



New Jersey Office of the Attorney General

Division of Consumer Affairs
Audiology and Speech-Language
Pathology Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45002
Newark, New Jersey 07101
(973) 504-6390

MEMORANDUM

To: Name
Address
Address

From:

Date:

Re: License Reinstatement 41YS00XXXXXXXX

- 1. **Previous Biennial Renewal Period**
20 CEU's Required
Note: If you are registered with ASHA you must submit your official ASHA transcript along with copies of your certificates
 - 2. The enclosed CE tracker.
 - 3. Payment of the Renewal Fee(s):
Current Renewal Period \$ 170.00
 - 4. Reinstatement Fee: \$ 50.00
 - 5. Resubmit Criminal History
Background Check Fee: \$ 18.75
- Total: \$ 238.75 Required (Made payable to the State of New Jersey.)**

Please be informed you may complete 10 CEU's online.



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Instructions for Reinstating a License

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. 45:1-7.4. The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- The enclosed application for reinstatement.
- The Certification and Authorization form for a criminal history background check.
- A Verification of State License form (to be submitted by the Licensing Agency).
- The Jurisprudence Orientation for Audiologists and Speech Language Pathologists. You must go to www.state.nj.us/lps/ca2/aud/exam/ to complete the orientation that is now required.

2. Enclose:

- Payment of the current renewal fee, and renewal fee from previous renewal period \$170.00;
- Payment of the reinstatement fee \$50.00;
- Payment of the criminal history background check fee \$18.75;
- A certification of employment that you have signed and dated listing each job held during the lapsed licensure or certification period. This certification of employment must include the names, addresses and telephone numbers of each employer; and
- Proof that you have completed the continuing education hours or credits required for the previous biennial period.
- Verification of licensure from all other states where you are currently licensed for at least 5 years.

3. Submit to the:

**Audiology and Speech-Language Pathology Advisory Committee
P.O. Box 45002
Newark, New Jersey 07101**

Upon review and approval of your reinstatement application, a license or certificate may be issued.



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Application for Reinstatement of a License

You may not practice in the State of New Jersey until your license or certificate has been reinstated.

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.

**Section I
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

6. 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.
7. 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
8. 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.)
9. 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
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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/expire

10. 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
11. 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
12. 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
13. Have you ever been named as a defendant in any litigation related to the practice of audiology/speech-language pathology or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
14. 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
15. 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
16. 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 audiology/speech-language pathology 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 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired. (You may photocopy this page if necessary.)

Employer's name: _____

Employer's address: _____
Street

_____ City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____ City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

Dates employed: from: _____ to: _____
month day year month day year

Employer's name: _____

Employer's address: _____
Street

_____ City State ZIP code

Immediate supervisor's name: _____

Employer's telephone number: _____ Hours per week: _____
(Include area code)

Your major responsibilities (use additional sheets of paper if necessary): _____

Dates employed: from: _____ to: _____
month day year month day year

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.

Signature of applicant

Date

Official Use Only
 Dual License
 License Type 1

 Applicant's Number

 License Type 2

 Applicant's Number



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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.

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



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Continuing Education Tracker

Renewal Period - 11/1/17 to 10/31/19

- Continuing education credits must be completed during the renewal period.
- Complete this form and return with supporting documentation.
- Refer to N.J.A.C. 13:44c-6.2 (Allocation of Credits) and N.J.A.C. 13:44c-6.3 (Documentation of Continuing Education Credits).

Course Name (Refer to regulation for approved sponsor information)	Date(s) Completed	Number of Hours	(A) In-Person Please put a (✓) check	(B) Online Self-Study Please put a (✓) check	(C) Online Interactive Webinar Please put a (✓) check	Denied Number of Hours (Internal Use Only)
			Total Column (A)	Total Column (B) Max # 10 Hrs.	Total Column (C) Max # 10 Hrs.	
TOTAL PER COLUMN		Total Column (A), (B), (C)				Total

I certify that the information provided is accurate and I am attaching supporting documentation.

Signature of Licensee

N.J. License Number