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DEPARTMENT OF EDUCATION
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January 7, 2014

TO: Approved Clinics and Agencies

FROM: Peggy McDonald, Director 
Office of Special Education Programs

SUBJECT: Revised Staff Change Procedures for Clinics and Agencies

In accordance with N.J.A.C. 6A:14-5.2(d), when a professional staff member leaves or a new professional staff member is hired to provide approved services to students with disabilities, approved clinics and agencies are required to notify the New Jersey Office of Special Education Programs (NJOSEP) within seven days of the change. To accomplish this, approved clinics and agencies notify NJOSEP by submitting a Request for Staffing Change form and in the case of newly hired professional staff, a copy of each potential employee's certification and license, where required, and criminal history review check (CHRC). It has been the practice of the NJOSEP to compile and post a list of active professionals on the New Jersey Department of Education's (NJDOE) website. Thus, schools and school districts cannot contract for the services of a particular professional until the professional's name appears on the list. Due to the volume of staff change requests, there is often a delay in updating the list, which could result in a delay in the start of services to a student.

In an effort to streamline this process and to expedite the provision of required services to students with disabilities, the following procedures will be implemented to notify NJOSEP of staffing changes for approved clinics and agencies as of **January 7, 2014**:

1. The NJOSEP will no longer maintain or update the list of professionals providing services through an approved clinic or agency.
2. When contracting with a school or school district after **January 7, 2014** approved clinics and agencies must provide schools with copies of the appropriate credentials for the professional who will be evaluating a student or providing services in accordance with the student's IEP. These credentials must include, at a minimum, a copy of a current certification and license where required, and documentation of the CHRC conducted through the New Jersey Department of Education (NJDOE).
3. When the documentation provided by the approved clinic or agency demonstrates that the professional has obtained the required credentials, including documentation of the CHRC, the school may contract with the clinic or agency without delay.
4. For newly hired professional staff, approved clinics and agencies must notify the NJOSEP within seven days of a new hire by submitting a Request for Staffing Change form and as per N.J.A.C. 6A:14-5.2(a)4i, documentation of the Criminal History Review Check (CHRC). **Approved clinics and agencies should not submit copies of the professional's license or**

certification to the NJOSEP as these have already been submitted to the school or school district.

5. When the license and/or non-citizen educational certificate of a professional staff member expires, approved clinics or agencies will submit the updated license or educational certificate to the school or school district where the professional is working. Approved clinics or agency will submit a Request for Staffing Change form to the NJOSEP. **Approved clinics and agencies should not submit copies of the professional's license or certification to the NJOSEP as these have already been submitted to the school or school district.**
6. When a professional staff member changes from one school or school district to another or adds another school or school district to his/her caseload, the approved clinic or agency will submit to the NJOSEP a Request for Staffing Change form and as per N.J.A.C. 6A:14-5.2(a)4i, documentation of the Criminal History Review Check (CHRC).
7. When a professional staff member leaves, the approved clinic or agency will submit a Request for Staff Change form to the NJOSEP. **Other documentation should not be submitted.**
8. The Request for Staffing Change form has been revised. A copy of the form is attached for your convenience. Please use this form and discard previous versions of the form.

The NJDOE will maintain the list of approved clinics and agencies on its website. The list will include the identifying information of the approved clinic or agency and the approved services that may be provided.

The NJDOE will no longer maintain the list of approved clinic and agency professionals on its website. To assure that professionals employed by an approved clinic or agency were properly credentialed for the current school year which began on July 1, 2013 and ends on June 30, 2014, the approved clinic or agency must make the supporting documentation available to the school or school district seeking verification of the professionals' credentials.

Please note the procedures for approved clinics or agencies to amend or add services have not changed. The submission of all documentation including, but not limited to a description of the proposed service(s) the certification and license, where required and the CHRC of each professional providing the service(s) is required. If you have any questions regarding these new procedures, you may contact Carol Kaufman or Cynthia Hoenes at 609-292-4692.

PM/JW/EL/ck

Attachment

c: John Worthington
Elaine Lerner
Carol Kaufman
Cynthia Hoenes

OFFICE OF SPECIAL EDUCATION PROGRAMS
Clinic/Agency Request for Staffing Change(s)

Clinic/Agency Name: _____ County: _____ Clinic Code # _____ Email _____

Instructions: To add a provider, complete all fields below and attach documentation of the Criminal History Review Check.
 To add or change the school or school district where a provider will be working, complete all fields below and attach documentation of the Criminal History Review Check.
 To delete a provider, enter the provider's name and the school or school district where the provider is no longer active.
 To update a license or non-citizen certificate, enter the provider's name and the expiration date of the current license or non-citizen certificate.

Make additional copies of this form as needed.

Status Change (Indicate: New, Delete, Add District, Update License &/or Name Change)	Name of Provider	Educational Certification*	Professional License	License Expiration Date	Academic Degree & Major	Service to be Provided	CHRC Approval Date	School or School District listed on CHRC letter

*Please include expiration date for a non-citizen Educational Certificate

Date of Request: _____ Name of Requester: _____ Title: _____

Fax to: Clinics and Agencies at 609-984-8422 or email to: clinicagency@doe.state.nj.us