New Jersey Department of Health PUBLIC HEALTH LICENSING AND EXAMINATION BOARD P.O. Box 360 Trenton, New Jersey 08625-0360

APPLICATION FOR HEALTH OFFICER EXAMINATION

DO NOT WRITE IN THIS SPACE

Before filling out application familiarize yourself with the qualifications for admission to this examination in N.J.A.C. 8:7. 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.

	CHECK THE EXAMINATION DATE FOR WHICH YOU ARE APPLYING:								
			☐ May	November					
1.	Name:	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)				
2.	Address:								
	☐ Home:		(Street Address or PO Box)		(County)				
		(0	Dity)	(State)	(ZIP + Four)				
		(Telephone Number (Ir	ncluding Area Code)		(Email Address)				
	☐ Business:		(Street Address or PO Box)		(County)				
		(0	City)	(State)	(ZIP + Four)				
	☐ Mailing:		(Street Address or PO Box)		(County)				
		(0	City)	(State)	(ZIP + Four)				
3.	Date of Birth:	(Month/Day/Yea	Place o		City) (State)				
4.	*Social Security	Number:							

You <u>must</u> disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law and N.J.S.A. 54:50-25 of the New Jersey taxation law, the Department is required to obtain your Social Security number. Pursuant to these authorities, the Department 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. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one.

1.	Name:					
		(Last Name)	(First Name)	(Middle Initial)	(Maid	en Name)
5.	Citizenship/Immi	gration Status:				
	aliens. To comply you are not a U.S	with this federal law, c	ral of professional or occup theck the appropriate box be of your alien registration of tion Service (USCIS)	below which indicates you	ır citizenship/imr	migration status. If
	U.S. Citizen	Julia III III III III III III III III III I				
	☐ Alien lawfully a	dmitted for permanent re	esidence in the U.S.			
	☐ Other immigrat	ion status				
	Questions about y USCIS at 1-800-3		and whether or not it is a d	qualifying status under fed	deral law should	be directed to the
6.	Student Loan:					
	Are you in default	in regard to any student	loan obligation(s)?		Yes	☐ No
	issued your stude	nt loan, for the eventua	vidence that you have real payment of the loan. You or payment of your student	u will not be able to obtai		
7.	Child Support:					
	Please certify, unc	der penalty of perjury, the	e following:			
	a. Do you currer	ntly have a child-support	obligation?		Yes	☐ No
	(1) If "yes," a	re you in arrears in pay	ment of said obligation?		Yes	☐ No
			ch or exceed the total amou		Yes	□No
			ordered health insurance co		Yes	□No
			oena relating to either a pat		Yes	□No
	d. Are you the su	ubject of a child-support	-related arrest warrant?		Yes	☐ No
	licensure. Further		4d, an answer of "Yes" to ation of the above may sub			
	(Name of A	oplicant) (Print)	(Signatu	re of Applicant)		(Date)
	(Name of A	opnounty (1 mily	(Olghaidh	ο οι προποαιτή		(Bato)
•	Ulava vasta atta				П.V	□ Na
8.	-	-			res	☐ No
	with this application		age certificate, divorce dec	ree or court order		
9.	admitted into pre- felony, misdemea District of Columbi	trial intervention (PTI); nor or disorderly perso ia or in any other jurisdic	d; taken into custody; indic or pled guilty to any viola ons offense, in New Jerse ction? (Parking or speedin th as driving while impaired	ation of law, ordinance, ey, any other state, the g violations need not be	Yes	□ No
10.			y crime or offense under			
					Yes	☐ No

1.	Name:			
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
11.	Do you currently hold, or have you in New Jersey, any other state, the			∐ Yes ☐ No
	If "Yes," for each professional licer number(s). If the license or certific that name.			
	(Last Name)	(First Name)	(Middle Initial)	_
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Date Issued/Expired)
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Date Issued/Expired)
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Date Issued/Expired)
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Date Issued/Expired)
12.	Have you ever applied for a Herineligible by the Public Health Licer			□ Yes □ No
13.	Have you ever applied for a Health the Public Health Licensing and Ex			□ Yes □ No
14.	Have you ever been disciplined or license or certificate in New Jersey jurisdiction?	y, any other state, the District of	of Columbia or in any other	□ Yes □ No
15.	Have you ever had a professional in New Jersey, any other state, the			□ Yes □ No
16.	Are you aware of any investigati issued to you by a professional Columbia or in any other jurisdictio	board in New Jersey, any o	other state, the District of	□ Yes □ No
17.	Are there any criminal charges now District of Columbia or in any other	w pending against you in New jurisdiction?	Jersey, any other state, the	□ Yes □ No
18.	Have you ever been sanctioned association, society, or other profe Jersey, any other state, the District	ssional group related to any p	rofessional practice in New	□ Yes □ No

If the answer to any of the above questions, numbers 9 through 18, is "Yes," provide a complete explanation of the circumstances

leading to the action, and any supporting documentation, on separate sheets of paper.

LH-8 JUL 12

1. Name:								
(La	ast Name)		(First	Name)	(Middle Initial)		(Maide	n Name)
			EDUC	ATION REC	ORD			
Beginning with the most I Attach ORIGINAL office transcripts will not be a	al transcr	-		-	-		Copies of	student-issued
		Dates A	ttended			Credit	Hours	
Name and Location of So	hools	From	То	Major	Minor	Semester	Quarter	Degree and Date
			EMPLO	YMENT RE	CORD			
Beginning with your presemployed, including militiand number of persons y	ary service ou supervis	. In describi sed.	ing your wo	rk be as speci		h regard to	your duties,	
Name and Address of Emp	loyer				Description	Description of Your Work		
Title of Present or Last Pos	sition							
Dates of Employment (Mor	nth/Year)	Total Tin	me Employe	ed				
From: To:			_Years _	Month	S			
		e, Give Nun ked per We						
Name and Address of Employer					Description	of Your Wo	rk	
Title of Present or Last Pos	sition							
Dates of Employment (Month/Year) From: To: Years Months					S			
		e, Give Nun rked per We						

1. Name:					
	Last Name)	(First Name	;)	(Middle Initial)	(Maiden Name)
		EMPLOYMENT R	ECORD (Co	ntinued)	
Name and Address of Em	ployer		•	Description of Your	Work
Title of Present or Last Po	sition				
Dates of Employment (Mo From: To:	•	Total Time Employed Years			
☐ Full Time ☐ Part Time	Hours Work	Give Number of ed per Week:			
Name and Address of Em Title of Present or Last Po				Description of Your	Work
Dates of Employment (Mo		Total Time Employed		_	
From: To:		Years	Months		
☐ Full Time ☐ Part Time		Give Number of ed per Week:			
Name and Address of Em	ployer			Description of Your	Work
Title of Present or Last Po	sition				
Dates of Employment (Mo From: To:		Total Time Employed Years	Months		
☐ Full Time ☐ Part Time		Give Number of ed per Week:			
		ADDITIONAL EXPE	DIENCE AND	D TRAINING	
Describe any other exp Health Officer examinati application.	ion. Do not	ADDITIONAL EXPER- aining in addition to the forepeat experience or tra ONAL SPACE IS NEEDEL	oregoing which	ch you believe will suppyou have already liste	port your qualifications for the ed in another section of this
	(11 /100111		2,711710110	OTT ELIMENTIAL GITEE	

1.	Name:				
		(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
		-	TRAINING REQUIRE	D BY BOARD	
a re c	nd/or supervised e equired to take for ourse or a certifica	xperience that was requir mal classroom training, you ate of attendance from a	ed by the Board in orde ou must submit proof of short course. If you red	r for you to be eligible to mattendance in the form of	are deficient and the formal training make the reapplication. If you were an official transcript for a college and experience, you must submit a vised.
A.	Deficient Area(s)	:			
В.	_	Course: Yes			
C.	Dates Attended:	From:		То:	
	Name of Supervi	sor:			
	Location:				
			To:		
			REFERENC	CES	
	cessary:	·	e familiar with your work	that may be contacted by	the Board if inquiries are
	1	(Name)			(Affiliation)
			(Add	dress)	
	(Telephone	e Number (Including Area Cod	de)	(Email Ad	(dress)
	2	(Name)			(Affiliation)
			dress)		
	, ,	e Number (Including Area Cod	de)	(Email Ad	ldress)
	3	(Name)			(Affiliation)
			(Ada	dress)	
	(Telephone	e Number (Including Area Cod	<u></u>	(Email Ad	ldress)

1.	Name:									
	(Last N	lame)	(Fi	rst Name)	(Middle Initial)	(Maiden Name)				
	HEALTH OFFICER APPLICANT: SUPPLEMENTAL DATA									
p ti	PLEASE NOTE: All applications must be accompanied by (1) an official transcript issued by the Registrar of a college or university and delivered under seal and (2) a copy of the college or university catalogue description of the courses required pursuant to the provisions set forth at <i>Licensure of Persons for Public Health Professions, N.J.A.C.</i> 8:7. Applications filed without transcript and/or catalogue description will be delayed until they are received. Course with grades less than 2.0 ("C") shall not be considered.									
				EDUCATION						
A.	Degree(s) Earned and Da	te(s):								
В.	Name of Institution Grantii	ng Degree: _								
C.	Name of Major/Health-Rel	lated Field: _								
				<u> </u>						
b	The above Degree must incl by at least three graduate graduate credit hours in the f	e or upper-le	vel under-		nclude a copy of the o	mber which satisfies the listed college catalogue description for				
1.	Planning	☐ Yes	□No							
	Ü	_	_							
2.	Administration	☐ Yes	☐ No							
3.	Environmental Science	☐ Yes	□No							
_	Social Science	□Vos	□No							
4.	Social Science	☐ Yes	∐ NO			_				
5.	Epidemiology	☐ Yes	□No							
						_				
6.	Biostatistics	☐ Yes	☐ No							
0.	2.0014101100									

1. Name:										
	(Last Name) (First Na		(Middle Initial)	(Maiden Name)						
		EXPERIENC	E							
least three of	You must have a minimum of two (2) years of full-time employment in a position which provides administrative experience ¹ in at least three of the five existing recognized public health activities listed below. Check the areas in which you are claiming you have the requisite experience.									
Administration and Support Services Maternal and Child Health Environmental Health Communicable Diseases										
	ial documentation from your su Failure to do so will delay review		your employment experienc	e must be submitted with your						
		DECLARATION	ON							
misrepresent Health Office questions or	I certify, under the penalty of perjury under the laws of the State of New Jersey, that this application contains no willful misrepresentations of falsifications and that the information given by me in connection with this application for licensure as a Health Officer is true, correct and complete. I am aware that if an investigation discloses any misrepresentation to any answer to questions on this form, the application will be rejected. I further understand that any false statement knowingly made by me is grounds for denial of licensure or revocation of a license issued in reliance upon false information.									
_	(Date)		(Signature of Applicar	ot)						
			(Maiden Name, if applica	able)						

IMPORTANT:

Admission to the Health Officer examination is dependent upon the information furnished in this application. The application must be accompanied by documentary evidence which supports your training, education, and experience. All letters verifying your experience must list in detail all the duties, responsibilities, number of staff supervised if any, and length of time you served in a particular field. An official transcript under seal must be submitted from your college(s) or university(ies). Student copies will not be accepted. An application is not deemed complete and ready for review by the Board unless and until all required documentary evidence is received prior to the published application deadline. The deadline shall be enforced according to the postmark on the packet and on any supplemental material. Photostatic copies of certificates, awards, or other similar documents are appropriate documentation in support of your training qualifications.

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Board does <u>NOT</u> notify applicants of incomplete documentation.

Licensure requirements are subject to change as a result of new legislation, rules, or due to new policies and procedures that may be adopted by the Board. Applicants must meet current requirements.

BEFORE SUBMITTING THIS APPLICATION:

- Have you answered all questions completely and carefully?
- Have you signed the application?
- Have you included or arranged for official transcripts to be submitted?
- Have you included all necessary documentary evidence in support of your training?
- Have you included a non-refundable \$50.00 application fee in the form of a check or money order made payable to "Treasurer, State of New Jersey"?

¹ "Administrative experience" means work performed under minimal supervision requiring initiative, decision making, and independent judgment.