

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

DO NOT WRITE IN THIS SPACE

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:

May

November

1. Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

2. 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)

3. Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) (City) (State)

4. *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.

**APPLICATION FOR HEALTH OFFICER EXAMINATION
(Continued)**

1. **Name:** _____
(Last Name)
(First Name)
(Middle Initial)
(Maiden Name)

11. 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.

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Initial)</i>	
<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>
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<i>(Type of License or Certificate)</i>	<i>(Number)</i>	<i>(Issued By: State or Jurisdiction)</i>	<i>(Date Issued/Expired)</i>

12. Have you ever applied for a Health Officer licensing examination and been determined ineligible by the Public Health Licensing and Examination Board? Yes No

13. 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

14. 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

15. 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

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 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.

**APPLICATION FOR HEALTH OFFICER EXAMINATION
(Continued)**

1. **Name:** _____
(Last Name) *(First Name)* *(Middle Initial)* *(Maiden Name)*

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.

- A. Deficient Area(s): _____
- B. Formal Training / Course: Yes No
Name of Course(s): _____
Where Obtained: _____
Dates Attended: From: _____ To: _____
- C. Supervised Experience: Yes No
Name of Supervisor: _____
Location: _____
From: _____ To: _____

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)*

