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 Policy and Dispute Resolution 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. 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	Please attach copies of provider's NJEd certificate. If no certificate or license (for Behavior Modification Services)-attach official college transcript.	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.

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. 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	For Substitute School Nursing services, please attach copy of NJEd certificate or Substitute Certificate issued by the County Office or school district is located. Please visit the NJDOE website at: Certification and Induction: Substitute Credentials.

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