



**New Jersey Department of Education (NJDOE)  
Office of Special Education**

**Clinic/Agency Initial/Amendment Application**

Which type of application are you submitting? Select one:

**Initial Application**

**Amendment**

**Part 1: Contact Information**

Name of Clinic/Agency:

Street Address:

City:

State:

Zip Code:

County:

Website:

Name of clinic/agency administrator/primary point of contact:

Phone, Cell Phone, Fax Number (please indicate which type):

Email:

**If another corporation/entity owns the clinic/agency, complete the following:**

Name of Corporation/Entity:

CEO/Chief Administrative Officer:

Street Address:

City:

State:

Zip Code:

County:

Phone, Cell Phone, Fax Number (please indicate which type):

Email:

Name of Legally Authorized Official (print or type):

Title of Legally Authorized Official (print or type):

Signature:

## Part 2: Selection of Services

### Instructions

- Select the service(s) for which the applicant is seeking approval.
- For each service selected, indicate the location(s) where services will be provided.
- Ensure that providers have the required credentials.
- Read the relevant special education regulations and requirements for each service to be provided. The regulations can be found in Subchapter Five at N.J.A.C.6A:14.
- For auxiliary and remedial services (Supplementary Instruction, English as a Second Language and Compensatory Education Services) provided to students enrolled in nonpublic schools, also review the guidance issued by the Office of Nonpublic School Services. The guidance document may be found at: [Guidelines for Auxiliary Services and Remedial Services \(Chapters 192 and 193 for Nonpublic School Students \)](#)
- Review additional guidance and information in the document “Clinic and Agency Requirement.”

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### 1. Independent Child Study Team (CST) Evaluation in accordance with N.J.A.C.6A:14-2.5.

An independent child study team (CST) evaluation may be requested by a parent after the school district or charter school has conducted an initial or reevaluation. It is considered a second opinion conducted by certified professionals that are not employed by the school district or charter school. The evaluations include a psychological evaluation, a learning evaluation and/or social history evaluation. A clinic/agency may provide one, two or all three types of evaluation (psychological, learning, or social history).

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, Approved Private Schools for Students with Disabilities (APSSD), Nonpublic Schools.

Offsite at the student’s location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Standard NJ certification for the following: <ul style="list-style-type: none"><li>• Learning Disabilities Teacher–Consultant (LDT-C)</li><li>• School Psychologist</li><li>• School Social Worker</li></ul>	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C. 6A:14-2.5(c)</a></li><li>• <a href="#">N.J.A.C.6A:14-3.4</a></li><li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li></ul>

**2. CST Services to supplement existing local district services.**

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, and APSSD.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Standard NJ certification for <ul style="list-style-type: none"> <li>• Learning Disabilities Teacher–Consultant (LDT-C)</li> <li>• School Psychologist</li> <li>• School Social Worker</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:14-2.5(a) and (b)</a></li> <li>• <a href="#">N.J.A.C.6A:14-3.4</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> </ul>

**3. Speech-Language Services (SLS).**

Provided by a speech-language specialist when a district or approved private school is unable to hire sufficient staff to provide the service. May include evaluation/reevaluation, IEP development, and direct therapy.

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, APPSD and Nonpublic Schools.

Offsite at the student’s location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Standard NJ Speech-Language Specialist certification.  <b>Please note:</b> the speech correctionist certificate is no longer valid.	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:14-2.5</a></li> <li>• <a href="#">N.J.A.C.6A:14-3.1 through N.J.A.C.6A:14-3.9 (Subchapter 3)</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> </ul> If providing services in nonpublic schools, review: <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2</a>

#### 4. Occupational Therapy (OT) Services.

May include evaluation & reevaluation, IEP and/or Service Plan development, and direct therapy.

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, APPSD and Nonpublic Schools.

Offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<ul style="list-style-type: none"><li>Standard NJ School Occupational Therapist certification; and</li><li>NJ Occupational Therapist license issued by the NJ Division of Consumer Affairs.</li></ul>	<ul style="list-style-type: none"><li><a href="#">N.J.A.C.6A:14-2.5</a></li><li><a href="#">N.J.A.C.6A:14-3.1 through N.J.A.C.6A:14-3.9 (Subchapter 3)</a></li><li><a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li></ul> <p>If providing services in nonpublic schools, review: <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2</a></p>

#### 5. Physical Therapy (PT) Services.

May include evaluation & reevaluation, IEP and/or Service Plan development, and direct therapy.

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, APPSD and Nonpublic Schools.

Offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<ul style="list-style-type: none"><li>Standard NJ School Physical Therapist certification; and</li><li>NJ Physical Therapist License</li></ul>	<ul style="list-style-type: none"><li><a href="#">N.J.A.C.6A:14-2.5</a></li><li><a href="#">N.J.A.C.6A:14-3.1 through N.J.A.C.6A:14-3.9 (Subchapter 3)</a></li><li><a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li></ul> <p>If providing services in nonpublic schools, review: <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2</a></p>

## 6. Counseling.

May include assessment for, and development of, IEP or Service Plan goals and objectives, direct counseling services.

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, APPSD and Nonpublic Schools.

Offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Standard NJ certification: <ul style="list-style-type: none"> <li>• School Social Worker</li> <li>• School Psychologist, or,</li> <li>• NJ Social Work License</li> <li>• NJ Psychologist License</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:14-2.5</a></li> <li>• <a href="#">N.J.A.C.6A:14-3.1 through N.J.A.C.6A:14-3.9 (Subchapter 3)</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> </ul> If providing services in nonpublic schools, review: <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2</a>

## 7. Applied Behavior Analysis.

May include conducting a functional behavioral assessment (FBA), development of a behavioral intervention plan (BIP), and direct intervention with students.

a. Location of Service (select all that apply):

Onsite at a clinic location approved by the NJDOE.

Offsite at Public Schools, Charter Schools, APSSD and Nonpublic Schools.

Offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<ul style="list-style-type: none"> <li>• NJDOE School Certification.</li> <li>• Board Certified Behavior Analyst (BCBA).</li> <li>• Board Certified Assistant Behavior Analyst (BCaBA).</li> <li>• Board Certified Behavior Analyst-Doctoral (BCBA-D).</li> <li>• If the provider does not have any of the above credentials, the service provider <b>must hold at a minimum</b>, a bachelor's degree in education, psychology, or a related field such as Applied Behavioral Analysis, Behavioral Sciences, Child Development, Child Psychology or Social Work; and/or from an accredited institute of higher education.</li> <li>• If the provider does not have a BCBA, BCaBA, BCBA-D or a NJDOE teacher certificate, the agency will need to submit a copy of the provider's official college transcript when submitting provider credentials to the OSE.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:14-3.1 through N.J.A.C.6A:14-3.9 (Subchapter 3)</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> </ul> If providing services in nonpublic schools, review: <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2</a>

Required Credentials of Service Providers	Relevant Regulations/Guidance
<p><b>Note:</b> The New Jersey Department of Education, Office of Special Education (OSE) <i>cannot</i> approve providers without licensure, certification, or a bachelor’s degree to provide any service through a clinic or agency. Registered behavioral technicians (RBTs) and/or paraprofessionals do not meet the minimum standards for approval by the OSE. LEAs and nonpublic schools may <i>not</i> contract with clinics/agencies for the services of RBTs and/or paraprofessionals.</p>	

**8. Home Instruction to replace academic instruction at school, per N.J.A.C. 6A:14-4.8, Program criteria: home instruction.**

**Note:** the location of service is offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<p>Requires standard NJ teacher certification: Teacher of Students with Disabilities or certification by subject and/or by grade. For a list of certifications, go to NJDOE Certification and Induction: <a href="#">Certification Subject Area/Grade Level and Codes</a></p>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:14-4.8</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> </ul>

**9. Home Instruction to replace academic instruction at school, per N.J.A.C. 6A:16-10.1.**

**Note:** the location of service is offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<p>Requires standard NJ teacher certification: Teacher of Students with Disabilities or certification by subject and/or by grade. For a list of certifications, go to NJDOE Certification and Induction: <a href="#">Certification Subject Area/Grade Level and Codes</a></p>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:16-10.1</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> <li>• <a href="#">Guidelines for Auxiliary Services and Remedial Services (Chapters 192 and 193 for Nonpublic School Students)</a></li> </ul>

**10. Home Instruction to replace academic instruction at school, per N.J.A.C. 6A:16-10.2.**

Home or out- of-school instruction for reasons other than a temporary or chronic health condition.

**Note:** the location of service is offsite at the student's location.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<p>Requires standard NJ teacher certification: Teacher of Students with Disabilities or certification by subject and/or by grade. For a list of certifications, go to NJDOE Certification and Induction: <a href="#">Certification Subject Area/Grade Level and Codes</a></p>	<ul style="list-style-type: none"> <li>• <a href="#">N.J.A.C.6A:16-10.2</a></li> <li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li> <li>• <a href="#">Guidelines for Auxiliary Services and Remedial Services (Chapters 192 and 193 for Nonpublic School Students)</a></li> </ul>

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**11. Evaluation, determination of eligibility, classification, and the development of a service plan for nonpublic school students.**

**Please note:** Approved clinics/agencies must employ a full child study team.

**Note:** The location of service is offsite at a nonpublic school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Requires standard NJ certification for each discipline: Learning Disabilities Teacher - Consultant (LDT-C), School Psychologist and School Social Worker.	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li><li>• <a href="#">N.J.A.C.6A:14-6.1 and N.J.A.C.6A:14-6.2.</a></li></ul>

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**12. Supplementary Instruction.**

Provided to nonpublic students eligible for special education as an addition to the primary instruction for the subject being taught.

**Note:** the location of service is offsite at a nonpublic school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Requires standard NJ general education teacher certification by subject and/or by grade. <a href="#">Certification Subject Area/Grade Level and Codes</a>	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li><li>• <a href="#">Guidelines for Auxiliary Services and Remedial Services (Chapters 192 and 193 for Nonpublic School Students)</a></li></ul>

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**13. English as a Second Language provided to nonpublic students who are identified as English Language Learners.**

**Note:** the location of service is offsite at a nonpublic school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Requires standard NJ English as a Second Language certification.	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li><li>• <a href="#">Guidelines for Auxiliary Services and Remedial Services (Chapters 192 and 193 for Nonpublic School Students)</a></li></ul>

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**14. Compensatory Education in English Language Arts and mathematics provided to eligible nonpublic school students in accordance with an individual student improvement plan.**

**Note:** the location of service is offsite at a nonpublic school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
Requires certification as a Teacher of Supplemental Instruction in Reading and Mathematics, Grades K–8.	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:14-5.1 and N.J.A.C.6A:14-5.2 (Subchapter 5)</a></li><li>• <a href="#">Guidelines for Auxiliary Services and Remedial Services (Chapters 192 and 193 for Nonpublic School Students)</a></li></ul>

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**15. School Nurse for Nonpublic Schools.**

An on-going position as a school nurse in a nonpublic school.

**Note:** the location of service is offsite at a nonpublic school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<ul style="list-style-type: none"><li>• An active license issued by the NJ Division of Consumer Affairs as a Registered Professional Nurse (RN). In accordance with N.J.A.C. 6A:16-2.5;</li><li>• A School Nurse Certificate issued by the NJ Department of Education is not required.</li></ul>	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:16-2.5</a></li><li>• <a href="#">N.J.A.C.6A:14-3.1 through Subchapter 3.9</a>;</li><li>• <a href="#">N.J.A.C.6A:9</a>: Professional Standards;</li><li>• <a href="#">N.J.A.C. Title 13 Department of Law and Public Safety, Division of Consumer Affairs (for occupational licenses)</a>;</li><li>• <a href="#">N.J.S.A.18A:46A-1 et seq, Auxiliary Services (Nonpublic Services (Nonpublic Schools))</a>; and,</li><li>• <a href="#">Section 504 of the Rehabilitation Act of 1973</a>.</li></ul>

## 16. Substitute Public School Nurse.

A temporary assignment when the NJ certified school nurse employed by a public school district (LEA) or approved private school for students with disabilities is absent.

**Note:** the location of service is offsite at a public school.

Required Credentials of Service Providers	Relevant Regulations/Guidance
<p>An active license issued by the NJ Division of Consumer Affairs as Registered Professional Nurse (RN) and one of the following certifications issued by the NJ Department of Education:</p> <ul style="list-style-type: none"><li>• For a non-instructional substitute: a Non-Instructional Substitute School Nurse Certificate or a Non-Instructional Standard School Nurse Certificate;</li><li>• For an instructional substitute - school nurse teaching health related classes: an Instructional Substitute School Nurse Certificate or a Standard Instructional School Nurse Certificate.</li></ul>	<ul style="list-style-type: none"><li>• <a href="#">N.J.A.C.6A:16-2.5</a></li><li>• <a href="#">N.J.A.C.6A:9</a>, Professional Standards</li><li>• <a href="#">N.J.A.C.6A:14-3.1 through Subchapter 3.9</a>;</li><li>• <a href="#">N.J.A.C. Title 13 Department of Law and Public Safety, Division of Consumer Affairs (for occupational licenses)</a></li></ul> <p><b>Please note:</b> Time limitations on the number of days a substitute may serve in the same position is dependent upon the required credentials noted above. For more information, contact the County Office of Education in the county where the school or school district is located or visit the NJDOE website at: <a href="#">Certification and Induction: Substitute Credentials.</a></p>

## Part 3: Service Providers and Credentials

### Instructions:

1. Clinics/Agencies are required to have a **Minimum of three (3)** professional direct service providers and/or at least one direct service provider per service. If amending an already approved agency, your agency will only need one provider unless the service requires more than one provider.
2. Complete the credential information for each service provider. Attach additional sheets as necessary.
3. **Do not** submit copies of provider licenses or certificates.

### Clinic/Agency Name:

Name of Individual Service Provider	NJDOE Certification Type and Tracking Number 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	Direct Service(s) to be provided. Select the service as listed on pages 2 through 9 of the application.

### Instructions to Locate NJDOE Tracking Numbers:

1. Visit the [New Jersey Department of Education Website](#). 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](#), 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.

## Part 4: Service Providers and Credentials 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 a (X) in appropriate columns.
3. For clinic/agency approval, a minimum of three (3) or more nurses must be listed. Make additional copies of this form as needed.
4. 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, go to page 6 for instructions on obtaining the tracking number.

### Clinic/Agency Name:

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

## Part 5: Delivery of Services and Operating Procedures

- New clinic/agency applicants are required to answer questions numbers 1 through 5.
  - Initial and amendment applicants, if applying for applied behavioral analysis, Physical Therapy Assistant and/or Occupational Therapy Assistant must all fill out question number 6.
1. The new clinic/agency applicant will be providing services as (select all that apply):
    - a. A clinic providing services **onsite** from the location of the business.
    - b. An agency sending qualified providers **offsite** to the public school, charter school, Approved Private School for Students with Disabilities, and/or nonpublic school.
    - c. An approved clinic agency seeks to amend their delivery of services to either the following (select one):
      - i. Onsite from the location of the business
      - ii. Offsite to the public school, charter school, Approved Private School for Students with Disabilities, and/or nonpublic school.
  2. Identify the staff member(s) responsible for ensuring the validity of staff licenses, criminal history approvals, and other credentials:
  3. Provide the clinic/agency procedures for ensuring the validity of staff licenses, criminal history approvals, and other credentials:
  4. State the days and hours of clinic/agency operation:
  5. Describe how the clinic/agency will maintain coordination and communication with the school districts or schools:
  6. If hiring non-certified providers, such as COTAs, PTAs, please describe the clinic/agency procedures for supervision as per N.J.A.C. 6A:14-5.1(c) 1.iii (3):

## Part 6: Required Business Documents

If application is an initial application or if amending an existing clinic/agency of either of the following: Onsite Location, Ownership and/or adding an additional Onsite location.

Submit the following required documents with your application and check each item that is attached

A valid certificate of incorporation or certificate of formation. Where appropriate, any licenses or permits required by ordinances in effect within where the state, county, or municipality where the clinic or agency provides its services shall be provided, as per N.J.A.C. 6A:14-5.2(a) 1

If providing services **on-site at the clinic location**, as per N.J.A.C. 6A:14-5.2 (c) 2, you must attach the following:

Certificate of Occupancy (CO);

Valid fire, safety, and health inspection certificates;

A description of the building, offices and grounds that demonstrates compliance with ADA regulations; and

If providing services in a trailer or mobile unit placed on nonpublic school property, attach the approval from the County Office of Education.

A template of a Monthly Service Log that includes:

Name of provider and title of the provider;

Public School District responsible for payment;

Name/Address of School where the student attends;

Services to be provided including frequency and duration as per the student's written plan (IEP, Services Plan or other required written plan);

Date/Time/Location of services provided; and

Authorized Signature (District Supervisor and /or Signature of Parent).

Clinic/agency policies and procedures for collecting, maintaining, and verifying the monthly service logs.

7. Please describe the supervision requirements as per N.J.A.C. 6A:14-5.1(c) 1.iii (3), for Behavior Specialists, providers of ABA therapy services. **Note:** The OSE cannot approve service providers who do not possess a minimum of a bachelor's degree in education or a related field.

## Part 7: Assurance Statement

In accordance with N.J.A.C. 6A:14-5.1 and 5.2 each approved clinic/agency assure compliance with the following policies:

1. The approved clinic/agency will not use the NJDOE approval to advertise, promote, or engage in activities that are not NJDOE approved.
2. School-certificated and state-licensed individuals will not use their school certificate title and/or state licensed title to advertise, promote, or engage in activities that are outside the scope of their school-certificated and/or state-regulated practice
3. All clinic/agency service providers shall have a **valid Criminal History Review (CHR) approval issued by the NJDOE Office of Student Protection** prior to providing services to students attending public school districts, school districts, approved private schools, and nonpublic schools.
4. Whenever a clinic/agency changes through merger or change in ownership, the clinic/agency shall notify the Office of Special Education (OSE) in writing of the change within seven (7) days of the change. The clinic/agency shall submit required documentation of the change as requested by OSE and/or the Criminal History Review Unit within seven (7) days of the request.
5. **Within seven (7) days of hire**, the clinic/agency will forward a completed Staff Change Request Form to OSE for each staff member providing direct services. **A valid Criminal History Review (CHR) approval issued by the NJDOE Office of Student Protection for each new service provider listed shall be attached.**
6. Approved clinic/agency services will not be initiated prior to the county office of education being notified of the district's purchase of services, with the exception of Independent Child Study Team evaluation and medical services; and documentation that the county office of education has approved the trailer/mobile units on nonpublic school property; and an executed written contract between the clinic/agency and the responsible public school district.
7. The clinic/agency administration and staff maintain current knowledge of, and provide services in compliance with, New Jersey Administrative Code (N.J.A.C.) 6A:14 (Special Education); Individuals with Disabilities Education Improvement Act 2004 (IDEA); N.J.A.C. 6A:32-7.3 et seq.(Student Records); Section 504 of the Rehabilitation Act of 1973; New Jersey Statutes Annotated (N.J.S.A.) 18A:46A-1 et seq. (Chapter 192, Laws of 1977); N.J.S.A. 18A:46-19.1 et seq. (Chapter 193, Laws of 1977); N.J.A.C. 6A:9 (Professional Licensure and Standards); N.J. Department of Law and Public Safety statutes and regulations governing licensed occupations; and other relevant state and federal laws, including but not limited to, regulations prohibiting the exclusion of any persons due to race, color, sex, creed, national origin or handicapping condition.
8. The clinic/agency administration and staff maintain current knowledge of, and provide services in compliance with, all relevant and applicable federal and state statutes and regulations.
9. The clinic/agency will comply with the applicable regulations for implementing N.J.A.C. 6A:32-7.3 et seq. Student Records, as defined in N.J.A.C. 6A:32.
  - a) Student records generated by a service provider at the responsible public school district will be stored, maintained, and accessed at the public school in accordance with N.J.A.C. 6A:32-7.5(e)5.
  - b) When the services are provided onsite at the clinic or agency, at the nonpublic school, at the approved private school, or at the student's home, the clinic/agency will assure that the student records:
    - c) Will be stored, maintained, and accessed by clinic or agency personnel in a manner consistent with student records code in accordance with N.J.A.C. 6A:32-7.4 and N.J.A.C.6A:32-7.5; and

- d) Will be forwarded to the responsible school district at least one time per year and/or upon completion of the service(s) to the student to enable the school district to fulfill its responsibilities under N.J.A.C. 6A:32-7 et seq.
  - e) When a parent or other authorized agency or organization as per N.J.A.C. 6A:32-7.5(a) requests access to student records that were generated by clinic or agency service providers, access will be requested of the school district and provided by the school district in accordance with N.J.A.C. 6A:32-7.6.
  - f) When a request for records by a parent or other third party is presented to the clinic/agency, the clinic/agency will forward the request to the school district and will provide the school district with the requested student record(s).
10. All student records generated by clinic or agency service providers are to be retained by the school district in accordance with N.J.A.C. 6A:32-7.
  11. Clinic/agency providers who are also employees of a district board of education, approved private school, or nonpublic school shall not provide services to students who are the responsibility of his/her employing district, approved private school, or nonpublic school.
  12. Clinic/agency services shall not occur during the hours of the provider's public-school employment approved private school employment, or nonpublic school employment.
  13. Professionals conducting evaluations in accordance with N.J.A.C. 6A:14-2.5 and 6A:14-3.4, shall be available during the typical school day (8:00 a.m. through 4:00 p.m.) to complete mandated classroom observations.
  14. A monthly service log shall be maintained for each student which includes, but is not limited to:
    - a) The name and title of the providers.
    - b) The school district responsible for payment.
    - c) The school that the student attends.
    - d) The services to be provided including frequency and duration as per the student's written plan (IEP, Services Plan or other required written plan);
    - e) The dates and times of service provision.
    - f) The total amount of service hours provided; and location where services were provided.
    - g) Signatures of providers, supervisors as appropriate, and a parent/guardian when service are provided in the home. (Does not apply to clinic/agencies providing School Nurse Services).
  15. The clinic/agency will maintain its facilities/buildings/offices in compliance with the Americans with Disabilities Act, (ADA) P.L. 101-336; and current municipal and/or county fire, safety, and health standards.
  16. The clinic/agency agrees to notify OSE within seven (7) days when the clinic/agency changes the location of its administrative office(s).
  17. The clinic/agency shall submit an amendment to OSE when the clinic/agency changes the location of onsite services or adds a location to provide onsite services.
  18. The clinic/agency agrees to retain a certified accounting agency or maintains an accounting system that complies with generally accepted accounting principles (GAAP).
  19. The clinic/agency agrees to comply with all applicable requirements promulgated by the Commissioner of Education and the State Board of Education regarding the Special Education Medicaid Initiative (SEMI), in response to requests by participating school districts.

20. The clinic/agency agrees that it will not subcontract or share service providers with another clinic/agency to provide services.
21. This Assurance Statement supersedes any previous Assurance Statements signed on behalf of the clinic/agency with regard to approval by the New Jersey Department of Education.
22. The approved clinic/agency has read and understood the regulations applicable to the services selected on this application and will adhere to the applicable regulations.

## Assurance Certification

As the designated chief administrator, **I am legally authorized to submit this application on behalf of the clinic/agency named below.** I verify that the information, documentation, and attachments contained in this application are true, complete, and accurate, without any intent to mislead. I verify that I have read, understood, and agree to comply with the assurances on behalf of the clinic/agency. I understand that if any administrator, supervisor, employee, or contractor provides erroneous or misleading information, fails to provide required documentation, and/or acts in noncompliance with the NJDOE assurances or any state and federal statutes and regulations, NJDOE approval may be revoked.

Legal Name of Clinic/Agency:

Street:

City:

State:

Zip Code:

Name of Legally Authorized Official/Chief Administrator (print or type):

Title of Legally Authorized Official/Chief Administrator (print or type):

Signature of Legally Authorized Official:

Date (mm/dd/yy):

Email completed application to: [clinicagency@doe.nj.gov](mailto:clinicagency@doe.nj.gov)

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## For NJDOE Office of Special Education Internal Use Only

Name of Reviewer:

Date of Review (mm/dd/yy):

**The applicant is approved for the following services (select all that apply):**

Independent Child Study Team (CST) Evaluation

CST Services to supplement existing local district services

Speech Language Therapy Services

Occupational Therapy Services

Occupational Therapy Assistant Services

Physical Therapy Services

Physical Therapy Assistant Services

Counseling Services

Applied Behavioral Analysis (ABA) Services

Home Instruction- as per N.J.A.C. 6A:14-4.8

Home Instruction – as per N.J.A.C. 6A:16-10.2

Home Instruction-as per N.J.A.C. 6A:16-10.1

**Nonpublic Services as the following (select all that apply):**

Evaluation, determination of eligibility, classification, and the development of a service plan for nonpublic school students.

Supplementary Instruction

English as a Second Language (ESL)

Compensatory Education Services