**New Jersey Department of Health**

**DO NOT WRITE IN THIS SPACE**

**PUBLIC HEALTH LICENSING AND EXAMINATION BOARD**

**P.O. Box 360**

**Trenton, New Jersey 08625-0360**

APPLICATION FOR HEALTH OFFICER EXAMINATION

***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:***

**June December**

# Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

# Address:

**Home:**

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

*(Telephone Number (Including Area Code) (Email Address)*

# Business:

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

# Mailing:

*(Street Address or PO Box) (County)*

*(City) (State) (ZIP + Four)*

# Date of Birth: Place of Birth:

*(Month/Day/Year) (City) (State)*

# \*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.

\*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) (Maiden Name)*

# 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 the U.S. Citizenship and Immigration Service (USCIS).

U.S. Citizen

Alien lawfully admitted for permanent residence in the 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.

# 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 unless you provide the required documents concerning the plan for payment of your student loan.

# Child Support:

Please certify, under penalty of perjury, the following:

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| --- | --- | --- |
| 1. Do you currently have a child-support obligation? ........................................................................    1. If “yes,” are you in arrears in payment of said obligation? ..................................................... | Yes  Yes | No  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) though d will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

*(Name of Applicant) (Print) (Signature of Applicant) (Date)*

1. Have you ever changed your name? ...................................................................................................

If “Yes,” please submit a copy of the marriage certificate, divorce decree or court order with this application.

Yes No

1. Have you ever entered a plea of any kind or been convicted in connection with any crime or offense under any local, state or federal law or ordinance, or law or ordinance of any other jurisdiction? (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

# Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| --- | --- | --- |
| 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 professional 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)* | *(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)* |

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| 11. Have you ever applied for a Health Officer licensing examination and been determined ineligible by the Public Health Licensing and Examination Board? ...................................................... | Yes | No |
| 12. Have you ever applied for a Health Officer licensing examination and been found eligible by  the Public Health Licensing and Examination Board but failed the examination?................................ | Yes | No |
| 13. Have you ever been disciplined or denied a Health Officer license or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?.......................................................................................................................................... | Yes | No |
| 14. Have you ever had a professional license or certificate suspended, revoked, or surrendered  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 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, civil claims, or any other charges or claims in any court or tribunal, 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 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 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.

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| **EDUCATION RECORD** | | | | | | | |
| Beginning with the most recent, list all undergraduate and graduate institutions which you attended.  **Attach ORIGINAL official transcript(s) of your College, University, and Post-graduate work. Copies of student-issued transcripts will not be accepted.** | | | | | | | |
| **Name and Location of Schools** | **Dates Attended** | | **Major** | **Minor** | **Credit Hours** | | **Degree and Date** |
| **From** | **To** | **Semester** | **Quarter** |
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| **EMPLOYMENT RECORD** | | | |
| Beginning with your present position and working back, list and describe, as indicated, every position in which you have been employed, including military service. In describing your work be as specific as possible with regard to your duties, responsibilities, and number of persons you supervised.  (IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL SHEETS) | | | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| --- | --- | --- | --- |
| **EMPLOYMENT RECORD (Continued)** | | | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |
| Name and Address of Employer | | | Description of Your Work |
| Title of Present or Last Position | | |
| Dates of Employment (Month/Year) From: To: | | Total Time Employed  Years Months |
| Full Time Part Time | If Part Time, Give Number of Hours Worked per Week: | |

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| **ADDITIONAL EXPERIENCE AND TRAINING** |
| Describe any other experience or training in addition to the foregoing which you believe will support your qualifications for the Health Officer examination. **Do not repeat experience or training which you have already listed in another section of this application.**  (IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL SHEETS) |
|  |

1. **Name:**

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

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| **TRAINING REQUIRED BY BOARD** |

If you have failed the Health Officer examination two times, list below the area(s) in which you were deficient and the formal training and/or supervised experience that was required by the Board in order for you to be eligible to make the reapplication. If you were required to take formal classroom training, you must submit proof of attendance in the form of an official transcript for a college course or a certificate of attendance from a short course. If you received additional supervised experience, you must submit a letter from your supervisor detailing the nature of the experience, the duties, and any staff supervised.

1. Deficient Area(s):
2. Formal Training / Course: Yes No

Name of Course(s): Where Obtained: Dates Attended: From: To:

1. Supervised Experience: Yes No

Name of Supervisor: Location: From: To:

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| **REFERENCES** |

Please give the names of three persons who are familiar with your work that may be contacted by the Board if inquiries are necessary:

# 1.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

# 2.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

# 3.

*(Name) (Affiliation)*

*(Address)*

*(Telephone Number (Including Area Code) (Email Address)*

# Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

**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 *Licensure of Persons for Public Health Professions, N.J.A.C.* 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.

**HEALTH OFFICER APPLICANT: SUPPLEMENTAL DATA**

**EDUCATION**

* 1. Degree(s) Earned and Date(s):
  2. Name of Institution Granting Degree:
  3. Name of Major/Health-Related Field:

|  |  |  |  |
| --- | --- | --- | --- |
| The above Degree must include or be supplemented by at least three graduate or upper-level under- graduate credit hours in the following subject areas | | | List the course name and course number which satisfies the listed requirement. Include a copy of the college catalogue description for the particular course(s). |
| 1. Planning | Yes | No |  |
| 2. Administration | Yes | No |  |
| 3. Environmental Science | Yes | No |  |
| 4. Social Science | Yes | No |  |
| 5. Epidemiology | Yes | No |  |
| 6. Biostatistics | Yes | No |  |

# Name:

*(Last Name) (First Name) (Middle Initial) (Maiden Name)*

You must have a **minimum** of two (2) years of full-time employment in a position which provides administrative experience1 in at least three of the five existing recognized public health activities listed below. **Note:** You must have two (2) years of full-time experience in **each** of the three public health activities you identify.

Check the areas in which you are claiming you have the requisite experience:

Administration and Support Services Maternal and Child Health

Environmental Health Chronic Illness

Communicable Diseases

**NOTE: Official** documentation from your supervisor verifying in detail your employment experience must be submitted with your application. Failure to do so will delay review of your application.

**EXPERIENCE**

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.

**DECLARATION**

*(Date) (Signature of Applicant)*

*(Maiden Name, if applicable)*

**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 NOT 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 moneyorder made payable to *“Treasurer, State of New Jersey”*?**

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