New Jersey Office of the Attorney General
Division of Consumer Affairs
Health Care Reporting Unit
P.O. Box 46019
Newark, New Jersey 07101

Certification and Authorization Form For a Criminal History Background Check

Directions: Please complete **all** of the sections on this form.

1. Name ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last First Middle Maiden Name (if applicable)

2. Mailing Address _____
Street or P.O. Box City State ZIP code

(You MUST use the mailing address on file with your Board or Committee. If this address is not current with your Board or Committee, please update your address as soon as possible so that there is no delay in the background check process. You may do so online at: www.NJConsumerAffairs.gov/change.htm .)

3. Date of birth __ __ /__ __ /__ __ (Month Day Year) **4.** Sex: ☐ Male ☐ Female **5.** Daytime telephone number_____ (Include area code)

6. Social Security number _____/_____ / _____ **7.** Professional license number _____ (Include all 12-digits)

8. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ **Yes** ☐ **No**
If "Yes," please provide the following information and follow the instructions outlined below:

_____ _____ _____
Board or Committee that required the fingerprinting Date you were fingerprinted Professional license number

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification for any **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. You must complete the Certification and Authorization form and include the date you were fingerprinted along with the Board or Committee that required the Criminal History Record Background Check.

9. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ **Yes** ☐ **No**

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form.

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

It is your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Divison of Consumer Affairs within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

Certification

I, _____, certify that all of the information provided on this form is true to the
(Please print full name.)
best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to withhold renewal of or suspend or revoke a certificate or license issued by the Division of Consumer Affairs.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Division of Consumer Affairs.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ _____
Signature of licensee/certificate holder Date

Frequently Asked Questions

I recently had a background check done for another agency (e.g. the Department of Education). Do I have to undergo the process again?

Yes, since the regulation concerning the dissemination of criminal history record information prohibits the sharing of the material for any reason other than the authorized and intended purpose for which it was gathered. (28 C.F.R. §20; N.J.A.C. 13:59-1.1 et seq.)

What if I previously completed the Certification and Authorization form and have gone through the Criminal History Record Background Check process for the Division of Consumer Affairs?

If you have already undergone the Criminal History Record Background Check process for the Division of Consumer Affairs, you must complete the Certification and Authorization form and include the date you were fingerprinted along with the name of the Board or Committee that required the Criminal History Record Background Check.

For a complete list of frequently asked questions please visit our Web site at: **www.NJConsumerAffairs.gov/chbcfaq.htm**