New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 45028
Newark, NJ 07101
(973) 504-6370

Instructions to Apply for Registration as a Health Care Services Firm
(N.J.A.C. 13:45B-13.3)

In order to expedite the issuance of registrations, the following instructions are being provided for those who wish to apply for registration as a health care services firm.

1. Provide the name of the business. This name must match the name on the corporate, alternate name and trade name documents, the insurance certificate and the bond (if required).

2. Provide any other name under which the applicant does business.

3. Indicate the type of business this is by putting a check in the appropriate box.

4. Provide the street address and the telephone number for the primary location of the business. If the business has more than one primary location, a separate application must be completed. A separate application must be filled out for all health care companies related through joint ownership, boards of directors, officers or principals.

5. Provide the business' mailing address.

6. Provide the name, business and residence address and telephone number of the business' registered agent if applicable. If the managing agent is a corporation, association or another company, provide its name, street address and telephone number, and the name and residence address of each of its officers and directors.

7. Indicate the business' net worth and attach to the application the required insurance certificate(s) and the original bond. If required, provide a certified financial report.

8. Provide the business' Federal Employer Identification Number.

9.(a-d) Answer these questions **ONLY** if the business is a sole proprietorship.

10. Provide the name, business and residence address, and telephone number of every officer, director and principal and anyone who holds an ownership interest of 10% or more of the health care services firm. If the owner is a general partnership, every partner must provide the requested information. Every individual responding to this question must indicate the percentage of ownership held.

11. Provide a signed and notarized affidavit from every officer, director, partner, principal and owner indicating whether he/she has ever been convicted of a crime. (See page 6 of the application.)

12. Provide a copy of the New Jersey license of the Health Care Practitioner Supervisor, Registered Nurse or Licensed Physician employed by the agency.

Payment of the Registration Fee: The fee to register as a health care services firm is $500 for each primary location. Payment must be submitted with the application. The certified check or money order should be made payable to the New Jersey Division of Consumer Affairs.

Important Note: Please be advised that any application that is missing required information will be rejected. The entire application must be completed and notarized. All of the requested documentation must be submitted with the application.

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101
(973) 504-6370

Application for Registration as a Health Care Services Firm

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee, have been received by this Division. If a question does not apply to your business, write "N/A."

1. **Business Name**
The name must match the name listed on the corporate, alternate name and trade name documents, the insurance certificate and the original bond.

2. List all other names under which the applicant does business. If you do not use any other name(s), write "**None**." If the answer to this question is left blank, it will automatically default to "**None**."

3. Indicate the type of business you own.

- ☐ Sole Proprietorship: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- ☐ Partnership: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
- ☐ Corporation: Attach a copy of the business' Certificate of Incorporation. Refer to Sample #3, #4 or #5.
- ☐ Limited Liability Co.: Attach a copy of the business' Certificate of Formation. Refer to Sample #5, #6 or #7.
- ☐ Limited Liability Partnership: Attach a copy of your Certificate of Formation. Refer to Sample #5, #6 or #7.

Additional Requirements

- ☐ Out-of-State Corporation: Attach a copy of the business' New Jersey Certificate of Authority and the formation documents from your home state. Refer to Sample #9.
- ☐ Alternate Name: Attach a copy of the business' Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

4. **Business Address** (Must be a street address.)	E-mail Address	
City	State	ZIP Code
Telephone No. (include area code)	Fax No. (include area code)	

5. **Mailing Address** If the address is the same as in question #4, write "N/A."

6. **Agent** – If the business is a corporation or an out-of-state corporation L.L.C., L.L.P., etc., you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.

Registered Agent's Name		
Street Address		
City	State: New Jersey	ZIP Code
Telephone No. (include area code)	Fax No. (include area code)	

7. Is the business' net worth equal to or greater than $100,000? If "Yes," you are not required to obtain a surety bond. However, you must submit a report certified by a C.P.A., stating that the applicant has a net worth of at least $100,000.00. If "No," you must submit with this application, the original surety bond in the amount of $10,000.	☐ **Yes**	☐ **No**

However, N.J.A.C. 13:45B-14.3(h) requires that **every** health care services firm maintain, or ensure the existence of, a general liability insurance policy in the amount of $1,000,000 that shall insure against any placed health care practitioner's negligence, malpractice or any other unlawful conduct occurring within the scope of the health care practitioner's placement. Please submit with this application proof of having obtained the general liability insurance policy in the amount of $1,000,000. You **must** attach your insurance certificate(s) or your application will not be processed.

8. Provide the business' Federal Employer Identification Number

Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐

Complete questions 9(a), 9(b), 9(c) and 9(d) ONLY if the business is run by a sole proprietor.

9(a). Is the sole proprietor in default of a New Jersey or federal direct or guaranteed educational loan?		☐ **Yes**	☐ **No**
9(b). Is the sole proprietor the subject of a child-support warrant or has he/she failed to pay a court-ordered child-support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child-support proceeding?		☐ **Yes**	☐ **No**
9(c). Check the appropriate box that indicates the sole proprietor's citizenship/immigration status.	☐ **U.S. citizen**	☐ **Alien** **Lawfully admitted for permanent residence in U.S.**	☐ **Other**

9(d). Social Security number ☐☐☐ - ☐☐ - ☐☐☐☐

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Office of Consumer Protection is required to obtain your Social Security number. Pursuant to these authorities, the Office of Consumer Protection is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

10. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.

You must indicate Percentage of Ownership

_____ %

Name and title

Business street address | City | State | ZIP code

Home street address | City | State | ZIP code

Business telephone number (include area code)

You must indicate Percentage of Ownership

_____ %

Name and title

Business street address | City | State | ZIP code

Home street address | City | State | ZIP code

Business telephone number (include area code)

You must indicate Percentage of Ownership

_____ %

Name and title

Business street address | City | State | ZIP code

Home street address | City | State | ZIP code

Business telephone number (include area code)

(**Note:** You may photocopy this page and attach additional pages to this application if there are more than three (3) owners, officers, directors, principals or persons holding 10% or more interest in the health care services firm.)

11. Pursuant to N.J.S.A. 34:8-44, if the agency is **not** a sole proprietorship, has every officer, director, partner, principal and owner holding 10% or more interest in the agency provided a notarized affidavit certifying whether or not he/she has ever been convicted of a crime?	☐ **Yes**	☐ **No**

(Have each of the relevant individuals complete and sign a copy of page six of this application, have it notarized and attach the affidavit(s) to this application.)

12. Provide the address and telephone number for every **primary location** (i.e., an address used by the agency for 90 calendar days or more to interview applicants, accept applications, or to solicit job orders from client companies).

Street address	City/Town	State	ZIP code	Telephone number (include area code)

If there are additional primary locations, please attach to this application a list of those locations as well as the location of any other health care services firm related to the above-named health care services firm by joint ownership, boards of directors, officers or principals.

13. Provide a list of any licenses held in another state by the health care services firm, or by any officer, director, principal, owner of 10% or more of the health care services firm, to provide health care services in another state, and a list of any actions taken by another state on those licenses including violations of health or labor laws, and a description of any violations of federal law by the health care services firm or any prinicpal of the health care services firm.

14. Provide a copy of the New Jersey license of the Health Care Practitioner Supervisor, Registered Nurse or Licensed Physician employed by the agency.

Payment of the Registration Fee:

The nonrefundable fee to register as a health care services firm is $500 for each primary location. Payment **must** be submitted with the application. The certified check or money order should be made payable to the New Jersey Division of Consumer Affairs.

NOTE: Please be advised that any application that is missing required information will be rejected. The entire application must be completed and notarized. All of the requested documentation must be submitted with the application.

Affidavit for Health Care Services Firm

This affidavit is to be executed by the applicant before a notary public:

State of:_____ } *ss.*

County of:_____

I, _____ , in making this application to the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, for registration under the provisions of Title 34 of the General Statutes of New Jersey and the Rules of the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division.

I further swear (or affirm) that I have read N.J.S.A. 34:8-45.1 et seq., together with the Rules and Regulations of the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, N.J.A.C. 13:45B-13.2et seq., and fully understand that in receiving registration from the Division, I agree to be bound by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for registration. 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.

_____
Applicant's signature

Sworn and subscribed to before me this_____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

Affidavit for each Partner, Officer and Director

This affidavit is to be executed by the applicant before a notary public:

State of:_____

County of:_____ } *ss.*

_____ being duly sworn on his/her oath deposes and says:

1. I am the _____ of _____ and I am filing
   Title — Name of Business

   this affidavit in accordance with the requirements of N.J.S.A. 34:8-44.

2. (Please check one.)

   a. (☐) I have never been convicted of a crime.

   b. (☐) I have been convicted of a crime. An explanation of the pertinent details of all convictions follows: (Attach an additional sheet of paper if more space is needed.)

_____
Name of Principal (please print)

_____
Principal's signature

Sworn and subscribed to before me this_____

day of _____ , _____
Month — Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

All persons holding a ten (10) percent or greater pecuniary interest in the firm must submit a notarized affidavit. If the applicant is a partnership, every member of the partnership must sign a notarized affidavit. In addition, if the applicant is a corporation, each officer and director must sign a notarized affidavit.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs .
For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.
For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

N.J. TRADE NAME CERTIFICATE

Sample #1

OCEAN COUNTY CLERK'S OFFICE
N.J. CERTIFICATE OF TRADE NAME

CARL W. BLOCK, COUNTY CLERK

This is to certify that:

[redacted]

Date: 8/12/09

State of New Jersey
County of Ocean

NOTICE
The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.

OUT-OF-STATE TRADE NAME CERTIFICATE

Sample #2

CORPORATION BUREAU
DEPARTMENT OF STATE
308 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120

[redacted]

SEP 22 1989

Note: The appearance of these documents may vary depending on the state and county of origin.

CERTIFICATE OF INCORPORATION

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

[redacted]

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 01/10/2007 and was assigned identification number 0430182023. Following are the articles that constitute its original certificate.

1. Name: [redacted]
2. The Registered Agent: [redacted]
3. The Registered Office: [redacted]
4. Business Purpose: [redacted]
5. Stock: 100
6. First Board of Directors: [redacted]
   BLAIRTOWN, NJ 07825
7. Incorporators: [redacted]

Continued on next page ..

Page 1

Sample #3

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF INC. (PROFIT)

[redacted]

8. The Main Business Address: [redacted]

Signatures: [redacted]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 01/11/2007

Bradley Abelow
Treasurer of the State of New Jersey

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SAMPLE FORMS

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs .
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For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF INCORPORATION

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF INC, (PROFIT)

[redacted]

1. Name: [redacted]
2. Registered Agent: [redacted]
3. Registered Office: [redacted]
4. Business Purpose: [redacted]
5. Stock: [redacted]
6. Effective Date of this Filing is: [redacted]
7. Designation of Shares: [redacted]
8. First Board of Directors: [redacted]
9. Incorporators: [redacted]
10. Main Business Address: [redacted]

Signatures: [redacted]

Page 1

Sample #4

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE

CERTIFICATE OF INC, (PROFIT)

[redacted]

R. David Hosmann
State Treasurer

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SAMPLE FORMS

Sample #5

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY

SHORT FORM STANDING

[redacted]

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

[redacted]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of November, 2009

R. David Hosmann
State Treasurer

***Note:** Sole Proprietor and Partnership documents* are issued by your local county clerk's office.
Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs .
For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.
For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF FORMATION

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

[redacted]

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 11/12/2009 and was assigned identification number 0400315369. Following are the articles that constitute its original certificate.

1. Name: [redacted]
2. Registered Agent: [redacted]
3. Registered Office: [redacted]
4. Business Purpose: [redacted]
5. Members/Managers: [redacted]
6. Main Business Address: [redacted]

Signatures: [redacted]

Page 1

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF FORMATION

[redacted]

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of November, 2009

R. David Rousseau
State Treasurer

Certificate# 1157310825
Verify this certificate at
https://secure.state.nj.us/TYTR_StandingCert/NJ/Verify.jsp

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SAMPLE FORMS

CERTIFICATE OF FORMATION

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

[redacted]

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2008 and was assigned identification number 0400041312. Following are the articles that constitute its original certificate.

1. Name: [redacted]
2. The Registered Agent: [redacted]
3. The Registered Office: [redacted]
5. Members/Managers: [redacted]
6. The Main Business Address: [redacted]

Signatures: [redacted]

Continued on next page ...

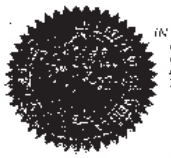
Page 1

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

[redacted]



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12/12/2008

John E. McCormac, CPA
Treasurer of the State of New Jersey

Page 2

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs .
For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.
For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

REGISTRATION OF ALTERNATE NAME

Sample #8

STATE OF NEW JERSEY
DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

FILED
SEP 2 8 2005
STATE TREASURER

C-150G

Check Appropriate Simple:

Title 42:2A-1 (12) New Jersey Business Corporation Act — Title 42:2B-6 Limited Liability Company

Title 14A:2-2.1 (6) New Jersey Nonprofit Corporation Act — Title 42:2A-6 Limited Partnership

[redacted]

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE

CERTIFICATE OF AUTHORITY

Sample #9

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF AUTHORITY

[redacted]

1. Name: [redacted]
2. Registered Agent: [redacted]
3. Registered Office: [redacted]
4. Business Purpose: [redacted]
5. Incorporated Under the Laws of: [redacted]
6. Main Business Address: [redacted]

CERTIFICATE OF LIABILITY INSURANCE

Sample #10

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
(Complete) Agent's Name, business address and telephone number.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
(Complete) Insured's Name, Business Name(s), Street Address and application or license number if applicable

INSURERS AFFORDING COVERAGE — NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Sample

Sample

CERTIFICATE HOLDER
New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Registered Business Section - Attn: Home Improv. Unit
124 Halsey Street
Newark, NJ 07102

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Sign - Agent

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SAMPLE FORMS