

# New Jersey Department of Education (NJDOE) Approved Clinic Agency Change Request Form

## Instructions:

1. As per N.J.A.C. 6A:14-5.2(a)4i, a clinic or agency is required to submit to the Department of Education documentation of the service provider's criminal history record check. In addition, N.J.A.C. 6A:14-5.2(d), requires a clinic/agency to notify the Office of Special Education within seven calendar days when a service provider is hired or when a service provider leaves the agency.
2. Clinics/Agencies are required to maintain a minimum of three (3) professional direct service providers and/or at least one direct service provider per service.
3. Complete the credential information for each service provider. Attach additional sheets as necessary.
4. **Do not** submit copies of provider licenses or certificates.

**Name of Clinic/Agency:**

**Date**

**Requester's Name, phone number and email address:**

Name of Individual Service Provider	NJDOE Certification Type and Tracking Number <sup>2</sup> and/or BCBA or BCaBA number. If no number: attach transcripts.	NJ Division of Consumer Affairs License Number (if a license is required)	NJ Division of Consumer Affairs License Expiration Date	Please indicate direct service(s) to be provided or provider being removed from agency.

## Instructions to Locate NJDOE Tracking Numbers:

1. Visit the [New Jersey Department of Education Website](http://www.nj.gov/education). Look for the "DOE A to Z" at the top of page.
2. Select "C." Select "Certification and Induction."
3. On the left-hand side of the page select, "How Do I Check Application Status and Verify Certification?"
4. On the NJDOE website at [Teacher Certification Information System-ASC](http://www.nj.gov/education/teacher-certification), enter your provider's last name and social security number. The service provider's page will appear.
5. Select "View All." A window will appear with tracking number on top left-hand side.

# NJDOE Approved Clinic Agency Change Request Form for School Nursing Services

**Instructions:**

1. List the name of each nurse and complete the information in the relevant columns. All nurses are required to have a current license issued by the NJ Division of Consumer Affairs.
2. Within the "Services to Be Provided" place an "X" in the appropriate columns (columns 2 and 3).
3. The tracking number may be found in the upper left-hand corner of the certificate below the Social Security number. If there is no tracking number, see below for instructions on obtaining the tracking number.
4. **Do not** submit copies of provider licenses or certificates.

**Clinic/Agency Name:**

**Date:**

**Requester's Name, phone number and email address:**

Name of Service Provider*	Service: Nonpublic School Nurse (active RN License)	Service: Substitute School Nurse (Active RN License) NJDOE Standard Certificate	NJ Division of Consumer Affairs License Number and expiration Date	NJDOE Certificate Tracking number or attach a Substitute Certificate issued by the County Office or indicate if the provider is being removed from agency.

\*If provider is being removed from agency, please write this next to the provider's name in column 1.