New Jersey Office of the Attorney General
Division of Consumer Affairs
Audiology and Speech-Language Pathology
Advisory Committee
124 Halsey Street, 6th Floor, PO Box 45002, Newark, NJ 07101

Memorandum

TO: Applicants for Licensure in Audiology and/or Speech-Language Pathology

FROM: Dorcas K. O'Neal, Executive Director

RE: **Useful Information for New Jersey Licensure Applicants**

"ALERT"

JURISPRUDENCE ORIENTATION FOR AUDIOLOGISTS AND SPEECH LANGUAGE PATHOLOGISTS

The New Jersey Legislature finds and declares that the practice of audiology and speech language pathology needs to be regulated for the protection of the health, safety and welfare of the citizens of this State. In order to raise awareness of current New Jersey statutes and regulations applicable to the practice of audiology and speech language pathology, it is now required that all new applicants for licensure (13:44C-3.2(c); applicants who are licensed in other states who wish to become licensed in New Jersey (13:44C-3.4(d); individuals apply for temporary licenses (13:44C-5.2(c) and current licensees who are renewing their license as part of their biennial license renewal and reinstatement (13:44C-4.1(i), complete an online Jurisprudence Orientation.

Please note that 1) under the medical conditions section of the application (question number 7), there are instances when the answer "NOT APPLICABLE" may apply, and 2) it is a very good idea to make sure you read the entire application before filling it out.

Please follow the instructions carefully and remember that full compliance is necessary before you will be issued a license and can begin work.

To assist you, we have listed some common pitfalls which delay processing:

- For your convenience, please be advised that our Reporting Code Number for your PRAXIS score is **R7668**. Use of this number when requesting transmission will facilitate processing.

- When applying for a Temporary License, make certain that your Supervision Plan meets the requirements of N.J.A.C. 13:44C-3.5.

- When practicing under a Temporary License during your Clinical Internship, **REMEMBER** you must complete your Clinical Internship in the time indicated

on your Supervision Plan. For those practicing full-time this is 9 months, for those practicing part time it may be up to 18 months. **PLEASE NOTE THAT YOUR TEMPORARY LICENSE ENDS WHEN YOU COMPLETE YOUR CLINICAL INTERNSHIP.** You must obtain your permanent license in order to continue to provide services. **The temporary license cannot be renewed.**

- Any change in supervision, including supervisor, location, or interruption of supervision must be promptly reported to the Committee's office.

PRIOR TO COMPLETING YOUR CLINICAL INTERNSHIP, BE SURE PROPER NOTIFICATION IS MADE TO THIS OFFICE 2 MONTHS BEFORE YOUR ENDING DATE.

This will allow ample time for processing so there is no lapse of your licensing between the time your temporary license expires and your permanent license is processed.

YOU MAY NOT PRACTICE UNDER A TEMPORARY LICENSE BEYOND THE DATE INDICATED ON YOUR SUPERVISION LETTER.

FINALLY

Do not confuse the **New Jersey Audiology and Speech-Language Pathology Advisory Committee** with ASHA. The fact that ASHA is in receipt of your records does not satisfy your obligation to the State of New Jersey.

A) Transcripts

You are required to submit an **original** transcript bearing the raised seal of the college or university where you earned your graduate degree.

B) Jurisprudence Orientation

*You must go to **www.njconsumeraffairs.gov/aud**, to complete the Jurisprudence Orientation that is now required.* ***PUT THE ADDRESS IN YOUR WEB BROWSER***.

Should you have questions relating to the application procedure, you may call (973) 504-6390.

Please Note

Once your application process is completed, your temporary license will be processed. LICENSE NUMBERS WILL NOT BE GIVEN OVER THE PHONE. PLEASE DO NOT CALL THE OFFICE TO OBTAIN YOUR TEMPORARY LICENSE NUMBER.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Audiology and Speech-Language Pathology Advisory Committee
PO Box 45002
Newark, New Jersey 07101

Checklist for Temporary License - Clinical Internship

Important: Do not send in partially completed applications, they will be returned. To facilitate the processing of your application, without delay, please be sure you have complied with this checklist and instructions.

- ☐ The application is complete. All questions must be answered.
- ☐ Two (2) passport size photos are included. The photos should be of your head and shoulders only and be (2" x 2"), taken within the past six months.
- ☐ Original transcripts of grades from the college or university granting you your graduate degree(s). (**School seal must be affixed.**)
- ☐ Transcripts of grades in Audiology and/or Speech-Language Pathology for the Praxis Examination (Administered by the Educational Testing Service). **THIS MUST BE SUBMITTED PRIOR TO PERMANENT LICENSURE.**
- ☐ Certification and Authorization Form for a Criminal History Background Check.
- ☐ Completed supervision plan (**For temporary license to complete a Clinical Internship only**)
- ☐ Change of name documentation, when applicable.
- ☐ Completed the **Jurisprudence Orientation** at www.njconsumeraffairs.gov/aud. **PUT THE ADDRESS IN YOUR WEB BROWSER.**

FEES: Payable to the **State of New Jersey**

- ☐ Application fee and temporary fee - $125.00

Please return this completed checklist with your application

Attach two clear, full-face passport-style photographs (2″x 2″) of your head and shoulders, taken within the past six months.

Two photographs are required with each application.

Do not use staples to attach the photographs.

Photo #1

New Jersey Office of the Attorney General
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Newark, New Jersey 07101
(973) 504-6390

Photo #2

Temporary License Application - Clinical Internship

Check one: ☐ Audiology ☐ Speech-Language Pathology ☐ Audiology Speech-Language Pathology

Date:_____

Please enclose a nonrefundable application filing fee of $75.00 and a temporary license fee of $50.00 (total fee $125.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are 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 fees are 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 (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

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
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 Number

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

*Social Security Number: _____ -_____ - _____

*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 Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or 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 office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ 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 USCIS 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 there plan for payment 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 any of the questions a(1) through d will result in a denial 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 an audiologist or speech-language pathologist" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of an audiologist or speech-language pathologist, and to learn and keep abreast of professional developments; and

b. 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

c. The physical capability to perform the duties of an audiologist or speech-language pathologist, 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.

a. 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

b. 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

c. 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

d. 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

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

☐ Yes ☐ No

f. 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 licensure or certification.

_____ Signature of applicant

_____ Date

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, certificate or permit 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, certificate or permit 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, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired

12. Have you ever been disciplined or denied a professional license, certificate or permit 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, certificate or permit 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 any prior practice as an audiologist or speech-language pathologist, 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, certificate or permit 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 any prior practice as an audiologist or speech-language pathologist, 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.

19. List the school(s) from which you obtained a master's degree or a bachelor's degree and 42 post-baccalaureate semester hours in audiology, speech-language pathology or both:

Name of School	Major	Dates Attended	Degree
1.)			
2.)			
3.)			
4.)			

Arrange for the school(s) from which you obtained a master's degree or a bachelor's degree and 42 post-baccalaureate semester hours in audiology, speech-language pathology or both to forward a transcript directly to the Audiology and Speech-Language Pathology Advisory Committee.

20. List the schools at which you completed 75 hours of academic credit and 350 hours of supervised clinical experience pursuant to N.J.A.C. 13:44C-3.3.

Name of School	Dates Attended
1.)	
2.)	
3.)	
4.)	

Arrange for the school(s) at which you completed the hours of academic credit and supervised clinical experience to forward proof of completion directly to the Audiology and Speech-Language Pathology Advisory Committee.

Waiver

I hereby authorize all institutions, my references, employers past and present, business and professional associations, and all private, personnel and government agencies or instrumentalities (local, state, federal and foreign) to release to the Audiology and Speech-Language Pathology Advisory Committee, any information which is material to my application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct and that I am the person referred to in this application.

Should I intentionally furnish any false information in this application, I hereby agree that such acts shall constitute cause for denial, suspension or revocation of my license to practice as an Audiologist and/or Speech-Language Pathologist in the State of New Jersey.

I have read the above and understand the same.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

New Jersey Office of the Attorney General
Division of Consumer Affairs
Audiology and Speech-Language Pathology
Advisory Committee
P.O. Box 45002, Newark, NJ 07101

Supervision Plan

License Sought: ☐ Audiology ☐ Speech-Language Pathology

NOTE: SUPERVISION CANNOT BEGIN UNTIL THE TEMPORARY LICENSE IS ISSUED.

Applicants requiring supervision in Audiology and/or Speech-Language Pathology must complete a separate Supervision Plan for each.

I. Applicant: (please type or print)

A. Name_____
Last First Middle Maiden

B. Home_____
Street Address

_____
City State ZIP Code Home Phone No.

C. New Jersey licensure requirements completed to date or expected completion date:

Master's Degree_____
Month/Year

Internship Year_____ National Examination_____
Month/Year Month/Year

II. Employment setting in which supervision will take place:

A. Employer_____
Name Address

_____
City State ZIP Code

Facility_____
Business Name Street

_____
City State ZIP Code

Is this supervision setting an exempt setting? ☐ Yes ☐ No

B. Hours per week employed in Audiology____ in Speech-Language Pathology_____

III. Supervisor

A. Name_____

B. Home Address_____
Street Address

_____
City State ZIP Code

C. Employer_____
Name

_____
Street Address

_____
City State ZIP Code

D. Place of employment_____
Facility Name

_____
Street Address

_____
City State ZIP Code

E. Telephone Number

Home_____ Work_____

F. New Jersey license number:_____

Supervisor's Affidavit

I, the supervisor, have discussed the following plan with the applicant and accept the responsibility for its implementation and follow-up, pursuant to N.J.A.C. 13:44C-3.6. I certify that the foregoing Statements made by me are true. I am aware that if any of the Statements made by me are willfully false, I am subject to punishment.

Signature of supervisor:_____ Date:_____

Applicant's Name:_____

IV. Supervision Plan

	Applicant Activity	No. of hours each week spent by applicant	No. of hours each month spent by supervisor	
			On-site observation	Other monitoring activities
1.	Assessment/evaluations	_____	_____	_____
2.	Habilitation/rehabilitation	_____	_____	_____
3.	In-service training	_____	_____	_____
4.	Record Keeping	_____	_____	_____
5.	Other (specify)	_____	_____	_____
	Total	_____	_____	_____

Applicant's Affidavit

I, the applicant, have discussed the above plan with my supervisor, and agree to its implementation and follow through, pursuant to N.J.A.C. 13:44C-3.6. I certify that the foregoing Statements made by me are true. I am aware that if any of the Statements made by me are willfully false, I am subject to punishment.

Signature of applicant:_____ Date:_____

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
Division of Consumer Affairs
Audiology and Speech-Language Pathology
P.O. Box 45002
Newark, New Jersey 07101
(973) 504-6390

Official Use Only
☐ 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 $20.25.** 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