

Course Name/Location

Number of Hours

Course Provider

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.
6. _____.
7. _____.
8. _____.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services, Licensing Unit for the sole purpose of determining my eligibility for licensure.

DATE _____ Signature of Applicant _____

Notary's Signature _____

DATE _____

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.