



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Professional Planners
124 Halsey Street, 3rd Floor, P.O. Box 45016
Newark, New Jersey 07101
(973) 504-6465

**Request for Upgrade from
Planner-in-Training to Professional Planner**

The statutes establishing licensure of the practice of Professional Planning, N.J.S.A. 45:14A-1 et seq., define such practice as, "...the administration, advising, consultation or performance of professional work in the development of master plans in accordance with the provisions of chapter 27 and 55 of Title 40 of the Revised Statutes, as amended and supplemented; and other professional planning services related thereto intended primarily to guide governmental policy for the assurance of the orderly and co-ordinated development of municipal, county, regional and metropolitan land areas, and the State or portions thereof."

To upgrade from a planner-in-training to a licensed professional planner, you must submit the following:

- 1) An upgrade form (see attached) demonstrating the required work experience as set forth in N.J.A.C. 13:41-5.3(a); or
- 2) Transcripts verifying that the planner-in-training has completed the required educational experience as set forth in N.J.A.C. 13:41-5.3(a)2.

Your experience must conform to one or more elements of the practice of professional planning as defined in the statute. You should be specific so as to minimize the possibility of misinterpretation.

In addition to the details of your experience, furnish the name, address and the professional-planning position of the person to whom you reported in each engagement. Please show start and end dates for each engagement by month and year. A minimum of 32 hours per week is considered full-time employment. Since only half-credit is given for part-time employment, it is important to document accurately the hours worked per week. You may attach additional sheets if necessary.



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Date: _____

Along with the submission of this completed application, the nonrefundable application filing fee must be paid in the form of a check or money order made payable to the State of New Jersey. The fee is \$130.00 in the first year of the current biennial period of licensure, or \$65.00 in the second year. Please call the telephone number above to learn which year of the biennial licensure period the Board is in. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. You are, however, 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.

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

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*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 is required to obtain your Social Security number. Pursuant to these authorities, the Board 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; and
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request.

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 the plan for repayment 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 may 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 your licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

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. Have you previously applied for a license or certificate as a professional planner in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," when and where? _____

10. 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	
_____	_____	_____	_____	_____	Is this license or certificate active? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of license / certificate	Number	State that issued the license or certificate	Date issued		

11. Have you ever been disciplined or denied a professional planner's license or certificate or any other professional license or certificate 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 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

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 the practice of professional planning 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 or certificate issued to you by any 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 the practice of professional planning 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.

Engagement number	Date Month / Year From - To	Description of Experience For each engagement, list work experience in chronological order starting with the first position held by the applicant in the following format: a) The title of your position. b) The name and address of your employer. c) The name, address and license number of your immediate supervisor. (If your supervisor was not a licensed professional planner, then you must also furnish the name of the licensed professional planner under whose supervision you were employed for each engagement.) d) The character of the engagement. Describe the design work and other planning work and specific projects explicitly in outlined statements. Include a description of the complexity of the work, the duties and degree or responsibility, and also state the time spent in design and other planning work for each engagement.	Professional Planning Experience (This experience must have been acquired while under licensed supervision.)			
			Hours per week	Years	Months	Do not write in this space.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } *ss.*

I, _____, in making this application to the State Board of Professional Planners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Planners, swear (or affirm) that I am the applicant and that all 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14A-1 et seq., together with the Rules and Regulations of the State Board of Professional Planners, N.J.A.C. 13:41-1.1 through 13:41-6.1, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. 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.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year



Name of Notary Public (please print)

Signature of Notary Public

For office use only:

Qualifications:

- Education
- Experience
- Examination

Recommendations:

- Interview
- Admit Exam
- Certify

Board Action:

- Interview
- Withhold/Deny
- Certify

Date _____
Date _____
Date _____

Certificate or License No. _____

Granted _____