



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

FROM: Renee P. Clark, 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:

- The New Jersey Audiology and Speech-Language Pathology Advisory Committee will not verify your professional status with the American Speech-Language Hearing Association (ASHA). You must contact ASHA and request your certification or credentials.
- 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.

### **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) Examination Scores**

The law stipulates that all holders of a New Jersey license for Audiology or Speech- Language Pathology show evidence of having passed the **Praxis Examination** which is administered by the Educational Testing Service (E.T.S.). Since E.T.S. has a policy of keeping scores for only five (5) years, the Committee will accept an original or notarized copy of your Certificate of Clinical Competence as satisfactory proof of having passed the Praxis examination in lieu of the actual score.

**B) Transcripts**

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

**C) Continuing Professional Education**

Your license to practice Audiology or Speech-Language Pathology in the State of New Jersey must be renewed every two years. **Pursuant to N.J.A.C. 13:44C-6.2(b) Licensees applying for their first biennial renewal are exempt from the continuing education requirements.**

**D) Jurisprudence Orientation**

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

**E) If you have been licensed in another state, be sure to forward verification of your license in to the Committee.**

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

## **Please Note**

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



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### **Checklist for Audiologist and/or Speech-Language Pathologist**

**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.**)
- An original or notarized copy of a statement by your supervisor stating that you have successfully completed your Clinical Internship. **An original or notarized copy of a "CCC" will be acceptable documentation for those persons who completed their Clinical internship more than a year ago.**
- Transcripts of grades in Audiology and/or Speech-Language Pathology for the Praxis Examination (Administered by the Educational Testing Service). **An original or notarized copy of a "CCC" will be acceptable documentation for those persons who completed their PRAXIS more than five years ago.**
- Certification and Authorization Form for a Criminal History Background Check.
- Change of name documentation, when applicable.
- Completed the **Jurisprudence Orientation** at [www.njconsumeraffairs.gov/aud](http://www.njconsumeraffairs.gov/aud). **PUT THE ADDRESS IN YOUR WEB BROWSER.**
- If you are licensed in another state, send verification of license directly from that State.

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

- Application fee and license fee - \$245.00
- Application fee and license fee - \$160.00 (**Second half of the biennial licensing period commencing odd years (11/1 to 10/31)**)

**NOTE: PLEASE CHECK WITH THE COMMITTEE REGARDING WHICH FEE TO SEND BEFORE SUBMITTING YOUR APPLICATION.**

**Please return this completed checklist with your application**

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

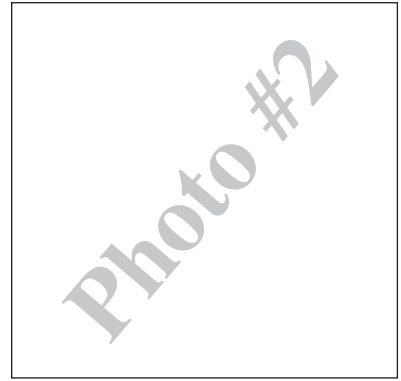
Two photographs are required  
with each application.

Do not use staples to attach the  
photographs.



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**License Application**

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

Date: \_\_\_\_\_

Please enclose a nonrefundable application filing fee of \$75.00 and an initial license fee of \$170.00 (total fee \$245.00) 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. 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

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous 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 this question 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 on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

**“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 365 days, whichever is longer.

**“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. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes  No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes  No

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Applicant’s signature

---

Date

7. 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.
8. 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
9. 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.)

10. 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
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
_____	_____	_____	_____	_____
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

11. 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
12. 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
13. 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
14. 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
15. 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
16. 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
17. 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 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. 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.

19. 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.

20. National Teachers Examination (N.T.E.) in audiology and/or speech-language pathology

Area \_\_\_\_\_ Score \_\_\_\_\_ Area \_\_\_\_\_ Score \_\_\_\_\_ Date passed \_\_\_\_\_

**An original copy of the Praxis score reporting form is required. A notarized copy of a Certificate of Clinical Competence (C.C.C.) will be acceptable only if the National Examination was taken more than 5 years ago.**

21. Is your supervision plan on file with the office of the Advisory Committee on Audiology and Speech-Language Pathology?  Yes  No

If "No," please explain below:

\_\_\_\_\_  
\_\_\_\_\_

22. Where was your internship completed? \_\_\_\_\_

23. Name of supervisor \_\_\_\_\_ State \_\_\_\_\_

License number of supervisor \_\_\_\_\_ Date internship commenced \_\_\_\_\_

Date internship completed \_\_\_\_\_

**An original or notarized copy of a statement by your supervisor stating that you have successfully completed your internship is required. A notarized copy of a C.C.C. will be acceptable documentation for those applicants who completed internships more than one year ago.**



# 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



**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Audiology and Speech-Language Pathology

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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. \_\_\_\_\_ Last First Middle Maiden Name  
 Ms.

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