

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:

June  December

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)*

5. **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.

6. **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.

7. **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. 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)*

8. Have you ever changed your name? .....  Yes  No

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

9. 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











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

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

**EXPERIENCE**

You must have a **minimum** of two (2) years of full-time employment in a position which provides administrative experience<sup>1</sup> 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Administration and Support Services | <input type="checkbox"/> Maternal and Child Health |
| <input type="checkbox"/> Environmental Health                | <input type="checkbox"/> Chronic Illness           |
| <input type="checkbox"/> 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.

**DECLARATION**

I certify, under the penalty of perjury under the laws of the State of New Jersey, that this application contains no willful misrepresentations or 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.

\_\_\_\_\_  
*(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 money order made payable to "Treasurer, State of New Jersey"?

<sup>1</sup> "Administrative experience" means work performed under minimal supervision requiring initiative, decision making, and independent judgment.