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

#### APPLICATION FOR HEALTH OFFICER EXAMINATION

DO NOT WRITE IN THIS SPACE	

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									
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 Addre	ess)				
	☐ 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:	(Month/Day/		of Birth:	(City)	(State)				
4.	*Social Security	,	i Gui j		(Oily)	(Glale)				

You <u>must</u> 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)	(Maio	den Name)	
5.	Citizenshin/In	nmigration Status:					
J.	Federal law li aliens. To cor you are not a	mits the issuance or renewnply with this federal law,	wal of professional or occup check the appropriate box by y of your alien registration of ation Service (USCIS).	below which indicates your	citizenship/im	nmigration statu	us. If
	U.S. Citizer	า					
	☐ Alien lawfu	lly admitted for permanent r	esidence in the U.S.				
	Other immi	gration status					
	Questions abo USCIS at 1-80		and whether or not it is a qu	ualifying status under federa	l law should b	e directed to th	ie
6.	Student Loan	:					
	Are you in defa	ault in regard to any studen	t loan obligation(s)?			☐ No	
	issued your st	udent loan, for the eventua	evidence that you have rea al payment of the loan. You for payment of your student	u will not be able to obtain			
7.	Child Suppor	t:					
	Please certify,	under penalty of perjury, th	e following:				
	a. Do you cu	ırrently have a child-suppor	t obligation?		🗌 Yes	☐ No	
	(1) If "ye	s," are you in arrears in pay	ment of said obligation?			☐ No	
			ch or exceed the total amou		. 🗌 Yes	☐ No	
			ordered health insurance co		. 🗌 Yes	☐ No	
			oena relating to either a pat		. 🗌 Yes	☐ No	
	d. Are you th	ne subject of a child-suppor	t-related arrest warrant?			☐ No	
	licensure. Fur		44d, an answer of "Yes" to ation of the above may sub				
	(Name	of Applicant) (Print)	(Signatur	re of Applicant)		(Date)	
8.	Have you ever	changed your name?			. 🗌 Yes	□No	
	-	e submit a copy of the marr	iage certificate, divorce deci				
9.	offense unde	r any local, state or federa	d or been convicted in conn I law or ordinance, or law o nited to, a plea of guilty, nor	r ordinance of any other			
	no contest, or	a finding of guilt by a judge o	or jury)			☐ No	

1.	Name:				
	(Last Name)	(First Name)	(Middle Initial)	(Maio	len Name)
10.	Do you currently hold, or have you ever in New Jersey, any other state, the Dist	🗌 Yes	□ No		
	If "Yes," for each professional license of number(s). If the license or certificate with that name.				
	(Last Name)	(First Name)	(Middle Initial)		
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Dat	re Issued/Expired)
	(Type of License or Certificate)	License or Certificate) (Number) (Issued By: State or Jurisdiction)		(Dat	re Issued/Expired)
	(Type of License or Certificate)	cense or Certificate) (Number) (Issued By: State or Jurisdiction)		(Dat	e Issued/Expired)
	(Type of License or Certificate)	(Number)	(Issued By: State or Jurisdiction)	(Dat	e Issued/Expired)
	Have you ever applied for a Health (ineligible by the Public Health Licensing) Have you ever applied for a Health Offithe Public Health Licensing and Examin	☐ Yes	□ No		
13.	Have you ever been disciplined or deni license or certificate in New Jersey, any jurisdiction?	☐ Yes	□No		
14.	Have you ever had a professional licen in New Jersey, any other state, the Distr	. 🗌 Yes	□No		
15.	Are you aware of any investigation procession in the second to you by a professional board Columbia or in any other jurisdiction?		□No		
16.	Are there any criminal charges, civil cla now pending against you in New Jersey or in any other jurisdiction?	, any other state, the Dist	rict of Columbia	, □Yes	□No
17.	Have you ever been sanctioned by association, society, or other profession Jersey, any other state, the District of Co	al group related to any pro	ofessional practice in New	. 🗌 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 N	ame)	(First	Name)	(Middle Initial)	(Middle Initial) (Maiden Na		n Name)
		EDUC	CATION REC	ORD			
Beginning with the most received Attach ORIGINAL official to transcripts will not be acceived.	ranscript(s) of y	_	-	-		Copies of s	student-issued
		Attended			Credit Hours		
Name and Location of School	s From	То	Major	Minor	Semester	Quarter	Degree and Date
							1
		EMPLO	OYMENT REC	ORD			
Beginning with your present employed, including military s and number of persons you s (IF	service. In describ	ing your wo	ork be as specif	ic as possible wi	th regard to y	our duties,	
Name and Address of Employer	r			Description	Description of Your Work		
Title of Present or Last Position							
Dates of Employment (Month/Yo	ear) Total Ti	me Employe Years	ed Months				
	art Time, Give Nur		WOTUS	<u> </u>			
_	irs Worked per W						
Name and Address of Employer	r			Description	n of Your Wor	k	
Title of Present or Last Position							
Dates of Employment (Month/Y	ear) Total Tii	me Employe Years	ed Months				
Full Time  If Part Time, Give Number of Hours Worked per Week:							

1. Name:	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
		EMPLOYMENT RECOR	RD (Continued)	
Name and Address of E	mployer		Description of Your	Work
Title of Present or Last F	Position			
Dates of Employment (M		Total Time Employed Years Mor	onths	
☐ Full Time ☐ Part Time		e, Give Number of ked per Week:		
Name and Address of E	mployer		Description of Your	Work
Title of Present or Last F	Position			
Dates of Employment (M	,	Total Time Employed Years Mo	onths	
☐ Full Time ☐ Part Time		e, Give Number of ked per Week:		
Name and Address of E	mployer		Description of Your	Work
Title of Present or Last F	Position			
Dates of Employment (M		Total Time Employed Years Mor	onths	
☐ Full Time ☐ Part Time		e, Give Number of ked per Week:		
		ADDITIONAL EXPERIENCE	CE AND TRAINING	
		raining in addition to the foregoing repeat experience or training		
аррисацоп.	(IF ADDI	TIONAL SPACE IS NEEDED, ATT	FACH SUPPLEMENTAL SHEE	ETS)

1.	Name:						
		(Last Na	mme)	(First Nai	me)	(Middle Initial)	(Maiden Name)
				TRAINING RE	QUIRED BY	BOARD	
a re c	nd/or supervised equired to take fo ourse or a certifi	experience ormal classr cate of atte	that was requo oom training, ndance from a	ired by the Board you must submit a short course. If	d in order for your proof of attend you received	ou to be eligible to mandance in the form of	ere deficient and the formal training make the reapplication. If you were an official transcript for a college ed experience, you must submit a vised.
A.	Deficient Area(	s):					
B.	Formal Training			□ No			
C.			<del>_</del>	□ No			
	Location:						
	From:			To:			
				REF	ERENCES		
	ase give the nan	nes of three	persons who a	re familiar with yo	our work that m	nay be contacted by	the Board if inquiries are
	1		(Name)		_	_	(Affiliation)
					(Address)		
	(Telepho	ne Number (II	ncluding Area Co	ode)		(Email Ad	dress)
	•						
	2		(Name)		_		(Affiliation)
					(Address)		
	(Telepho	ne Number (li	ncluding Area Co	ode)		(Email Ad	dress)
	3		(Name)		_	<u> </u>	(Affiliation)
					(Address)		
						<i>,</i> —	
	(Telepho	ne Number (li	ncluding Area Co	oae)		(Email Ad	aress)

1. Name	e:								
	(Last Name) (First		rst Name)	(Middle Initial)	(Maiden Name)				
		HEALTH	OFFICER A	APPLICANT: SU	IPPLEMENTAL DATA	4			
universit pursuan transcrip	<b>PLEASE NOTE:</b> 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 <i>Licensure of Persons for Public Health Professions, N.J.A.C.</i> 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.								
				EDUCATION					
B. Name	e of Institution Grantii	ng Degree: _							
C. Name	e of Major/Health-Rel	ated Field: _							
by at le	ove Degree must incl east three graduate e credit hours in the f	e or upper-le	vel under-		Include a copy of the	umber which satisfies the listed college catalogue description for			
1. Plann	ning	☐ Yes	□ No						
2. Admii	nistration	☐ Yes	□ No						
3. Envir	onmental Science	☐ Yes	□ No						
4. Socia	ıl Science	☐ Yes	□ No						
5. Epide	emiology	☐ Yes	□ No						
6. Biosta	atistics	☐ Yes	□ No						

<ol> <li>Name:</li> </ol>				
	(Last Name)	(First Name)	(Middle Initial)	(Maiden Name)
		EXPERIENC	E	
least three of experience in		public health activities list nactivities you identify.	ed below. <b>Note:</b> You must	administrative experience <sup>1</sup> in at have two (2) years of full-time
	Administration a Environmental I Communicable		☐ Maternal and Ch ☐ Chronic Illness	nild Health
	al documentation from your su ailure to do so will delay reviev		our employment experience	e must be submitted with your
		DECLARATION	ON	
misrepresenta Health Officer questions on	ations of falsifications and that is true, correct and complete.	t the information given by I am aware that if an inve be rejected. I further und	me in connection with this estigation discloses any miss lerstand that any false stat	application contains no willful application for licensure as a representation to any answer to ement knowingly made by men.
_	(Date)	_	(Signature of Applicar	nt)
			(Maiden Name, if applica	able)

#### 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 <u>NOT</u> 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>&</sup>lt;sup>1</sup> "Administrative experience" means work performed under minimal supervision requiring initiative, decision making, and independent judgment.