

Case Notes

Psychiatrist's engaging in sexual relations with patient warrants suspension of medical license. In the Matter of the Suspension or Revocation of the License of Tricarico, 96 N.J.A.R.2d (BDS) 18.

Florida's revocation of physician's license for sexual misconduct supports New Jersey's license revocation. In the Matter of Vatakencherry, 96 N.J.A.R.2d (BDS) 1.

13:35-6.4 Delegation of administration of subcutaneous and intramuscular injections to certified medical assistants

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise:

1. "Physician" means a doctor of medicine (M.D.), a doctor of osteopathic medicine (D.O.), or a doctor of podiatric medicine.

2. "Certified medical assistant" means a graduate of a post-secondary medical assisting education program accredited by CAHEA (The Committee on Allied Health Education and Accreditation of the American Medical Association), or its successor; ABHES (Accrediting Bureau of Health Education Schools), or its successor; or any accrediting agency recognized by the U.S. Department of Education. The educational program shall include, at a minimum, 600 clock hours of instruction and shall encompass training in the administration of intramuscular and subcutaneous injections and instruction and demonstration in: pertinent anatomy and physiology appropriate to injection procedures; choice of equipment; proper technique including sterile technique; hazards and complications; and emergency procedures. The medical assistant must also maintain current certification from the Certifying Board of the American Association of Medical Assistants (AAMA), or registration from the American Medical Technologists (AMT), or any other recognized certifying body approved by the Board.

(b) A physician may direct a certified medical assistant employed in the medical practice in which the physician practices medicine, to administer to the physician's patients an intramuscular or subcutaneous injection in the limited circumstances set forth in this section, without being in violation of the pertinent professional practice act implemented by the Board, to the extent such conduct is permissible under any other pertinent law or rule administered by the Board or any other State agency.

(c) A physician may direct the administration of an injection by a certified medical assistant only where the following conditions are satisfied:

1. The physician has determined and documented that the certified medical assistant has the qualifications set forth in (a)2 above and has attained a satisfactory level of comprehension and experience in the administration of intramuscular and subcutaneous injection techniques.

2. The physician shall examine the patient to ascertain the nature of the trauma, disease or condition of the patient; to determine the appropriate treatment of the patient including administration of an injection; to assess the risks of such injection for a given patient and the diagnosed injury, disease or condition; and to determine that the anticipated benefits are likely to outweigh those risks.

3. The physician shall determine all components of the precise treatment to be given, including the type of injection to be utilized, dosage, method and area of administration, and any other factors peculiar to the risks, such as avoidance of administration sites on certain parts of the body. The physician shall assure that this information shall be written on the patient's record and made available at all times to the medical assistant carrying out the treatment instructions, who shall also be identified by name and credentials in the patient record on each occasion that an injection is administered.

4. The physician shall not direct the administration by a certified medical assistant of an injection which includes any of the following: controlled dangerous substances, experimental drugs including any drug not having approval of the Food and Drug Administration (FDA), or any substance used as an anti-neoplastic chemotherapeutic agent with the exception of corticosteroids.

5. The physician shall remain on the premises at all times that treatment orders for injections are being carried out by the assistant and shall be within reasonable proximity to the treatment room and available to observe, assess and take any necessary action regarding effectiveness, adverse reaction or any emergency.

6. The certified medical assistant shall wear a clearly visible identification badge indicating his or her name and credentials.

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

In (a)3, inserted "purchasing or" preceding "prescribing".

Repealed by R.1992 d.75, effective February 18, 1992 (operative April 15, 1992).

See: 23 N.J.R. 161(a), 23 N.J.R. 1063(a), 24 N.J.R. 626(a).

Section was "Prohibition of kickbacks, rebates or receiving a payment for services not rendered."

New Rule, R.1997 d.226, effective June 2, 1997.

See: 28 N.J.R. 2317(a), 28 N.J.R. 3512(a), 29 N.J.R. 2564(a).

13:35-6.5 Preparation of patient records, computerized records, access to or release of information; confidentiality, transfer or disposal of records

(a) The following terms shall have the following meanings unless the context in which they appear indicates otherwise:

"Authorized representative" means, but is not necessarily limited to, a person who has been designated by the patient or a court to exercise rights under this section. An authorized representative may be the patient's attorney or an employee of an insurance carrier with whom the patient has

a contract which provides that the carrier be given access to records to assess a claim for monetary benefits or reimbursement. If the patient is a minor, a parent or guardian who has custody (whether sole or joint) will be deemed to be an authorized representative, except where the condition being treated relates to pregnancy, sexually transmitted disease or substance abuse.

“Examinee” means a person who is the subject of professional examination where the purpose of that examination is unrelated to treatment and where a report of the examination is to be supplied to a third party.

“Licensee” means any person licensed or authorized to engage in a health care profession regulated by the Board of Medical Examiners.

“Patient” means any person who is the recipient of a professional service rendered by a licensee for purposes of treatment or a consultation relating to treatment.

(b) Licensees shall prepare contemporaneous, permanent professional treatment records. Licensees shall also maintain records relating to billings made to patients and third-party carriers for professional services. All treatment records, bills and claim forms shall accurately reflect the treatment or services rendered. Treatment records shall be maintained for a period of seven years from the date of the most recent entry.

1. To the extent applicable, professional treatment records shall reflect:

- i. The dates of all treatments;
- ii. The patient complaint;
- iii. The history;
- iv. Findings on appropriate examination;
- v. Progress notes;
- vi. Any orders for tests or consultations and the results thereof;
- vii. Diagnosis or medical impression;
- viii. Treatment ordered, including specific dosages, quantities and strengths of medications including refills if prescribed, administered or dispensed, and recommended follow-up;
- ix. The identity of the treatment provider if the service is rendered in a setting in which more than one provider practices;
- x. Documentation when, in the reasonable exercise of the physician’s judgment, the communication of test results is necessary and action thereon needs to be taken, but reasonable efforts made by the physician responsible for communication have been unsuccessful; and

xi. Documentation of the existence of any advance directive for health care for an adult or emancipated minor, and associated pertinent information. Documented inquiry shall be made on the routine intake history form for a new patient who is a competent adult or emancipated minor. The treating doctor shall also make and document specific inquiry of or regarding a patient in appropriate circumstances, such as when providing treatment for a significant illness, or where an emergency has occurred presenting imminent threat to life, or where surgery is anticipated with use of general anesthesia.

2. Corrections/additions to an existing record can be made, provided that each change is clearly identified as such, dated and initialed by the licensee.

3. A patient record may be prepared and maintained on a personal or other computer only when it meets the following criteria:

i. The patient record shall contain at least two forms of identification, for example, name and record number or any other specific identifying information;

ii. An entry in the patient record shall be made by the physician contemporaneously with the medical service and shall contain the date of service, date of entry, and full printed name of the treatment provider. The physician shall finalize or “sign” the entry by means of a confidential personal code (“CPC”) and include date of the “signing”;

iii. Alternatively, the physician may dictate a dated entry for later transcription. The transcription shall be dated and identified as “preliminary” until reviewed, finalized and dated by the responsible physician as provided in (b)3ii above;

iv. The system shall contain an internal permanently activated date and time recordation for all entries, and shall automatically prepare a back-up copy of the file;

v. The system shall be designed in such manner that, after “signing” by means of the CPC, the existing entry cannot be changed in any manner. Notwithstanding the permanent status of a prior entry, a new entry may be made at any time and may indicate correction to a prior entry;

vi. Where more than one licensee is authorized to make entries into the computer file of any professional treatment record, the physician responsible for the medical practice shall assure that each such person obtains a CPC and uses the file program in the same manner;

vii. A copy of each day’s entry, identified as preliminary or final as applicable, shall be made available promptly:

- (1) To a physician responsible for the patient’s care;

Methylphenidate
Ritalin

13:35-7.9 Prohibitions and special limitations on prescribing, administering or dispensing anabolic steroids

(a) Unless an accepted medical necessity exists, a practitioner shall not prescribe, order, dispense, administer, sell or transfer any anabolic steroid or human growth hormone, for the purpose of hormonal manipulation intended to increase muscle mass, strength or weight. Body building, muscle enhancement, or increasing muscle bulk or strength through the use of anabolic steroid or human growth hormone by a person in good health for the intended purpose of improving performance in any form of exercise, sport or game is not a valid medical purpose.

(b) A practitioner shall prepare and maintain patient medical records which accurately reflect the utilization of any substance or drug subject to this section, which records must indicate the diagnosis, the information upon which the diagnosis is based, and the purpose for which the substance or drug has been prescribed.

(c) The following list, although not exhaustive or exclusive, includes many of the generic and brand-name anabolic steroids and human growth hormones subject to this section:

Bolenone
Chlorotestosterone
(4-chlorotestosterone)
Chorionic gonadotropin
Closebol
Dehydrochlormethyltestosterone
Dihydrotestosterone
(4-dihydrotestosterone)
Ethylestrenol
Fluoxymesterone
Mesterolone
Methandienone
Methandriol
Methandrostenolone
Methenolone
Methyltestosterone
Mibolerone
Nandrolone
Norethandrolone
Oxandrolone
Oxymesterone
Oxymetholone
Somatrem
Somatotropin
Stanolone
Stanozolol
Testolactone
Testosterone
Trebolone

13:35-7.10 Enforcement

(a) A violation of N.J.A.C. 13:35-7.1 through 7.9 may be deemed to constitute one or more of the following:

1. Distribution or dispensing of a controlled substance in an indiscriminate manner, or not in good faith, or without good cause, as prohibited by N.J.S.A. 45:1-13;

2. Gross or repeated malpractice, neglect, or incompetence in the practice of medicine, as prohibited by N.J.S.A. 45:1-21(c) and (d);

3. Professional misconduct, as prohibited by N.J.S.A. 45:1-21(e);

4. A failure to comply with the provisions of an Act or regulation administered by the Board, as prohibited by N.J.S.A. 45:1-21(h); and

5. Unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare, within the meaning of N.J.S.A. 45:9-19.5.

(b) A practitioner who is in possession of information which reasonably indicates that another practitioner has prescribed, dispensed or administered any drug or drugs in a manner which jeopardizes the public health, safety or welfare or for purposes deemed to be unlawful pursuant to this subchapter shall report such information to the Board pursuant to N.J.S.A. 45:9-19.5.

SUBCHAPTER 8. HEARING AID DISPENSERS

13:35-8.1 Purpose

The rules in this subchapter are established pursuant to N.J.S.A. 45:9A-7 and govern the licensing and the practice of hearing aid dispensing in the State of New Jersey.

13:35-8.2 Definitions

The following words and terms when used in this subchapter shall have the following meaning unless the context clearly indicates otherwise.

“Act” means the New Jersey Hearing Aid Dispensers Act, N.J.S.A. 45:9A-1 et seq. as amended and/or supplemented.

“Advertisement” means any attempt, directly or indirectly, by publication, display, dissemination or circulation, in print or electronic media, which induces or attempts to induce any person to purchase or enter into an agreement to purchase a hearing aid, services and/or merchandise from a licensee.

“Board” means the State Board of Medical Examiners.

“Committee” means the Hearing Aid Dispensers Examining Committee.

“Hearing aid” means a hearing aid as defined by N.J.S.A. 45:9A-2(c) and includes the earmold system.

“Licensee” means any person who has been duly issued a license to fit and dispense hearing aids in accordance with N.J.S.A. 45:9A-1 et seq. and this subchapter.

“Place of practice” means the actual physical location of the office and business address from which the licensee conducts his or her business and where relevant books and records are maintained.

“Sponsor” means any person holding a valid license pursuant to N.J.S.A. 45:9A-1 et seq. for two or more years who is deemed qualified by the Committee to instruct, train and supervise in the requisite skills, methods and techniques so as to insure competency in the fitting and dispensing of hearing aids and who has assumed the responsibilities for supervising and training in accordance with N.J.S.A. 45:9A-16 and the provisions of this subchapter.

“Temporary license” means a temporary license as defined by N.J.S.A. 45:9A-16(a) and the provisions of this subchapter.

“Training permit” means a temporary license as defined by N.J.S.A. 45:9A-16(b) and the provisions of this subchapter.

13:35-8.3 Training and experience requirements

(a) An applicant for licensure as a hearing aid dispenser shall submit one of the following to the Committee:

1. Proof of completion of a minimum of six months continuous or interrupted training within a 24-month period ending with the deadline for making application to take the next examination;
2. Proof of successful completion of a county college course in hearing aid selection and fitting approved by the Committee and/or the Commission on Higher Education; or
3. Proof of successful completion of a master’s degree in audiology from an American Speech Language Hearing Association accredited college or university after January 1, 1993.

(b) An individual, including a New Jersey licensed audiologist, who has met training and experience requirements set forth in (a) above shall not dispense a hearing aid as defined by N.J.A.C. 13:35-8.7 until he or she passes the written and practical examination administered by the Committee, unless the individual is under supervision as the holder of a training permit or a temporary license.

(c) No person shall commence training as a hearing aid dispenser until such time as he or she has received a training permit. The training period shall be calculated to have commenced on the date the permit is issued.

(d) Upon being issued a training permit, the trainee shall train in the same office or business location as that of his or her sponsor and in the physical presence of the sponsor. The training shall consist of the following:

1. 40 hours of training with an audiometer;
2. 160 hours of hearing aid dispensing procedures, including the taking of earmold impressions, the alteration of earmolds and hearing aids, and application and fitting techniques;
3. Reading all the books and articles relating to hearing aid dispensing specified in a list formulated by the Committee.

(e) No trainee shall be permitted to sell, fit or dispense hearing aids or to engage in the potential fitting or dispensing of hearing aids except in the same office or business location of his or her sponsor and in the physical presence of the sponsor.

(f) A trainee shall complete the training only with the sponsor designated by the Committee and only during regular business hours.

Petition for Rulemaking.
See: 30 N.J.R. 2528(a).
Amended by R.1998 d.372, effective July 20, 1998.
See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).
Rewrote (a) and (b).

13:35-8.4 Training permits; issuance and practice

The Committee shall issue a training permit in accordance with N.J.S.A. 45:9A-16(b) and the provisions of this subchapter.

New Rule, R.1998 d.372, effective July 20, 1998.
See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

13:35-8.5 Temporary licenses; issuance

(a) The Committee may issue a temporary license in accordance with N.J.S.A. 45:9-16(a) and the provisions of this subchapter to an applicant provided he or she has not previously held a training permit or has not previously taken the licensing examination described in N.J.S.A. 45:9A-10 and N.J.A.C. 13:35-8.16. A temporary license shall not be renewed when an applicant has failed the licensing examination, except on showing of good cause (such as illness or emergency precluding the taking of the examination).

(b) Persons from another jurisdiction who are not eligible for license by endorsement under N.J.S.A. 45:9A-13 who wish to sit for the licensing examination shall demonstrate a minimum of two years of full-time independent experience in dispensing, fitting and selling hearing aids as defined by N.J.S.A. 45:9A-2(d) and N.J.A.C. 13:35-8.8. The applicant must submit documentation and verification of said experience satisfactory to the Committee, or submit verification of current licensure to practice audiology in the State of New Jersey.

In (c), added explanation for assessment of late fee of \$25.00 and reinstatement of \$100.00. Deleted language regarding failure to respond to computerized notice of renewal. In heading, deleted "suspension of license for".

Recodified from 13:35-8.9 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.10 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.11, Equipment, was recodified to N.J.A.C. 13:35-8.12.

13:35-8.12 Equipment

(a) The equipment necessary to dispense hearing aids in accordance with N.J.S.A. 45:9A-1 et seq. and the provisions of this subchapter shall be available for use at all place(s) of practice.

(b) All electrical equipment used in testing hearing aids including the audiometer shall be inspected as often as necessary to assure accuracy and calibrated no less often than once a year. Audiometers shall be calibrated in accordance with the American National Standard Specifications for Audiometers (ANSI S3.6-1969) and the American National Standard for an Artificial Head Bone for the Calibration of Bone Vibrations (ANSI S3.13-1972). Complete records of calibration shall be maintained as part of the licensee's permanent records.

Recodified from 13:35-8.10 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.11 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.12, Hearing testing, was recodified to N.J.A.C. 13:35-8.13.

13:35-8.13 Hearing testing

(a) No hearing aid shall be sold to a person who has not first been given a hearing examination utilizing appropriate established procedures and instrumentation for the measurement of the hearing and the fitting of hearing aids, unless the dispensing consists solely of making an exact make and model replacement or spare aid of an immediately preceding hearing aid fitted within the last 12 months.

1. The appropriate hearing test which must precede any hearing aid fitting shall include at a minimum pure tone air conduction and bone conduction thresholds. In such cases, the testing shall be performed under conditions suitable to obtain valid and reliable thresholds.

2. Where indicated, SRT, MCL, TD, speech discrimination and other tests which may be necessary shall be provided by using customary and appropriate instrumentation.

(b) A significant air bone gap as referred to in N.J.S.A. 45:9A-24(f) shall be a gap of 15 db or more measured at 500 HZ, 1,000 HZ or 2,000 HZ. In the event that there is a gap at any of these frequencies, or higher, the individual

shall be referred to a medical doctor. A written waiver of the individual's right to be examined by a medical doctor may be accepted.

Recodified from 13:35-8.11 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Petition for Rulemaking.

See: 30 N.J.R. 2528(a).

Recodified from N.J.A.C. 13:35-8.12 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.13, Advertising and Solicitation, was recodified to N.J.A.C. 13:35-8.14.

13:35-8.14 Advertising and Solicitation

(a) Any licensee who engages in the use of advertising, stationery, business cards or signs which contain any of the following shall be deemed to have committed professional misconduct in violation of N.J.S.A. 45:1-21:

1. Any statement, claim or format which is false, fraudulent, misleading or deceptive;

2. Any misrepresentation of material fact;

3. Any omission or concealment of material fact, under circumstances where a licensee knows or should know that the omission is improper or is likely to hamper a customer from making a full and informed judgment on the basis of the information set forth;

4. Any claim that the service performed or the materials used are superior to that which is ordinarily performed or used in the business unless such claim can be documented as truthful and not misleading;

5. A technique or communication which appears to intimidate, exert undue pressure or undue influence on a customer;

6. The use of terms such as "prescription made" and "certified hearing aid audiologist" or "audiologist," unless the person to whom reference made is a licensed audiologist as defined by N.J.S.A. 45:3B-2(a);

7. The use of any term that connotes a medical competence that does not exist; or

8. The use of the name of a temporary licensee or trainee in an advertisement, sign, stationery or business card.

(b) The name, license number and title designation ("Hearing Aid Dispenser") of the supervising licensee shall appear on every advertisement, stationery or business card. The name and title designation of the supervising licensee shall appear on every sign.

(c) The responsibility for the form and content of every advertisement, sign, stationery or business card shall be jointly and severally that of each licensee who is a principal, partner or officer of the firm or entity so identified as well

as the supervising licensee whose name and license number is displayed therein.

(d) It shall be professional misconduct for a licensee to visit the home or office of a potential customer for the purpose of inducing a sale of a hearing aid without having obtained the express prior consent of such potential customer.

Recodified from 13:35-8.12 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Petition for Rulemaking.

See: 30 N.J.R. 2528(a).

Recodified from N.J.A.C. 13:35-8.13 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.14, Abandonment; excessive fees, was recodified to N.J.A.C. 13:35-8.15.

13:35-8.15 Abandonment; excessive fees

(a) It shall be professional misconduct for a licensee to unilaterally terminate without good cause as determined by the Committee, an agreement to deliver service(s) and/or equipment to a customer without first making arrangements for the orderly continuation of said services and/or equipment delivery.

(b) It shall be professional misconduct for any licensee to demand or accept excessive fees for service(s) or equipment rendered in connection with the sale or fitting of hearing aids. The excessiveness of such fee shall be determined by the Committee based on whether, after a review of the facts, a reasonable person would be left with a definite and firm conviction that the fee is so high as to be manifestly unconscionable or overreaching under the circumstances and as further described in N.J.A.C. 13:35-6.11(c).

Recodified from 13:35-8.13 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.14 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.15, Itemization of services and equipment; retention of records, was recodified to N.J.A.C. 13:35-8.16.

13:35-8.16 Itemization of services and equipment; retention of records

(a) In addition to the written specified data and receipt requirements defined in N.J.S.A. 45:9A-23, a written itemization of the costs of all services and equipment shall be presented to a customer before dispensing a hearing aid. The itemization shall include all services and equipment including:

1. Hearing test and examination of the ear;
2. Fitting of an earmold;
3. Dispensing services;
4. Necessary cleaning, servicing and refitting for at least the first year following sale;

5. The cost of the earmold; and

6. The cost of the hearing aid.

(b) Every licensee shall prepare and retain a copy of all records including the itemization for a period of seven years following the sale.

(c) Every licensee shall obtain and maintain a medical waiver or medical clearance in accordance with applicable federal law.

(d) Every licensee shall designate his or her name or initials and license number and the date the service was rendered on all records maintained for the purpose of fitting or dispensing hearing aids.

(e) Every licensee shall make available upon the request of the Committee any and all records maintained for the purpose of fitting or dispensing hearing aids. Every customer or authorized representative of the customer shall be promptly given a copy of his or her own record as described in N.J.A.C. 13:35-6.5.

Recodified from 13:35-8.14 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.15 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.16, Licensing examination, was recodified to N.J.A.C. 13:35-8.17.

13:35-8.17 Licensing examination

(a) The licensing examination shall consist of a written and practical examination in accordance with N.J.S.A. 45:9A-11.

(b) The written examination shall contain sections relating to theory and knowledge about fitting and dispensing hearing aids and knowledge relating to the laws and regulations governing the practice of fitting and dispensing hearing aids.

1. In order to pass the licensing examination the candidate shall attain a score of 70 percent or greater on each section.

2. Candidates who fail all or any section of the written examination shall be required to sit for the entire written examination during the next regularly scheduled examination with one exception: candidates failing only the law and regulation section may be admitted to a make-up examination for this section only.

(c) A candidate will only be permitted to take the practical examination if he or she has successfully passed the written examination. In order to pass the practical examination, a candidate shall attain a passing grade on each part of the practical examination. A candidate shall be eligible to re-take the part(s) failed for one additional examination. No passing credit shall be carried over to a third examination and the candidate failing two exam sessions shall be required to take all sections of the examination.

(d) All examinations and re-examinations will be offered only during the regularly scheduled examination session.

Recodified from 13:35-8.15 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.16 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.17, Violation of the Rules, was recodified to N.J.A.C. 13:35-8.18.

13:35-8.18 Violation of the Rules

(a) Failure to comply with any provision of N.J.S.A. 45:9A-1 et seq., or this subchapter shall be deemed a violation of the Hearing Aid Dispensers Act and may result in disciplinary action pursuant to N.J.S.A. 45:1-21 and 45:1-22.

(b) The notice of proposed suspension or revocation shall inform the licensed individual of the right to request a hearing. The hearing shall be pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq. and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1 et seq.

Recodified from 13:35-8.16 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

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).
Recodified from N.J.A.C. 13:35-8.17 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.18, Fee schedule, was recodified to N.J.A.C. 13:35-8.19.

13:35-8.19 Fee schedule

(a) The fee schedule for the Hearing Aid Dispensers Examining Committee of the State Board of Medical Examiners, in the Division of Consumer Affairs of the Department of Law and Public Safety, shall be as follows:

1. Application fee: \$20.00 (non-refundable)	
2. Temporary licenses	\$50.00
3. Training permits	\$50.00
4. Examination	
i. Written	\$50.00
ii. Practical	\$25.00
5. Initial Registration Fee	
i. If paid during the first year of a biennial renewal period	\$150.00
ii. If paid during the second year of a biennial renewal period	\$75.00
6. Endorsement	
i. Review of credentials	\$30.00
ii. Endorsement fee	
During the first year of a biennial renewal period	\$110.00
During the second year of a biennial renewal period	\$55.00
7. Biennial registration renewal	\$150.00
8. Renewal or Extension of Temporary License and Training Permit	\$20.00
9. Late fee	\$25.00
10. Reinstatement, Biennial Registration	\$100.00
11. Duplicate or replacement of biennial registration certificate	\$25.00

12. Preparation of certification papers for applicants to other states \$25.00

(b) The Committee will refund the examination fee only if the application is rejected by the Committee or withdrawn by the applicant within 14 days after the Committee's receipt of the application.

(c) An applicant who fails to sit for an examination for which payment has been submitted may, one time only, have the fee credited toward the next scheduled examination. If the applicant fails to sit for such next scheduled examination, the fee will be forfeited.

R.1977 d.7, effective January 17, 1977.

See: 8 N.J.R. 425(a), 9 N.J.R. 94(c).

Amended by R.1987 d.370, effective September 8, 1987.

See: 19 N.J.R. 1055(a), 19 N.J.R. 1649(a).

Biennial registration raised from \$50.00 to \$80.00; (a)6 and 7 added.
Recodified by R.1988 d.112, effective March 7, 1988.

See: 19 N.J.R. 1949(a), 20 N.J.R. 538(a).

Recodified from 8.25.

Amended by R.1991 d.458, effective September 3, 1991.

See: 23 N.J.R. 1895(a), 23 N.J.R. 2651(a).

In (a), substantial alteration of fee schedule. Added (b) and (c).

Recodified from 13:35-8.17 by R.1994 d.595, effective December 5, 1994.

See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

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.

Recodified from N.J.A.C. 13:35-8.18 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

Former N.J.A.C. 13:35-8.19, License renewal; continuing education requirement, was recodified to N.J.A.C. 13:35-8.20.

13:35-8.20 License renewal; continuing education requirement

(a) No license renewal shall be issued by the Director unless the applicant confirms on his or her renewal application to the Hearing Aid Dispensers Examining Committee that during the two calendar years preceding application for renewal he or she participated in courses of continuing education of the type and number of credits specified in this section. Such continuing education is a mandatory requirement for license renewal. Licensees shall be solely responsible for obtaining and maintaining documentation on his or her completion of the required continuing education courses during the registration period. Such documentation shall be submitted to the Committee upon request, and will be surveyed on a random basis. The provisions of this subsection shall not apply to licensees renewing their licenses for the first time.

(b) Evidence of 20 documented course hours of continuing education shall be required of each applicant as a condition of biennial license renewal.

(c) The number of creditable course hours and course contents must be accepted and approved by the National Institute for Hearing Instruments Studies (NIHIS), the educational arm of the National Hearing Aid Society (NHAS), and the Committee except for courses completed through

an accredited college or university. A course in hearing aid dispensing creditable by the institution toward three or more credits completed at an accredited college or university shall receive credit for 10 continuing education course hours.

(d) Acceptable continuing education courses shall be in any area which will update and refresh the clinical skills or knowledge of a hearing aid dispenser. Notwithstanding that the continuing education course meets the requirements, the Committee at its discretion may at any time examine and review any course claimed for credit. If, in the opinion of the Committee, such course does not clearly meet the requirements of this section, the course shall be disallowed for credit toward the required 20 continuing education credits.

(e) In the event that a candidate for license renewal shall complete in two years a number of hours in excess of the number of hours required by this section, the documented hours in excess of those required shall not be credited toward license renewal for subsequent years.

New Rule, R.1989 d.548, effective November 6, 1989.
See: 21 N.J.R. 1648(a), 21 N.J.R. 3474(a).
Recodified from 13:35-8.18 by R.1994 d.595, effective December 5, 1994.
See: 26 N.J.R. 1301(b), 26 N.J.R. 4780(b).

Recodified from N.J.A.C. 13:35-8.19 by R.1998 d.372, effective July 20, 1998.

See: 30 N.J.R. 1191(a), 30 N.J.R. 2633(a).

SUBCHAPTER 9. ACUPUNCTURE

13:35-9.1 Purpose and scope

(a) The rules of this subchapter are established pursuant to N.J.S.A. 45:2C-1 et seq. ("The Acupuncture Act") and set forth requirements for the practice of acupuncture in the State of New Jersey.

(b) These rules shall apply to all persons certified as acupuncturists by the State of New Jersey, applicants for such certification, and guest acupuncturists granted temporary permission by the Board to perform acupuncture pursuant to N.J.A.C. 13:35-9.12.

13:35-9.2 Definitions

For purposes of this subchapter, the following terms shall have the following meanings: