New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Medical Examiners
Athletic Training Advisory Committee
140 East Front Street, 3rd Floor, P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7100

Instructions for Reinstatement

In accordance with the Uniform Enforcement Act, a professional or occupational license or registration may be reinstated, provided that the applicant otherwise qualifies for licensure or registration and complies with the provisions of N.J.S.A. 45: 1-7.2a, b and c. The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- The enclosed application for reinstatement.

2. Enclose:

- Payment of all past delinquent renewal fees and payment of a current renewal fee;*
- Payment of a reinstatement fee.
- An affidavit of employment listing each job held during the lapsed licensure or certification period. This affidavit of employment must include the names, addresses and telephone numbers of each employer;
- A notarized statement indicating if you were engaged in the practice of your professionor occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects with which you were involved; and
- The Criminal History Background Check filled out completely. See the enclosed instructions.

3. Submit to the:

State Board of Medical Examiners
Athletic Training Advisory Committee
140 East Front Street, 3rd Floor
P.O. Box 183
Trenton, New Jersey 08625

Upon review and approval of your reinstatement application, a license will be issued.

* Please call the Committee's office if you need to find out about the total amount of fees you may owe to the Committee.

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Medical Examiners
Athletic Training Advisory Committee
140 East Front Street, 3rd Floor, P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7100

Application for Reinstatement of an Athletic Trainer License

Date : _____

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 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. The application must be notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

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

Type of License: _____ N.J. License number: _____

Initial License date: _____
Month Day Year

Answer all of the questions below for the time period since you were last licensed in NewJersey.

1. Have you been arrested, charged or convicted of any crime or offense that you have not already reported to your board/committee? (Minor traffic offenses, such as speeding or parking need not be provided but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

2. Has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority that you have not already reported to your board/committee? ☐ Yes ☐ No

SEE THE ATTACHED INSTRUCTIONS BEFORE ANSWERING THE FOLLOWING QUESTIONS:

3. Are you currently engaged in the illegal use of controlled dangerous substances? "Currently" is defined as "within the last two years." Note: Individuals answering "Yes" to this question will receive follow-up correspondence directly from the Committee's office. If you are asserting the Fifth Amendment privilege, check this box.☐ ☐ Yes ☐ No

4. Do you have a medical condition or do you engage in the use of chemical substances which in any way impairs or limits your ability to practice your profession? Note: Individuals answering "Yes" to this question will receive follow-up correspondence directly from the Committee's office. If you are asserting the Fifth Amendment privilege, check this box.☐ ☐ Yes ☐ No

AFFIDAVIT OF APPLICANT

I,_____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time discloseotherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

_____
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

INSTRUCTIONS AND DEFINITIONS FOR QUESTIONS THREE AND FOUR ON THE REINSTATEMENT APPLICATION

INSTRUCTIONS

Questions 3 and 4 pertain to the use of chemical substances and to medical conditions. Please read the definitions carefully. Please be aware that you have the right to elect **not to answer** questions three and four 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 by checking the appropriate box on the reinstatement application. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must check the appropriate box on the reinstatement application AND submit a written explanation **directly to** the Committee at P.O. Box 183, Trenton, NJ 08625.

You must fully respond to all of the other questions on the application. Your application for licensure will be processed even 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 which 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 pursuant to N.J.S.A 45:1-20.

DEFINITIONS

Questions 3 and 4 - Definition of terms:

"Medical Condition" includes any physiological, mental or psychological condition, including pedophilia, exhibitionism or voyeurism, or any disorder such as, but not limited to, the diagnosis of 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, HIV disease, tuberculosis, drug addiction and/or alcoholism.

"Chemical substances" are 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 that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the last two (2) years.

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
State Board of Medical Examiners
Athletic Training Advisory Committee
P.O. Box 46017
Newark, New Jersey 07101
(973) 504-6414

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 $18.75.** 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