

13:35-10.4 Examinations

The requirement of N.J.S.A. 45:9-37.43 that an athletic trainer must pass an examination approved by the Board shall be deemed to have been met by evidence of passing the examination administered by the National Athletic Trainers Association Board of Certification, Inc. The Advisory Committee, in its discretion and with prior approval of the Board, may develop and administer an alternative examination, testing the applicant's knowledge in the areas outlined in N.J.S.A. 45:9-37.43.

13:35-10.5 (Reserved)

13:35-10.6 Approved activities

(a) A registered athletic trainer may provide the full spectrum of pre-season, in-season and post-season conditioning programs. These programs include, but are not limited to, maintenance and reconditioning programs, as well as bandaging, wrapping, taping, padding, and splinting procedures for the prevention and management of injuries.

(b) Nothing in this subchapter shall be interpreted to prohibit registered athletic trainers from providing first-aid.

(c) A registered athletic trainer may, at the direction of a licensed physician as provided in N.J.A.C. 13:35-10.2, administer the following physical treatment modalities:

1. Cold;
2. Heat;
3. Light;
4. Sound;
5. Electricity;
6. Electromagnetic waves;
7. Water; and
8. Traditional mobilization techniques, rehabilitative exercise programs, traction, and massage.

(d) A registered athletic trainer may, at the direction of a licensed physician as provided in N.J.A.C. 13:35-10.2, provide testing of neuromotor and musculoskeletal functional capability for the purposes of conditioning, reconditioning or otherwise evaluating the athlete's performance capability. However, nothing in this subchapter shall be interpreted to permit a registered athletic trainer to conduct electromyographic testing or nerve conduction velocity studies.

(e) The Advisory Committee recognizes that the athletic trainer is not authorized to diagnose an injury or illness. However, prior to implementing or while maintaining the plan of care, the athletic trainer shall exercise professional judgment to determine whether any intervening circumstances have adversely affected the athlete's ability to participate in or continue to participate in the plan of care.

(f) A written record regarding the treatment of an athletic injury shall be created by the athletic trainer and maintained for a period of seven years from the date of the last entry.

(g) Nothing in this subchapter shall be interpreted to prohibit registered athletic trainers from being employed or performing activities which do not require licensure or registration provided they do not hold themselves out as being able to perform athletic training in that employment or performance.

(h) Nothing in this section shall be interpreted to prohibit unregistered individuals from applying bandaging, wrapping, taping, padding or splinting techniques to non-injured athletes.

13:35-10.7 Violations

Without limiting the prosecution of any practices which may be unlawful under any other state or Federal law, a violation of this subchapter shall be deemed to be a violation of the Athletic Training Practice Act, N.J.S.A. 45:37-35 et seq., and shall be subject to the sanctions and penalties provided for thereunder.

13:35-10.8 Fees

(a) The following fees shall be charged by the Board for athletic trainer registration:

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| 1. Temporary registration or authorized registration without examination | 60.00 |
| 2. Examination (RESERVED) | |
| 3. Initial Registration Fee | |
| i. If paid during the first year of a biennial renewal period: | 70.00 |
| ii. If paid during the second year of a biennial renewal period: | 35.00 |
| 4. Biennial registration | 70.00 |
| 5. Endorsement | 60.00 |
| 6. Late renewal fee | 50.00 |

New Rule, R.1993 d.260, effective June 7, 1993.
 See: 25 N.J.R. 1058(a), 25 N.J.R. 2487(a).
 Administrative Correction.
 See: 25 N.J.R. December 6, 1993.
 Amended by R.1995 d.330, effective June 19, 1995.
 See: 27 N.J.R. 640(a) (see also 27 N.J.R. 1746(a)), 27 N.J.R. 2410(a).
 Increased some of the fees.

SUBCHAPTER 11. ALTERNATIVE RESOLUTION PROGRAM

Authority

N.J.S.A. 45:9-2 and 45:9-19.4.

Source and Effective Date

R.1995 d.339, effective June 19, 1995.
 See: 27 N.J.R. 1363(a), 27 N.J.R. 2412(a).

Subchapter Historical Note

Petition for Rulemaking. See: 30 N.J.R. 1331(c).

13:35-11.1 Definitions

As used in this subchapter the following words and terms have the following meanings, unless the context indicates otherwise:

“Alternative Resolution Program” or “ARP” means a program established pursuant to this subchapter for those subject to Board jurisdiction who are suffering from chemical dependencies and other impairments which shall permit such licensees to disclose their status to an entity which would allow for confidential oversight.

“Board” means the New Jersey State Board of Medical Examiners.

“Chemical dependency” means a condition involving the continued misuse of chemical substances.

“Chemical substances” 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.

“Confidential” means that a participating licensee’s identity (as well as any information from which a licensee’s identity could be deduced) shall be maintained in a limited access file maintained by the Impairment Review Committee (“IRC”), with disclosure provided only to those persons whom the IRC determines have a need to know, in order to perform their role in the review process.

“Impairment” means an inability to function at an acceptable level of competency, or an incapacity to continue to practice with the requisite skill, safety and judgment, as a result of alcohol and/or chemical dependency, a psychiatric and/or emotional disorder, senility or a disabling physical disorder.

“Impairment Review Committee” or “IRC” means the subcommittee of the Board created pursuant to this subchapter.

“Licensee” means a physician (including a resident or intern), podiatrist, bioanalytical laboratory director, certified nurse midwife, physician assistant or other professional subject to regulation by the Board.

“Panel” means the Medical Practitioner Review Panel.

“Professional assistance program” or “PAP” means a publicly or privately organized entity offering services to facilitate the rehabilitation of licensees suffering from chemical dependencies or other impairments. A program may limit its services to specific categories of licensees.

13:35-11.2 Creation of Impairment Review Committee

The Board shall establish a committee to review matters involving practitioners suffering from chemical dependencies or other impairments. This committee shall be comprised of five members to include: two members of either the Board or the Panel, to be appointed by the Board President; two individuals representing approved professional assistance programs which provide services to at least one third of the ARP participants; and one individual designated by the Commissioner of Health, who is acceptable to both the Board President and the individuals representing approved professional assistance programs. This committee shall be known as the Impairment Review Committee (“IRC”) and shall meet on a regular basis. The Medical Director of the Board and the Executive Director of the Board shall serve as staff to the IRC and shall be available to assist the IRC at its meetings. With regard to independent referrals (not made by an approved professional assistance program), the Executive Director shall provide the IRC with all of the information, including the identity of the licensee about whom the referral has been made, which was provided with the referral, along with any information concerning concurrent investigations or consumer complaints relating to the licensee. With respect to those referrals made by approved professional assistance programs, the Executive Director shall advise the IRC of any information concerning concurrent investigations or consumer complaints, without disclosing the identity of the licensee, so that the IRC will be in a position to assess whether participation in the program is appropriate.

13:35-11.3 Duties of an approved professional assistance program

(a) An approved professional assistance program shall:

1. Promptly conduct appropriate inquiry with regard to every referral received to determine whether the information indicating licensee impairment is sufficiently reliable to warrant further review;