



## *New Jersey Office of the Attorney General*

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy Examining Committee  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102  
[www.njconsumeraffairs.gov/nursing/](http://www.njconsumeraffairs.gov/nursing/)

Dear Massage, Bodywork and Somatic Therapy Applicant,

The New Jersey Board of Nursing's Massage, Bodywork and Somatic Therapy Examining Committee is accepting applications for certification of Massage, Bodywork and Somatic Therapists.

The application contains fourteen (14) pages and is available on the New Jersey Board of Nursing's Web site ([www.NJConsumerAffairs.gov/massage/](http://www.NJConsumerAffairs.gov/massage/)) This portable document format (pdf) file is available for download. You may also request a hard copy of this application by telephoning the Board at (973) 504-6430, submitting a written request to the above address, or faxing a written request to (973) 273-8055, which will be mailed to you. The application packet includes an instruction sheet, an application checklist by category of certification, an application form, and a certification and authorization form for a criminal history background check. A verification form is available for applicants seeking certification by endorsement from another state.

- There are three categories of certification, including:
- Certification with Education (N.J.A.C. 13:37-16.4)
- Certification with Examination (N.J.A.C. 13:37-16.4), and
- Certification by Endorsement based on certification/licensure in another state or jurisdiction (N.J.A.C. 13:37-16.5).

The regulations for certification are also posted on the Board's Web site. They can be found under the title of Massage, Bodywork and Somatic Therapy Rule Adoptions. There are three fees associated with the application process: 1) a \$75 nonrefundable application fee, 2) a \$120 certification fee if the application is sent during the first year of the biennial period or a \$60 certification fee if the application is sent during the second year of the biennial period which is refundable upon request if the application does not meet the certification requirements, (make check payable to the State of New Jersey). And, 3) a \$78 criminal history background check fee made payable at the time of fingerprinting to Morpho Trak, Inc., the agency that holds the contract to provide the criminal history background check services for the Division of Consumer Affairs.

Should you have any questions, please contact Diane Scott at (973) 424-8183, Monday through Friday, 8:30 a.m. - 4:30 p.m.

Sincerely,

George J. Hebert, MA, RN  
Executive Director



## **New Jersey Office of the Attorney General**

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
Examining Committee  
124 Halsey Street, 6th Floor, P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6430  
[www.NJConsumerAffairs.gov/nursing/](http://www.NJConsumerAffairs.gov/nursing/)

### **Application Checklist by Certification Category**

Below you will find important information regarding submission of the documents needed to complete your application for certification. All categories of applicants for certification are required to submit the following:

#### **All Applicants**

1. The Massage, Bodywork and Somatic Therapy Examining Committee's Official Application for Certification.
2. The \$75.00 nonrefundable application fee and the \$120.00 certification fee.
3. The Certification and Authorization form for the criminal history background check.
4. Proof of the current Basic Life Support (B.L.S.) Certification from a course approved by the American Heart Association, the American Red Cross, the National Safety Council, Coyne First Aid, Inc., the American Safety and Health Institute or EMP International Inc.
5. Two affidavits of good moral character.
6. Proof of citizenship/immigration status, and
7. A full-face passport size (2"x2") photograph of your head and shoulders taken within past six months.

#### **Specific Categories for Certification**

Applicants are additionally required to meet one of the following categories based on their specific route of certification:

#### **Categories of Application:**

##### **A. Initial Certification without meeting the full educational requirements:**

1. A statement that the applicant has worked full-time for the past two years or part-time for the past five years in accordance with N.J.A.C. 13:37-16.2.
  - a. Full-time practice means the applicant has provided a minimum of 750 hours of massage, bodywork and somatic therapies to clients during a year; and
  - b. Part-time practice means the applicant has provided a minimum of 300 hours of massage, bodywork and somatic therapies to clients during a year.
2. Evidence that the applicant has completed 200 hours of education or training in massage, bodywork and somatic therapy.

##### **B. Initial Certification by Education:**

A transcript from a school of massage, bodywork and somatic therapy.

##### **C. Initial Certification by Examination:**

Proof that the applicant has successfully passed the written examination offered by the N.C.B.T.M.B. or the N.C.C.A.O.M. by providing a copy of a certificate from one of these organizations in accordance with N.J.A.C. 13:37-16.4(a)2.

##### **D. Initial Certification by Endorsement:**

1. Verification of licensure or certification in good standing from the state in which the applicant is licensed or certified.
2. A copy of the current statutes and regulations regarding massage, bodywork and somatic therapy from the state in which the applicant is licensed or certified.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
Examining Committee  
124 Halsey Street, 6th Floor, P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6430

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

Date of examination: \_\_\_\_\_

**To be completed by all categories of applicants.**

**Official Application for Massage, Bodywork and Somatic Therapy Certification**

**Please put a check in the box next to the category of certification you are seeking:**

**Education**     **Examination**     **Endorsement**

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

Please enclose an application filing fee of \$75.00 and a license certificate fee of \$120.00 (for a total of \$195.00) 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.)

If the application process is not completed within one year, your application will be discarded and you will need to re-apply with full payment.

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 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

**To be completed by all categories of applicants.**

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. 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 payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment 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 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

## To be completed by all categories of applicants.

### 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical 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 those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity 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 of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

**“Ability to practice as a certified massage, bodywork and somatic therapist”** is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a certified massage, bodywork and somatic therapist, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a certified massage, bodywork and somatic therapist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to 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, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is 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 so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“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.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*?  Yes  No  Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?  Yes  No  Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?  Yes  No  Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?  Yes  No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”)  Yes  No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  Yes  No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

**To be completed by all categories of applicants.**

8. 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.

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	
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	
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	

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 massage, bodywork or somatic therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

14. 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

15. 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.)

16. 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

17. 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

18. 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 massage, bodywork or somatic therapy 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 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.



**To be completed by all categories of applicants.**

**Massage, Bodywork and Somatic Therapy Work Experience**

Do not include a curriculum vitae or resume. Neither will meet the regulatory requirements for completing this application.

1. List the massage, bodywork and somatic therapy experience you have acquired. List your current employment first. Use additional sheets of paper if necessary.

(a) Employer: \_\_\_\_\_  
(If you were self-employed, put in your own name.)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
(include area code)

Method of massage, bodywork and somatic therapy practiced: \_\_\_\_\_

Hours of massage, bodywork and somatic therapy provided to clients per year: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name and title: \_\_\_\_\_

(b) Employer: \_\_\_\_\_  
(If you were self-employed, put in your own name.)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
(include area code)

Method of massage, bodywork and somatic therapy practiced: \_\_\_\_\_

Hours of massage, bodywork and somatic therapy provided to clients per year: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name and title: \_\_\_\_\_

(c) Employer: \_\_\_\_\_  
(If you were self-employed, put in your own name.)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
(include area code)

Method of massage, bodywork and somatic therapy practiced: \_\_\_\_\_

Hours of massage, bodywork and somatic therapy provided to clients per year: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name and title: \_\_\_\_\_

(d) Employer: \_\_\_\_\_  
(If you were self-employed, put in your own name.)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
(include area code)

Method of massage, bodywork and somatic therapy practiced: \_\_\_\_\_

Hours of massage, bodywork and somatic therapy provided to clients per year: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name and title: \_\_\_\_\_

**I attest that any supplied documents that are attached to this application are authentic. (Check one)**  **Yes**  **No**

**To be completed by all categories of applicants.**

## 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 New Jersey Board of Nursing, Massage, Bodywork and Somatic Therapy Examining Committee, for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, Massage, Bodywork and Somatic Therapy Examining Committee, 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. 45:11-53 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, Massage, Bodywork and Somatic Therapy Examining Committee, N.J.A.C. 13:37-16.1 et seq., 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



To be completed by all categories of applicants.



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
Examining Committee  
P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6430

**AFFIDAVIT OF GOOD MORAL CHARACTER**

**This affidavit is to be executed before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, am personally acquainted with \_\_\_\_\_  
Name of applicant  
and not related by blood or marriage to the Applicant. I have known him or her \_\_\_\_\_ . I hereby attest that he or she is of  
Years/Months  
good moral character.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public



To be completed by all categories of applicants.



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
Examining Committee  
P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6430

**AFFIDAVIT OF GOOD MORAL CHARACTER**

**This affidavit is to be executed before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, am personally acquainted with \_\_\_\_\_  
Name of applicant

and not related by blood or marriage to the Applicant. I have known him or her \_\_\_\_\_ . I hereby attest that he or she is of  
Years/Months  
good moral character.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
New Jersey Board of Nursing  
Massage, Bodywork and Somatic Therapy  
P.O. Box 45048  
Newark, New Jersey 07101  
(973) 504-6493

**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 \$22.55.** 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

To be completed by category D. "Endorsement" applicants.



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
Massage, Bodywork and Somatic Therapy
Examining Committee
P.O. Box 45048
Newark, New Jersey 07101
(973) 504-6430

License/Certification
Verification Request

Direction: Complete only the top portion of this license/certification form and forward it to the license/certification agency in the state in which you are licensed/certified. The agency should complete the form and return it to the New Jersey Board of Nursing, Massage, Bodywork and Somatic Therapy Committee. Note: Be advised that the agency completing the form may charge a fee for license/certification verification. Please call the agency to check on fees for license/certification verification prior to submitting this form.

Name: \_\_\_\_\_
First Name Middle Name Last Name Maiden Name, if applicable

Name on original license/certification: \_\_\_\_\_ Telephone number: \_\_\_\_\_
(include area code)

Current address: \_\_\_\_\_
Street City State ZIP code

License/Certification number: \_\_\_\_\_ Year issued: \_\_\_\_\_

This section is to be completed by the state licensing/certification agency.

- 1. License/Certification number: \_\_\_\_\_ Date issued: \_\_\_\_\_
2. When was the license/certificate last renewed? \_\_\_\_\_
3. Is the license/certificate in good standing? [ ] Yes [ ] No
4. Has this license/certification ever been revoked, suspended or voluntarily surrendered or has any action been taken by your agency against this licensee? [ ] Yes [ ] No

If "Yes," please provide a description of the reason and/or charge(s) and any action(s) taken and provide a copy of any complaint, order or relevant document.

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

I certify that the statements contained herein are true based upon official records that I reviewed.

Official

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_

Seal