...* 03/06/2008  
STATE OF NEW JERSEY  
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS  
PROFESSIONAL COUNSELOR EXAMINERS COMMITTEE

ANNE MILGRAM  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street 5<sup>th</sup> Floor  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the Professional Counselor  
Examiners Committee of the New Jersey  
State Board of Marriage and Family  
Therapy Examiners

By: Susan C. Berger  
Deputy Attorney General  
Tel. No. (973) 648-4876

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
PROFESSIONAL COUNSELOR EXAMINERS  
COMMITTEE OF THE STATE BOARD OF  
MARRIAGE AND FAMILY THERAPY EXAMINERS

IN THE MATTER OF THE  
SUSPENSION OR REVOCATION OF  
THE LICENSE OF

Administrative Action

MICHELLE N. BADGER, LPC  
LICENSE No. 37PC00293700

CONSENT ORDER.

TO PRACTICE PROFESSIONAL  
COUNSELING IN THE STATE  
OF NEW JERSEY.

This matter was opened before the Professional Counselor Examiners Committee (hereinafter "the Committee") of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Board") upon review of Ms. Michelle Bernardo's application for licensure as a Professional Counselor. Ms. Bernardo disclosed in her application that although she is not licensed, she has been working as a counselor in a for-profit setting under the supervision of Ms. Michelle Badger, LPC and

that Ms. Badger, LPC supervised her counseling experience at Caring Family Community Services, Hamilton, New Jersey.

It appears to the Committee that Ms. Badger, as Ms. Bernardo's supervisor, aided and abetted the unlicensed practice of professional counseling. Ms. Badger permitted and supervised Ms. Bernardo's counseling in a for-profit setting despite Ms. Bernardo's lack of an associate professional counselor license, the minimum requirement for provision of such services in a for-profit setting in New Jersey.

Having reviewed the entire record, it appears to the Committee that respondent has aided and abetted the unlicensed practice of professional counseling in violation of N.J.S.A. 45:1-21(n) and N.J.S.A. 45:8B-39(a). It appearing that the respondent desires to resolve this matter without further proceedings, and the Committee finding this Consent Order to be adequately protective of the public interest, and other good cause appearing;

IT IS THEREFORE ON THIS 5<sup>th</sup> DAY OF MARCH, 2008:

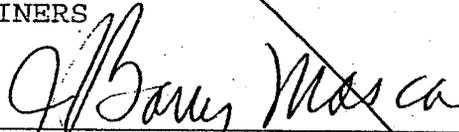
ORDERED:

1. Respondent shall immediately cease and desist from aiding and abetting the unlicensed practice of professional counseling, in violation of N.J.S.A. 45:1-21(n) and N.J.S.A. 45:8B-39(a).
2. Respondent is reprimanded for aiding and abetting the

unlicensed practice of professional counseling, in violation of  
N.J.S.A. 45:1-21(n) and N.J.S.A. 45:8B-39(a).

3. Respondent shall pay a civil penalty in the amount of five hundred dollars (\$500.00). Payment shall be made by certified check or money order, payable to the "State of New Jersey" and sent to Elaine DeMars, Executive Director, Professional Counselor Examiners Committee, P.O. Box 45044, Newark, New Jersey 07101. The civil penalty shall be paid within ninety (90) days of the entry of the within order. Providing that respondent complies with the terms of the Consent Order and provides documentation within sixty (60) days that all the therapists that she is currently supervising are licensed, the civil penalty shall be stayed.

PROFESSIONAL COUNSELOR EXAMINERS  
COMMITTEE OF THE NEW JERSEY STATE  
BOARD OF MARRIAGE AND FAMILY THERAPY  
EXAMINERS



J. Barry Mascari, LPC  
President

I have read the above Order and I understand and agree to abide by its terms. Consent is hereby given to the Professional Counselor Examiners Committee of the State Board of Marriage and Family Therapy Examiners to enter this Order.



Michelle N. Badger, LPC