

**NEW JERSEY HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY (HESAA)**  
**NJ Behavioral Healthcare Provider Loan Redemption Program (BHPLRP)**  
**Employer Certification**

**Instructions:**

1. **Complete Section 1:** Download and fill out all required fields in *Section 1* accurately, either by typing the information or by hand (legibly).
2. **Submit Form to Human Resources (HR):** Once *Section 1* is completed, provide the form to your HR Representative to complete *Section 2*.
3. **Confirm Signatures:** Ensure both the applicant and HR representative provide hand-written signatures on the form before submission.
4. **Confirm Submission:** Upload the completed and signed form with the online application no later than October 31, 2024.

To be considered for acceptance into the BHPLRP, you **must** submit this Certification to HESAA by the submission deadline as part of your application and maintain your eligibility, as certified here, throughout your participation in the Program.

If you have any questions, please contact HESAA's Customer Care Center at 800-792-8670.

**SECTION 1: TO BE COMPLETED BY APPLICANT**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Email Address

\_\_\_\_\_  
Applicant Job Title

\_\_\_\_\_  
Applicant Contact Number

**Eligible Provider License** *[please select all that apply]*

- |   |  |
|---|--|
| <input type="checkbox"/> Board Certified Behavior Analyst             | <input type="checkbox"/> Licensed Professional Counselor                     |
| <input type="checkbox"/> Licensed-Associate Counselor                 | <input type="checkbox"/> Licensed Psychologist                               |
| <input type="checkbox"/> Licensed Clinical Alcohol and Drug Counselor | <input type="checkbox"/> Licensed Social Worker                              |
| <input type="checkbox"/> Licensed Clinical Social Worker              | <input type="checkbox"/> Psychiatric Nurse Mental Health Clinical Specialist |
|   | <input type="checkbox"/> Psychiatrist  |

**Eligible Occupation** *[please select the one (1) occupation from the list below that best describes your position]*

- |   |  |
|---|--|
| <input type="checkbox"/> Board Certified Behavioral Analyst   | <input type="checkbox"/> Clinical and Counseling Psychologist  |
| <input type="checkbox"/> Child, Family, and School Social Worker  | <input type="checkbox"/> Licensed Psychologist   |
| <input type="checkbox"/> Healthcare Social Worker   | <input type="checkbox"/> School Psychologist   |
| <input type="checkbox"/> Mental Health and Substance Abuse Social Worker  | <input type="checkbox"/> Psychiatrist  |
| <input type="checkbox"/> Social Work Teachers Postsecondary   | <input type="checkbox"/> Psychiatric Nurse Mental Health Clinical Specialist   |
| <input type="checkbox"/> Social Worker – All Other  | <input type="checkbox"/> Licensed Clinical Alcohol and Drug Counselor  |
| <input type="checkbox"/> Licensed Associate Counselor: Substance Abuse,<br>Behavioral Disorder, and Mental Health Counselor | <input type="checkbox"/> Licensed Professional Counselor: Substance Abuse,<br>Behavioral Disorder, and Mental Health Counselor |

**Are you currently participating in any other New Jersey State Loan Redemption Program or the federally administered National Health Service Corps Loan Repayment Program?**       Yes  No

I certify that I am eligible for the BHPLRP, as I am currently employed full-time at an approved site in the State of New Jersey in the occupation I selected above. I understand that I must meet all eligibility criteria and comply fully with the NJ Behavioral Healthcare Provider Loan Redemption Program requirements. I further understand that at the completion of each two-year term of eligible employment my HR Representative must complete a Certification form to confirm my employment status before loan redemption is applied directly to my eligible student loan(s) through my student loan servicer(s). If I am eligible for the child and adolescent incentive grant, my employer must complete a Certification form at the completion of each year of eligible employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION 2: TO BE COMPLETED BY EMPLOYER'S HUMAN RESOURCES REPRESENTATIVE**

The applicant is applying to participate in the NJ Behavioral Healthcare Provider Loan Redemption Program (BHLRP), which offers student loan redemption to licensed or certified behavioral health professionals working full-time at approved sites. Administered by the New Jersey Higher Education Student Assistance Authority (HESAA), the program provides up to \$50,000 in loan redemption for every two (2) years of full-time service with a maximum of \$150,000 redeemed over six (6) years of service. As the applicant's HR representative, you are responsible for confirming their employment in a qualifying role, that they hold a valid license, that they work at an approved site, and certifying that they meet the program's full-time work requirements.

**Please ensure all required fields in this section are accurately completed.** The applicant's participation in this program is contingent upon completion of this form and meeting all eligibility criteria.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Job Title

**Applicant's Employment Status:** Is the applicant employed full time (at least 35 hours per week) in their current position?  Yes  No

**Eligible Provider License** *[please select all that apply]*

- Board Certified Behavior Analyst
- Licensed-Associate Counselor
- Licensed Clinical Alcohol and Drug Counselor
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Licensed Psychologist
- Licensed Social Worker
- Psychiatric Nurse Mental Health Clinical Specialist
- Psychiatrist

**Eligible Occupation** *[please select the one (1) occupation from the list below that best describes the applicant's position]*

- Board Certified Behavioral Analyst
- Child, Family, and School Social Worker
- Healthcare Social Worker
- Mental Health and Substance Abuse Social Worker
- Social Work Teachers Postsecondary
- Social Worker – All Other
- Licensed Associate Counselor: Substance Abuse, Behavioral Disorder, and Mental Health Counselor
- Clinical and Counseling Psychologist
- Licensed Psychologist
- School Psychologist
- Psychiatrist
- Psychiatric Nurse Mental Health Clinical Specialist
- Licensed Clinical Alcohol and Drug Counselor
- Licensed Professional Counselor: Substance Abuse, Behavioral Disorder, and Mental Health Counselor

**Primary Client Demographic:** Does the applicant primarily work with children and adolescents (at least 51% of their practice with individuals under 18 years)?  Yes  No

**Clinical Practice Requirement:** Does the applicant engage in direct clinical practice with patients or clients for at least 20 hours per week?  Yes  No

**Please describe the applicant's main job duties** (e.g., 'Provides outpatient counseling services to children and adolescents under the age of 18', 'Works in a community mental health clinic offering crisis intervention and case management services'.) **Be as specific as possible.**

**SECTION 2: TO BE COMPLETED BY THE EMPLOYER'S HUMAN RESOURCES REPRESENTATIVE**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address *(Street, City, State, Zip Code)*

**Approved Site:** What type of organization is the employer? *[please select one (1) from the list below]*

- |  |   |
|--|---|
| <input type="checkbox"/> Community provider operated by a nonprofit organization | <input type="checkbox"/> Municipality       |
| <input type="checkbox"/> Institution of higher education                         | <input type="checkbox"/> County government  |
| <input type="checkbox"/> School district   | <input type="checkbox"/> State agency       |
|  | <input type="checkbox"/> Federal government |

\_\_\_\_\_  
HR Representative Name

\_\_\_\_\_  
HR Representative Email Address

\_\_\_\_\_  
HR Representative Job Title

\_\_\_\_\_  
HR Representative Phone Number

I certify to the best of my knowledge and belief that the applicant listed above is employed at the approved site listed on this form, that the employee works in New Jersey, and that all of the information I provided on this form is accurate.

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date

**NEW JERSEY HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY (HESAA)  
NJ Behavioral Healthcare Provider Loan Redemption Program (BHPLRP)**

**Program Eligibility**

To qualify for student loan redemption under the BHPLRP, an applicant must meet all the following requirements:

1. Be a New Jersey resident and maintain residency in the State during Program participation;
2. Be employed full-time, or plan to be employed full-time, by October 1, 2024 as an eligible behavioral healthcare provider at an approved site;

Eligible behavioral healthcare provider licenses/certifications include:

Board Certified Behavior Analysts	Licensed Professional Counselors
Licensed-Associate Counselors	Licensed Psychologists
Licensed Clinical Alcohol and Drug Counselors	Licensed Social Workers
Licensed Clinical Social Workers	Psychiatric Nurse Mental Health Clinical Specialists Psychiatrists

Approved sites include:

Community provider operated by a nonprofit	Municipality
Institution of higher education	County government
School district	State agency Federal government

3. Maintain a valid license or certification, as applicable, and practice as a behavioral healthcare provider in New Jersey throughout participation in the program;
4. Commit to providing clinical mental or behavioral healthcare for at least two years at an approved site, in accordance with the terms of a contract with HESAA;
5. Not be in default on any eligible qualifying loan;
6. Not previously be selected for participation in the Program; and  
Not currently be participating in any other New Jersey State tuition reimbursement or student loan redemption program, (e.g., Primary Care Practitioners, Nursing Faculty, New Jersey STEM, Home-and Community-Based Services) or the federally administered National Health Service Corps Loan Repayment Program, section 338B of the Public Health Service Act (42 U.S.C. s.254 /1).

**Qualifying Student Loan**

Any government or commercial student loan for actual tuition costs and reasonable education and living expenses incurred while pursuing a degree in a mental or behavioral healthcare profession.

**Non-Eligible Loans**

Student loans borrowed by someone else on your behalf (e.g., Parent PLUS loans), loans you borrowed or co-signed on behalf of someone else, and non-student loans (e.g., home equity loans, even if used to pay off a student loan). Additionally, student loans that have already been paid off are not eligible for reimbursement under this program.

HESAA reserves the right to terminate a participant's involvement in the Program under the following circumstances:

- If the participant is no longer employed as an eligible behavioral healthcare provider at an approved site;
- If the participant's license/board certification to practice is revoked;
- If the participant commits an act of gross negligence in fulfilling their employment service obligation or fails to meet the employer's performance standards; or
- If the participant does not submit the employer certification required to receive the loan redemption within 60 days of the written request for the required documents by HESAA.

Any person knowingly or willfully furnishing any false or misleading information for receiving student loan redemption benefits under the program is guilty of a crime of the fourth degree.