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RULE ADOPTIONS

Reporter

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Agency

LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > **NEW JERSEY STATE BOARD OF RESPIRATORY CARE**

Administrative Code Citation

Adopted Amendments: N.J.A.C. 13:44F-3.1, 3.3, 4.1, 8.4, 10.1, 10.2, 10.3, and 10.4

Adopted Repeals and New Rules: N.J.A.C. 13:44F-7

Text

Respiratory Care Practitioner Licensing Act Rules

Proposed: August 6, 2018, at 50 N.J.R. 1699(a).

Adopted: April 2, 2019, by the State Board of Respiratory Care, Kenneth Capek, Chairman.

Filed: June 26, 2019, as R.2019 d.077, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 45:1-15 and 45:14E-4; and P.L. 2013, c. 182.

Effective Date: August 5, 2019.

Expiration Date: March 4, 2022.

Summary of Public Comments and Agency Responses:

The official comment period ended October 5, 2018. The State Board of Respiratory Care (Board) received comments from:

1. Robert Guardabasco, CRT, President, New Jersey Society for Respiratory Care; and

2. Dr. Jorge L. Gonzalez Gomez, MPSL, Mid Jersey Respiratory Associates, Medical Supplies & Clinical Services, Inc.

1. COMMENT: One commenter expresses support for the Board's changes and additions at N.J.A.C. 13:44F-3.1(a)9 and 12iii, 10.1(a)1 and 2, and 10.2(a)4 and 6.

RESPONSE: The Board thanks the commenter for its support.

2. COMMENT: One commenter recommends amending N.J.A.C. 13:44F-3.1(a)12iii to include "appropriately trained" before "apnea testing and monitoring." The commenter notes that former respiratory care practitioner schooling did not include this modality as part of the academic curriculum.

RESPONSE: The Board declines to change N.J.A.C. 13:44F-3.1(a)12iii as the commenter suggests because it is the professional responsibility of each respiratory care practitioner to be appropriately trained and competent before performing any duties within the practitioner's scope of practice.

3. COMMENT: One commenter recommends amending N.J.A.C. 13:44F-3.1(a) to include (addition in bold) "under the direction or supervision of a physician **or his designee**" to recognize physician assistants and nurse practitioners, who are usually on round with pulmonologists and write respiratory care orders.

RESPONSE: The Board is undertaking a separate rulemaking to implement P.L. 2017, c. 120 and will amend N.J.A.C. 13:44F-3.1(a) to specify that respiratory care practitioners may also work under the direction or supervision of a physician assistant or advanced practice nurse.

4. COMMENT: One commenter recommends amending N.J.A.C. 13:44F-3.1(a)12 to include collecting and staining bronchopulmonary specimens during bronchoscopic procedures to reflect current practice of many respiratory care practitioners.

RESPONSE: The Board declines to change N.J.A.C. 13:44F-3.1(a)12 as the commenter suggests because collecting and staining bronchopulmonary specimens during bronchoscopic procedures is within a respiratory care practitioner's scope of practice and does not need to be clarified by regulation.

5. COMMENT: One commenter raised concerns about delegation of services at proposed N.J.A.C. 13:44F-3.3(f). The commenter states that it recognizes that respiratory therapists need assistance to distribute equipment in a timely fashion but, more importantly, patients need proper education on their life-saving medical equipment and a comprehensive disease plan. The commenter further states that it appreciates the 24- and 72-hour timeframe for an in-person assessment visit, but recommends that high-acuity patients of any age fall within a 24-hour timeframe. The commenter also states that it recognizes the difficulty in determining an appropriate age where a patient may receive equipment and disease management and believes that an acuity level, instead of a specific age for a patient, should determine the need for the 24-hour follow up. The commenter also believes that infants, pediatrics, adults, and geriatrics with comorbidities should be considered as priority patients requiring the 24-hour follow up. The commenter believes that this would not be difficult to achieve and would eliminate the issues with defining an age. The commenter provided the following two examples of how comorbidities can better determine an in-person assessment:

1. A pediatric asthma patient with the single diagnosis is much different than a pediatric asthma patient with comorbidities, such as gastroesophageal reflux disease, anxiety, or depression.
2. An early-stage chronic obstructive pulmonary disease (COPD) patient versus the late-stage COPD patient with congestive heart failure.

The commenter contends that in both examples the latter patient may need an earlier intervention to eliminate a readmission. The commenter requests that comorbidity be the deciding factor, not the equipment a patient is receiving to differentiate an in-person assessment.

6. COMMENT: One commenter states that "extending to 72 hours, the period of time after delivery of nebulizer compressors, concentrators, and medical gas cylinders" is a disservice to the public. The commenter states that, with managed care organizations rapidly moving patients from all inpatient settings to outpatient settings, often patients are discharged prematurely, ill, and vulnerable. The commenter believes that not having a properly trained practitioner see the patient within 24 hours of the life-sustaining equipment delivery can result in a readmission or much worst-a death. The commenter urges the Board to maintain the current language of "24 hours" regardless of whether there is a mechanical airway.

RESPONSE TO COMMENTS 5 AND 6: The Board believes that the proposed amendments to N.J.A.C. 13:44F-3.3 to extend to 72 hours the period of time for the follow-up visit to occur after delivery of nebulizer

compressors, concentrators, and medical gas cylinders, except if used in conjunction with an artificial airway, are appropriate and will not impact patient health, safety, or well-being. The Board, therefore, declines, as the commenters respectively suggest, to maintain the existing rule language or to change the rule such that comorbidities are the deciding factor for the time period for an in-person assessment.

7. COMMENT: One commenter expresses concern with the phrase "assessment of the equipment" at N.J.A.C. 13:44F-3.3(f)1, which states that the patient visit is for the "purpose of conducting an in-person assessment of the equipment." The commenter states that respiratory therapists have moved beyond this old role of verifying and validating the equipment's proper function to the role of patient educator using disease management programs and working as patient advocates. The commenter requests that the phrase "of the equipment" be removed in all places, which would change the focus from the equipment to the patient assessment.

RESPONSE: The Board declines to remove "of the equipment" as the commenter suggested. For purposes of clarification, however, upon adoption the Board will change N.J.A.C. 13:44F-3.3(f)1 to include "and [page=1278] patient." Additional public notice of this change is not necessary because the amendment does not alter existing practice or impose any additional burdens. Instead, including reference to the "patient" clarifies that, as a patient-oriented practice, it is inferred that the respiratory care practitioner is assessing the equipment vis-a-vis the patient.

8. COMMENT: One commenter recommends amending N.J.A.C. 13:44F-7.1 to include a provision for health-related conditions and questioned the circumstance of a practitioner's ability to renew his or her license if the practitioner is hospitalized, in a coma, rehabilitating, or otherwise unable to renew.

RESPONSE: The Board declines to change N.J.A.C. 13:44F-7.1 as the commenter suggests because, in accordance with N.J.A.C. 13:45C-2.1 through 2.5, a licensee may apply for a waiver due to undue hardship.

9. COMMENT: One commenter raises concerns with the Board's proposed amendment to N.J.A.C. 13:44F-10.2(a)8 to award credit for advanced credentialing examinations. The commenter contends that there are a few problems with this section, including the number of credits awarded, a maximum number of credits earned through examinations, and the terminology of a credit versus a unit versus contact hour.

The commenter notes that proposed N.J.A.C. 13:44F-10.2(a)8i states that "the Board shall award licensees 10 credits per examination" but, the

Board's website states that initial and re-credentialing for the Registered Respiratory Therapist (RRT) exam is awarded 15 credits. The commenter, therefore, requests clarification on the credits awarded for examinations. The commenter also recommends that because the RRT exam is required for licensure, that this examination be removed from the list of recognized initial credentialing examinations but be permitted for re-credentialing.

The commenter also notes that proposed N.J.A.C. 13:44F-10.2(a)8i does not provide for a maximum number of credits that may be earned through examination. The commenter states that, unlike the skills-based certification or recertification courses, for example, Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS), the knowledge-based examinations, for example, Respiratory Pulmonary Function Technologist (RPFT) or Neonatal & Pediatric Specialist (NPS), are not capped. The commenter states that, while it appreciates various avenues to obtain continuing education, completing a standardized examination is not the same as obtaining new knowledge learned through a continuing education event and limiting the examination credits earned is comparable to the maximum earned for skills-based certification. The commenter, therefore, recommends that the Board cap to 10 the credits per biennial period earned through advanced credentialing examinations.

The commenter expresses concern with the conflicting use of the term "continuing education credit (credit)" and "continuing education unit (CEU)" on the Board's website. The commenter states that, according to the International Association for Continuing Education and Training (IACET), an organization that accredits organizations and maintains a framework for continuous improvement of continuing education standards, the definition of a CEU is 10 contact hours of participation in an organized continuing education experience. The commenter further states that, because the regulations make the relationship between credits and hours, most relate one credit with one hour of continuing education. The commenter, therefore, states that 10 CEU's for an examination would equate to 100 contact hours or credits of continuing education. The commenter recommends that the Board not use the term CEU and instead to use either contact hour or credit.

RESPONSE: The Board notes that the proposed amendments accurately reflect the Board's intent with respect to the number of credits awarded for advanced credentialing examinations and that the Board has corrected information that erroneously appeared on its website. As proposed, the Board will grant licensees 10 credits per advanced credentialing examination. In addition, N.J.A.C. 13:44F-10 refer to credits, not continuing education units. The Board wants to encourage individuals to take advanced credentialing examinations and believes

that studying for these examinations will provide beneficial learning opportunities. Accordingly, the Board declines to impose a maximum number of continuing education credits that may be earned through advanced credentialing examinations.

10. COMMENT: One commenter notes that it appreciates the Board amending N.J.A.C. 13:44F-10.2(a)1 to include additional providers of continuing education, but expresses concern about the exclusion of other professional entities. The commenter requests that the Board amend the regulation to recognize all programs and courses accredited by the Accreditation Council for Continuing Medical Education (ACCME).

RESPONSE: The Board declines to recognize all programs and courses offered by continuing medical education providers accredited by the ACCME. The Board notes that the ACCME is an accrediting body that accredits a variety of continuing medical education providers; it does not offer courses or programs as do the other organizations recognized by the Board at N.J.A.C. 13:44F-10.2(a)1. In addition, the Board notes that, in accordance with N.J.A.C. 13:44F-10.4, individual licensees may seek a modification of continuing education requirements, including to have the Board recognize continuing education programs, courses, or seminars that fall within the content area set forth in N.J.A.C. 13:44F-10.1(c) that are offered by an organization other than those listed in N.J.A.C. 13:44F-10.2(a)1.

11. COMMENT: One commenter contends that the phrase, "developing curriculum for and/or teaching a new program ..." at N.J.A.C. 13:44F-10.2(a)7 is confusing. The commenter questions when a licensee would need to develop a curriculum and teach a new program, etc., versus developing a curriculum or teach a new program. The commenter states that by using "and/or" on one occasion, a licensee would need to do both but, on another occasion, the licensee would need to do just one. The commenter requests that the "and/or" phrase be replaced by "or." The new rule would, therefore, read, "developing curriculum for or teaching a new program, course, lecture, or presentation, provided the program, course, lecture, or presentation ..."

RESPONSE: The Board believes that the existing language broadens the options for licensees to earn continuing education credit and disagrees that the existing phrasing is confusing. The Board, therefore, declines to change the phrasing as the commenter suggests.

Summary of Agency-Initiated Change:

The Board is changing N.J.A.C. 13:44F-3.3(f)2 to delete the modifiers "nebulizer" before "compressors" and "medical gas" before "cylinders," such that the references to the equipment are consistent with those in paragraph (f)1. The Board did not intend to imply a distinction by

using the different terminology. Additional public notice of this change is not required because it does not change the effect of this rule. The change does not increase the burden on those providing the equipment nor does it lessen the protections for patient care so as to destroy the value of the original notice.

Federal Standards Statement

A Federal standards analysis is not required because the adopted amendments, repeals, and new rules are governed by N.J.S.A. 45:1-15 and 45:14E-1 et seq., and are not subject to any Federal requirements or standards.

Regulations

Full text of the adopted new rules and amendments follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*):

SUBCHAPTER 3. AUTHORIZED PRACTICE

13:44F-3.1 Scope of practice

(a) For the purposes of treating, managing, controlling, and caring for patients with deficiencies and abnormalities of the cardiac and pulmonary system, a respiratory care practitioner may perform the following duties under the direction or supervision of a physician:

1.-8. (No change.)

9. Performance of cardiopulmonary resuscitation;

10.-11. (No change.)

12. Testing techniques to assist in diagnosis, monitoring, treatment, and research including, but not limited to:

i. Measurement of cardiopulmonary volumes, pressure, and flow;

ii. Drawing and analyzing of samples of arterial, capillary, and venous blood; and

iii. Apnea testing and monitoring; and

13. (No change.)

(b)-(d) (No change.)

[page=1279] 13:44F-3.3 Delegation by a respiratory care practitioner to unlicensed persons

(a)-(e) (No change.)

(f) The licensed respiratory care practitioner who delegates tasks set forth in (d) above in an outpatient setting shall ensure that a follow-up visit from a licensee or a person exempt from respiratory care licensure pursuant to N.J.S.A. 45:14E-9.c takes place consistent with the following:

1. Except as provided in (f)2 below, within 24 hours of the delivery of the equipment, including compressors, concentrators, and cylinders that could be used in conjunction with an artificial airway, including transtracheal oxygen catheters, to the patient for the purpose of conducting an in-person assessment of the equipment ***and patient***.

2. Within 72 hours of the delivery of *[nebulizer]* compressors, concentrators, and *[medical gas]* cylinders, except for those that could be used in conjunction with an artificial airway, including transtracheal oxygen catheters.

3. The follow-up visit shall be documented in writing.

Recodify existing 1.-2. as i.-ii. (No change in text.)

SUBCHAPTER 4. APPLICANT QUALIFICATIONS; BOARD-APPROVED EXAMINATION

13:44F-4.1 Eligibility for licensure

(a)-(b) (No change.)

(c) An applicant shall submit, with the completed application form and the required fee, a Certification and Authorization Form for a Criminal History Background Check.

SUBCHAPTER 7. LICENSE RENEWALS

13:44F-7.1 License renewal

(a) The Board shall send a notice of renewal to each licensee, at least 60 days prior to the expiration of the license. The notice of renewal shall explain inactive renewal and advise the licensee of the option to renew as inactive. If the notice to renew is not sent 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew provided that the license is renewed within 60 days from the date the notice is sent or within 30 days following the date of license expiration, whichever is later.

(b) A licensee shall renew his or her license for a period of two years from the last expiration date. The licensee shall submit a renewal application to the Board, along with the renewal fee set forth in N.J.A.C. 13:44F-8.1, prior to the date of license expiration.

(c) A licensee may renew his or her license by choosing inactive status. A licensee electing to renew his or her license as inactive shall not engage in the practice of respiratory care in New Jersey, or hold himself or herself out as eligible to engage in the practice of respiratory care in New Jersey, until such time as the license is returned to active status.

(d) If a licensee does not renew the license prior to its expiration date, the licensee may renew the license within 30 days of its expiration by submitting a renewal application, a renewal fee, and a late fee as set forth in N.J.A.C. 13:44F-8.1. During this 30-day period, the license shall be valid and the licensee shall not be deemed practicing without a license.

(e) A licensee who fails to submit a renewal application within 30 days of license expiration shall have his or her license suspended without a hearing.

(f) A licensee who continues to engage in the practice of respiratory care with a suspended license shall be deemed to be engaging in the unauthorized practice of respiratory care and shall be subject to action consistent with N.J.S.A. 45:1-14 et seq., even if no notice of suspension has been provided to the individual.

13:44F-7.2 License reactivation

(a) A licensee who holds an inactive license pursuant to N.J.A.C. 13:44F-7.1(c) may apply to the Board for reactivation of the inactive license. A licensee seeking reactivation of an inactive license shall submit:

1. A renewal application;
2. A certification of employment, listing each job held during the period the license was inactive, which includes the name, address, and telephone number of each employer;
3. The renewal fee for the biennial period for which reactivation is sought as set forth in N.J.A.C. 13:44F-8.1.
 - i. If the renewal application is sent during the first year of the biennial period, the applicant shall submit the renewal fee as set forth in N.J.A.C. 13:44F-8.1.
 - ii. If the renewal application is sent during the second year of the biennial period, the applicant shall submit one-half of the renewal fee as set forth in N.J.A.C. 13:44F-8.1; and

4. Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reactivation is sought, consistent with the requirements set forth in N.J.A.C. 13:44F-10.1.

i. An applicant who holds a valid, current license in good standing issued by another state to engage in the practice of respiratory care and submits proof of having satisfied that state's continuing education requirements for that license, shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph shall apply.

(b) If a Board review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reactivation, the Board may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the Board prior to reactivation of the license. If that examination or assessment identifies deficiencies or educational needs, the Board may require the applicant as a condition of reactivation of licensure to take and successfully complete any education or training or to submit to any supervision, monitoring, or limitations as the Board determines is necessary to assure that the applicant practices with reasonable skill and safety. The Board, in its discretion, may restore the license subject to the applicant's completion of the training within a period of time prescribed by the Board following the restoration of the license. In making its determination whether there are practice deficiencies requiring remediation, the Board shall consider the following non-exhaustive issues:

1. Length of duration license was inactive;
2. Employment history;
3. Professional history;
4. Disciplinary history and any action taken against the applicant's license by any licensing board;
5. Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of respiratory care or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;

6. Pending proceedings against a professional or occupational license issued to the licensee by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and

7. Civil litigation related to the practice of respiratory care or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

13:44F-7.3 License reinstatement

(a) A licensee who has had his or her license suspended pursuant to N.J.A.C. 13:44F-7.1(e) may apply to the Board for reinstatement. A licensee applying for reinstatement shall submit:

1. A reinstatement application;

2. A certification of employment listing each job held during the period of suspended license, which includes the name, address, and telephone number of each employer;

3. The renewal fee for the biennial period for which reinstatement is sought;

4. The past due renewal fee for the biennial period immediately preceding the renewal period for which reinstatement is sought;

5. The reinstatement fee set forth in N.J.A.C. 13:44F-8.1; and

6. Evidence of having completed all continuing education credits that were required to be completed during the biennial period immediately prior to the renewal period for which reinstatement is sought, consistent with the requirements set forth in N.J.A.C. 13:44F-10.1.

i. An applicant who holds a valid, current license in good standing issued by another state to engage in the practice of respiratory care and [page=1280] submits proof of having satisfied that state's continuing education requirements for that license, shall be deemed to have satisfied the requirements of this paragraph. If the other state does not have any continuing education requirements, the requirements of this paragraph shall apply.

(b) If a Board review of an application establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reinstatement, the Board may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the Board prior to reinstatement of the license. If that examination or assessment identifies deficiencies or educational needs, the Board may require the applicant as a condition of reinstatement of licensure to

take and successfully complete any education or training or to submit to any supervision, monitoring, or limitations as the Board determines is necessary to assure that the applicant practices with reasonable skill and safety. The Board, in its discretion, may restore the license subject to the applicant's completion of the training within a period of time prescribed by the Board following the restoration of the license. In making its determination whether there are practice deficiencies requiring remediation, the Board shall consider the following non-exhaustive issues:

1. Length of duration license was suspended;
2. Employment history;
3. Professional history;
4. Disciplinary history and any action taken against the applicant's license by any licensing board;
5. Actions affecting the applicant's privileges taken by any institution, organization, or employer related to the practice of respiratory care or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction;
6. Pending proceedings against a professional or occupational license or certificate issued to the licensee by a professional board in New Jersey, any other state, the District of Columbia, or in any other jurisdiction; and
7. Civil litigation related to the practice of respiratory care or other professional or occupational practice in New Jersey, any other state, the District of Columbia, or in any other jurisdiction.

SUBCHAPTER 8. GENERAL PROVISIONS

13:44F-8.4 Office location; Board information

(a) The offices of the Board are located at 124 Halsey Street, PO Box 45031, Newark, New Jersey 07101.

(b) (No change.)

SUBCHAPTER 10. CONTINUING EDUCATION

13:44F-10.1 Continuing education requirements for biennial renewal

(a) A licensee applying for biennial license renewal shall complete, during the preceding biennial period, 30 continuing education (CE) credits as specified in (c) below. Applicants for initial licensure are

exempt from the continuing education requirements of this section for the initial biennial period of licensure.

(b)-(f) (No change.)

13:44F-10.2 Approval of continuing education programs, courses, seminars, and articles; determination of credits

(a) The following are acceptable sources of continuing education, provided the subject matter falls within the content areas set forth in N.J.A.C. 13:44F-10.1(c):

1. Successful completion of programs, courses, or seminars offered or approved by the New Jersey Society for Respiratory Care, the American Association for Respiratory Care, the American Medical Association, the American Nursing Association, the American Thoracic Society, or the American Academy of Sleep Medicine: one continuing education credit for each course credit awarded;

2.-3. (No change.)

4. Successful completion of any certification or recertification course approved by the American Heart Association in Pediatric Advanced Cardiac Life Support (PALS) or Advanced Cardiac Life Support (ACLS) or approved by the American Academy of Pediatrics in Neonatal Resuscitation Program (NRP): one continuing education credit for each instructional hour awarded, with a maximum of 12 credits per biennial licensure period;

5. Authorship of published peer-reviewed textbooks, articles, or manuals directly related to respiratory care: three credits for each textbook, article, or manual;

6. Successful completion of videotaped, Internet, and other distance learning courses, approved by one of the organizations listed in (a)1 above, with verification by the course provider that the course was monitored and successfully completed by the licensee: one continuing education credit for each course credit awarded;

7. Participation in instructional activities, such as developing curriculum for and/or teaching a new program, course, lecture, or presentation, provided the program, course, lecture, or presentation is directly related to the practice of respiratory care in the State.

i. As used in this paragraph, "new program, course, lecture, or presentation" means that the licensee has never taught or developed curriculum for that course or program in any educational setting: one credit per hour of program or course instruction with a maximum of six credits per biennial licensure period; and

8. Successful completion of an advanced credentialing examination, which does not meet the requirements of (a)2 above, and that is approved by the Board.

i. The Board shall award licensees 10 credits per examination.

ii. A list of Board-approved advanced credentialing examinations shall be posted on the Board's website at <http://www.njconsumeraffairs.gov/resp/Pages/default.aspx>.

iii. The Board shall approve for credit an advanced credentialing examination provided that it is nationally recognized and the subject matter falls within the content area set forth in N.J.A.C. 13:44F-10.1(c).

(b) A licensee shall receive one continuing education credit for each hour of attendance at programs, courses, and seminars approved by one of the organizations listed in (a)1 above. For purposes of this section, an "instructional hour" represents a 60-minute clock hour with no less than 50 minutes of content within the hour. Programs may include one 10-minute break for each instructional hour. The Board will accept partial credit after the first credit hour increment has been earned for the same program, course, and seminar offered by one of the organizations listed in (a)1 above. Credit shall not be granted for programs, courses, and seminars that are less than one instructional hour long.

13:44F-10.3 Licensee certification of compliance; recordkeeping; audit

(a) A licensee shall:

1.-2. (No change.)

3. Provide to the Board upon request, documentation of the licensees completion of continuing education requirements as follows:

i.-iii. (No change.)

iv. For authored textbooks or manuals: the textbook or manual;

v. Videotaped, Internet, and other distance learning courses: written verification from the course provider; and

vi. For instructional activity: documentation, including a copy of the course content, location, date and time of course, duration of course by hour, and letter from provider confirming that the licensee taught the course or program or, if no provider, a copy of the attendance sheet.

(b)-(c) (No change.)

13:44F-10.4 Waiver or modification of continuing education requirements

(a)-(b) (No change.)

(c) A licensee shall apply for an extension, waiver, or other modification no later than 60 days prior to the end of the biennial licensing period. All requests shall be sent to the offices of the Board, as provided in N.J.A.C. 13:44F-8.4, by certified mail, return receipt requested.

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