



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
Examining Committee  
124 Halsey Street, 6th Floor, P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6430  
[www.NJConsumerAffairs.gov/nursing/](http://www.NJConsumerAffairs.gov/nursing/)

### **Instructions for Reinstatement of a Lapsed Certificate**

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration or certification, and complies with the provisions of N.J.S.A. 45:1-7.2 a, b, c and d. The necessary licensure reinstatement application and materials may be downloaded from the Board of Nursing's website and include the following:

#### **1. Reinstatement Application:**

**Complete the enclosed application, attach a current passport photograph to the application, sign and date the certification and return the application and the other required documents to:**

**Massage, Bodywork and Somatic Therapy Examining Committee  
Reinstatement Department  
P.O. Box 45048  
Newark, NJ 07101 .**

#### **2. Application Packet:**

##### **a. Application Fees:**

- (1) Payment of all past delinquent certificate renewal fees (\$120.00 for each biennial period of certificate expiration);
- (2) Payment of the current biennial certificate renewal fee (\$120.00); and
- (3) Payment of the lapsed certificate fee of \$100.00.

##### **b. Certification of Employment:**

- (1) Complete a Certification of Employment listing each job held during the lapsed certification period. This Certification of Employment must include the names, addresses and telephone numbers of each employer, and
- (2) Submit a certified statement which you have signed and dated indicating whether you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey certificate was lapsed. If you were practicing your profession or occupation during this lapsed certification period, you must include a description of the type of work or projects with which you were involved.

##### **c. Proof of Competency:**

- (1) a. If the certificate has been lapsed for five (5) years or less, provide satisfactory proof that you have maintained proficiency by completion of the required 20 continuing education hours or credits required for the renewal of an active certification as set forth in N.J.A.C. 13:37-16.11; or
- b. If the certificate has been lapsed for more than five (5) years, provide evidence of successful completion of the examination required for initial certification as set forth in N.J.A.C. 13:37-16.4 (a) 2.



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**N.J.A.C. 13:37-5.5 Fee Schedule**  
**Certification Reinstatement Fee**

<b>Year License Lapsed</b>	<b>Total Fee Due</b>
<b>2006</b>	<b>\$460.00</b>
<b>2008</b>	<b>\$340.00</b>
<b>2010</b>	<b>\$220.00</b>

The fees are calculated based on the fee for each biennial cycle that has occurred since the certificate has lapsed, plus a reinstatement fee of \$100.00 which is already included in the total fee due noted above.

Attach a clear, full-face passport photograph (2" x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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## **Application for Reinstatement of a License**

N.J. License/Certificate No.: \_\_\_\_\_ Type of License/Certificate: \_\_\_\_\_

Initial License/Certificate Date: \_\_\_\_\_ Year of last renewal: \_\_\_\_\_

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

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

**Please print clearly. You must answer all of the questions on this application.**

### **Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

1. Name \_\_\_\_\_  
Last name First name Middle initial Maiden name

### 2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. \*Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

You **must** provide your Social Security number to the Committee. Failure to do so will result in denial of licensure or certification reinstatement.

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Committee is required to obtain your Social Security number. Pursuant to these authorities, the Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)?  Yes  No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to questions a(1) through d will result in a denial of reinstatement of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those 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 massage, bodywork and somatic therapist”** is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable massage, bodywork and somatic therapy judgments, and to learn and keep abreast of professional developments;
- The ability to communicate those judgments and related information to patients 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 massage, bodywork and somatic therapist, 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.

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

If you answered “Yes” to question f, 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

\*\* 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 reinstatement of licensure or certification.

8. Have you ever changed your name?  Yes  No  
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. 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
10. 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.)
11. 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. \_\_\_\_\_

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

12. 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
13. 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
14. 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
15. Have you ever been named as a defendant in any litigation related to the practice of massage, bodywork or somatic therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
16. 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
17. 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
18. 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 massage, bodywork or somatic therapy 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 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.



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**Employment Certification for the Reinstatement of a Lapsed Certificate**

**Directions:** Please complete this certification. Sign and date it and then return it to the New Jersey Board of Nursing's Reinstatement Department. If you have had more than two employers, please attach additional sheets of paper to this certification with the employment data. The Board may contact your employer(s) to verify your employment.

Please print clearly.

\_\_\_\_\_  
First name Middle name Last name Maiden name

\_\_\_\_\_  
Present Street Address City State ZIP Code

N.J. Certification No. \_\_\_\_\_

**Employment Data:**

1. \_\_\_\_\_  
Name of employing agency or facility

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Job Title Employment Dates: From To

\_\_\_\_\_  
Supervisor's name Title Telephone No. (include area code)

Are you currently working as a massage therapist, or did you work as a massage therapist while your certificate was lapsed or expired?  Yes  No

Provide an explanation: \_\_\_\_\_

Were you terminated or asked to resign?  Yes  No

Provide an explanation: \_\_\_\_\_

2.

\_\_\_\_\_  
Name of employing agency or facility

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employment Dates:

From

To

\_\_\_\_\_  
Supervisor's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No. (include area code)

Are you currently working as a massage therapist, or did you work as a massage therapist while your certificate was lapsed or expired?  Yes  No

Provide an explanation: \_\_\_\_\_

Were you terminated or asked to resign?  Yes  No

Provide an explanation: \_\_\_\_\_

\_\_\_\_\_  
Applicant's name (Please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## CERTIFICATION FOR REINSTATEMENT APPLICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for reinstatement of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date



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Dear Applicant:

In November 2003, legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45: 1-28 et seq.). The records of the Division show that you are a current applicant for reinstatement of licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history background check, you must complete the enclosed Certification and Authorization form and return it to the above mailing address. The fee for the background check will be \$22.55. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

If you fail to complete and return the Certification and Authorization form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

A handwritten signature in black ink that reads "George J. Hebert".

George Hebert, M.A., R.N.  
Executive Director

**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr.  Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Ms. Last First Middle Maiden Name

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
Board or committee requiring the fingerprinting

\_\_\_\_\_  
Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$22.55.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

---

Signature of applicant

---

Date