



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Psychological Examiners

124 Halsey Street, 6th Floor, P.O. Box 45017

Newark, New Jersey 07101

(973) 504-6470

www.njconsumeraffairs.gov/psy

Instructions for Reinstating or Reactivating a License

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated or reactivated, provided that the applicant otherwise qualifies for licensure, registration, or certification and complies with the provision of N.J.S.A. 45:1-7.4.

1. Complete:

- The enclosed application for reinstatement.

2. Payment of the following:

For reinstatement:

- Current license renewal fee, \$300
- Renewal fee for the immediately preceding renewal period, \$300
- Reinstatement fee, \$300
- Fingerprint archive fee, \$18.75

For reactivation:

- If reactivation is during the first year of the biennial renewal period, the current license renewal fee, \$300
- If reactivation is during the second year of the biennial renewal period, a reduced renewal fee, \$150
- Fingerprint archive fee, \$18.75

Please log into your EGov account (LINK) to view your invoices to determine the correct amounts. You may pay online to expedite processing.

3. Enclose:

- An affidavit of employment: a statement which lists each job held during the lapsed licensure period. This affidavit must include the names, addresses, email addresses, and telephone numbers for each employer.
- Certification and Authorization form for Criminal History Background Check
- Proof of 40 Continuing Education Credits (CE) Pursuant to N.J.A.C. 13:42-10.20. These should be the actual certificates of completion, not a transcript of courses.

4. Submit to: State Board of Psychological Examiners P.O. Box 45017 Newark, NJ 07101

Upload all completed materials to your EGov account. If you have not created an account yet, visit this page (hyperlink to <https://newjersey.mylicense.com/eGov/Login.aspx>) and choose "Register a Person" followed by the "Other Registration" option to find your record and create an account to upload your materials.



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Application for Reinstatement or Reactivation of License to Practice Psychology in the State of New Jersey

You may not practice in the State of New Jersey until your license or certificate is reinstated/reactivated, unless in an exempt setting according to N.J.S.A. 45:15BB-5.

N.J. License No.: _____ Initial License Date: _____

Date of Last Renewal: _____

Please submit with this application a check or money order made payable to the State of New Jersey in the amount corresponding to your application category. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement or reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) 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.

Personal Information

Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code)

E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. *Social Security No: ____ - ____ - ____

You **must** provide your Social Security number to the Board. Failure to do so will result in denial of licensure reinstatement or reactivation.

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Committee is required to obtain your Social Security number. Pursuant to these authorities, the Committee 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;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Child Support (You must answer a, b, c and d.)

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 questions a(1) through d will result in a denial of reinstatement or reactivation 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.

Applicant's name (please print)
Applicant's signature
Date

5. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous 365 days, whichever is longer.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, "currently" is defined as "recently enough... [to] have an ongoing impact..." or "within the previous 365 days," whichever is longer.) Yes No

If you answered "Yes," are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

Applicant's signature
Date

CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I, _____, in making this application to the Board or Committee for reinstatement of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement or reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement or reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

- Mr.
- Mrs.
- Ms.

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

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ___/___/___ Sex: Male Female
Month Day Year

4. Social Security number ___/___/___

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date