

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



For Office Use Only

New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Board of Social Work Examiners
 124 Halsey Street, 6th Floor, P.O. Box 45033
 Newark, New Jersey 07101
 (973) 504-6495

Main access page: www.state.nj.us/lps/ca/medical.htm#sw15

**Application for Licensure as a Licensed Clinical Social Worker
 Pursuant to N.J.S.A. 45:15BB-6 / N.J.A.C. 13:44G-4.1**

Date: _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." Your address of record will appear on your license or certificate and is public information. If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

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.

Personal Information

Date of birth: _____
 Month Day Year

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
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) and extension

Street City State ZIP code County

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

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*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 Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or 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. 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 U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in 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.

5. 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 or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. 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 or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

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

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical 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 those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity 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 of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a social worker” is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable social work judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a social worker, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“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 two years.

“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.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

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

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

9. Have you ever been convicted of any crime or offense under any circumstances? 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

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. 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 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. _____

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

Note: If you are licensed or certified as a social worker in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent directly to the New Jersey State Board of Social Work Examiners.

11. Have you ever been disciplined or denied a social work license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Have you ever been named as a defendant in any litigation related to the practice of social work or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. 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

16. 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

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of social work or other 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 11 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education - Pursuant to N.J.A.C. 13:44G-4.1, a **master's degree in social work (MSW)** from a college or university offering an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education is required for eligibility to obtain licensure as a licensed clinical social worker. In addition, the candidate must have completed 12 semester hours of graduate level course work in methods of clinical social work practice, exclusive of field placement, from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education. Please read the regulation cited above for more details about the required course work.

1. What is the name and address of the colleges or universities you have attended?

Name and complete address of college or university				
Dates attended	month/year	to	month/year	Date granted
Degree				
Name and complete address of college or university				
Dates attended	month/year	to	month/year	Date granted
Degree				
Name and complete address of college or university				
Dates attended	month/year	to	month/year	Date granted
Degree				

2. An official transcript sent by the educational institution granting the qualifying MSW degree must become a part of this application.

- Transcript requested from: Transcript enclosed

_____ Name of college or university

No action will be taken on your application until the MSW transcript has been received.

3. "Clinical" level National Association of Social Work Boards (A.S.W.B.) examination required pursuant to N.J.A.C. 13:44G-4.1(b)5.

- A.S.W.B. exam score report enclosed.
- Exam will be/has been scheduled (Date scheduled: _____).
- Exam score report included on the out-of-state license verification form requested/enclosed
(circle one)
 from _____ social work licensing board.
Country, state or jurisdiction

<p>For Board Use</p> <p>Date Received</p> <p>_____</p>
--

5. Clinical Experience (You must verify 1,920 hours of face-to-face client contact in clinical services within any consecutive three-year period subsequent to earning a master's degree in social work under direct supervision pursuant to the standards set forth in N.J.A.C. 13:44G-4.1, N.J.A.C. 13:44G-8.1 and N.J.S.A. 45:15BB-6.a(2)). Please note: The **applicant** should complete this page.

a.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor and credentials		Title(s)	
Total calculated hours of direct clinical services	Date supervision commenced (month/day/year)	Date supervision concluded (month/day/year)	

Description of job functions and responsibilities:

b.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor and credentials		Title(s)	
Total calculated hours of direct clinical services	Date supervision commenced (month/day/year)	Date supervision concluded (month/day/year)	

Description of job functions and responsibilities:

c.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor and credentials		Title(s)	
Total calculated hours of direct clinical services	Date supervision commenced (month/day/year)	Date supervision concluded (month/day/year)	

Description of job functions and responsibilities:

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Social Work Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Social Work Examiners, swear (or affirm) that I am the applicant and that all 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:15BB-1 et seq., together with the Rules and Regulations of the State Board of Social Work Examiners, N.J.A.C. 13:44G-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. 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.

Applicant's signature

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Social Work Examiners

P.O. Box 45033

Newark, New Jersey 07101

(973) 504-6495

Official Use Only

Resubmit

Board or Committee

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

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. _____ Last First Middle Maiden Name
 Ms.

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 \$25.30. (Beginning on March 19, 2012, this fee will be reduced to \$22.55.)** 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.

Continuation on the reverse side ➡

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



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF SOCIAL WORK EXAMINERS
124 HALSEY STREET, 6TH FLOOR,
NEWARK, NEW JERSEY 07101



PAULA T. DOW
Acting
Attorney General

SHARON M. JOYCE
Acting Director

Mailing Address:
P.O. Box 45033
Newark, NJ 07101
(973) 504-6495

Notice to all New Jersey LCSW clinical supervisors: revised as of August 2007

When completing New Jersey's form to Document the Supervised Clinical Experience for a Licensed Clinical Social Work Candidate, you **must attach** proof of your compliance with the revised supervisors' criteria, pursuant to N.J.A.C. 13:44G-8.1 (a) 4-(available at the Board's website: http://www.njconsumeraffairs.gov/social/sw_rules.htm).

Failure to attach either a copy of your Board-issued notice of compliance or, proof of compliance documented by one of the Board-approved sponsors or, the official proof of your recent completion of the 20 CE credits in clinical supervision coursework will temporarily delay the clinical license application review for the applicant.

Please make certain your name and license number are clearly indicated on the proof you submit as well as the name of the LCSW applicant for whom you are documenting supervised hours. For any questions you may have, please contact Board Staff Nermin Messhina or Executive Director J. Michael Walker.

Thank you



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Main access page: www.NJConsumerAffairs.gov/medical.htm#sw15

**Documentation of Supervised Clinical Experience for
Licensed Clinical Social Worker Candidates**
(To be completed by the applicant's supervisor.)

Please print clearly.

Information about the applicant

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number and extension (include area code)		E-mail address	

Information about the supervisor

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number and extension (include area code)		E-mail address	

1. Are you a licensed professional? Yes No
- A. Year licensed: _____ B. State of licensure: _____ C. License number: _____
Expiration date: _____
- D. Profession: Psychiatrist Psychologist
 Social Worker Other (please specify): _____

2. If you hold an out-of-state license in any one of the categories noted above, you must attach your current curriculum vitae to this form for the Board's review.

3. Is there any circumstance that precludes your objective assessment of the applicant? Yes No

If "Yes," explain below.

The information requested below and on the reverse side concerns the setting in which the applicant received his or her supervised experience.

Name of setting				
Street address	City	State	ZIP code	Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised him or her: _____
2. Inclusive dates of the supervision: _____

Date supervision started (month/day/year)
Date supervision ended (month/day/year)
3. Total number of direct clinical service hours provided to clients by the applicant under my supervision: _____
4. Average number of hours per week I spent with the applicant in face-to-face supervision: _____
5. Average number of hours per week I spent with the applicant in group supervision: _____
6. The following is a checklist of activities performed during the course of supervision. _____
 - I worked together with the clients.
 - I observed the applicant's sessions with clients.
 - I viewed videotapes of the applicant's sessions with clients.
 - I listened to audiotapes of the applicant's sessions with clients.
 - I reacted to case presentations given by the applicant.
 - I conducted role-playing sessions with the applicant.
 - I engaged in problem-solving discussions with the applicant regarding individual clients.
 - I entered into problem-solving discussions concerning the applicant's own problems, in so far as such problems were affecting the applicant's work with clients.
 - I offered feedback to the applicant regarding specific interventions utilized with a client.
 - I offered feedback concerning the applicant's personal qualities as they affect work with clients.
 - I offered feedback to the applicant regarding the supervision experience.
 - Please attach a separate sheet which includes a detailed description of the direct clinical services provided to the clients by the applicant while he or she was under your supervision.

Supervisor's conclusions and recommendations

7. This applicant is seeking to become a licensed clinical social worker in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent clinical practice. In assessing the applicant's professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

The ability to establish a professional relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to assess a client's needs and to plan appropriate interventions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to make interventions appropriate to client needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to be flexible in choosing and changing interventions as appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to assess prudently one's own capacities and skills in a professional situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to work effectively in a one-to-one relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to work effectively in a group situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The ability to work effectively where systems-level interventions are required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant demonstrates ethical behavior.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Optional) On a separate sheet of paper, in summary fashion, please give us your assessment of the applicant's current state of preparedness for independent clinical practice. This is especially important if you are not recommending this applicant for an independent, clinical license at this time. Your recommendation is an important element in the Board's determination of the applicant's qualifications.

In light of the above, I recommend I do not recommend that the applicant obtain clinical licensure.

Signature of supervisor

Date

I swear (or affirm) that all of the information provided in connection with this documentation of supervised clinical experience is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the State Board of Social Work Examiners.

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

