



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430
www.NJConsumerAffairs.gov/nursing

**Application for Endorsement as a
Certified Homemaker-Home Health Aide**

Enclosed is an official application for endorsement as a homemaker home health aide, and certification and authorization forms. The certification and authorization forms are necessary to initiate a criminal history background check which is required for endorsement into New Jersey.

For your application to be considered, you must have completed a Homemaker-Home Health Aide Training Course of at least **76 hours** and be **currently** certified in another state.

PLEASE NOTE

If the following information has not been received within 30 days, we will assume that you do not wish to pursue your application for endorsement and the process will be discontinued.

Please complete and return the following items in order to begin the processing of your application for endorsement:

1. A copy of your **current** out-of-state Homemaker-Home Health Aide certificate.
2. Certification and Authorization forms.
3. A promise of employment from a prospective New Jersey employer.
4. An application fee in the form of a money order made payable to the New Jersey Board of Nursing. Please refer to the attached Fee Schedule for the applicable fees.

If you have any questions regarding the endorsement process, please call the Homemaker-Home Health Aide Unit at 973-792-4218 or the Board of Nursing Call Center at 973-504-6430, Monday through Friday, between the hours of 8:30 a.m. and 4:30 p.m.



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Certified Homemaker-Home Health Aide Application Fees

Initial Application and Certificate Fees

September 3, 2015 thru November 30, 2016 -	80.00
December 1, 2016 thru September 2, 2017 -	65.00
September 3, 2017 thru November 30, 2018 -	80.00
December 1, 2018 thru September 2, 2019 -	65.00

Endorsement Application and Certificate Fees

September 3, 2015 thru November 30, 2016 -	60.00
December 1, 2016 thru September 2, 2017 -	45.00
September 3, 2017 thru November 30, 2018 -	60.00
December 1, 2018 thru September 2, 2019 -	45.00

**APPLICANT PROCEDURE
INSTRUCTION SHEET**

**HOMEMAKER - HOME HEALTH AIDE
EMPLOYEE CRIMINAL HISTORY REVIEW**

Pursuant to N.J.S.A. 45:11-24.3 et seq., all applicants for endorsement of homemaker-home health aide certification must first submit to a **criminal history background check**. The Board of Nursing shall not issue a homemaker-home health aide certificate to any applicant until the Board determines that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being certified.

1. In order to complete the criminal history review process, you must complete a **Certification and Authorization form** and **obtain electronic fingerprinting**. The necessary forms needed to obtain the electronic fingerprinting, which will initiate the criminal history background check, will be provided by the Board of Nursing. However, it is your responsibility to schedule an appointment for the fingerprinting.
2. Complete and have notarized: the Application for Certification as a Homemaker-Home Health Aide, and the Certification & Authorization form for Criminal History Background Check. Applicants must answer all of the questions on the Application for Certification as a Homemaker-Home Health Aide and the Certification & Authorization form truthfully and completely.

<p>*PLEASE NOTE: You are required to complete the application form and the Certification & Authorization form, including having your signature witnessed by a notary. Failure to consent to, or cooperate in, the securing of a criminal history background check automatically disqualifies you for employment. Please also be advised that if you submit a false sworn statement, you shall be disqualified from certification and shall not have an opportunity to establish rehabilitation.</p>
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3. If you have disclosed on your Certification & Authorization form that you have been convicted of a disqualifying offense, you must provide evidence of rehabilitation* along with your application.
4. Return the completed Certification & Authorization form in the enclosed envelope. Your failure to obtain the electronic fingerprints is grounds for denial of your endorsement application. Your endorsement application will not be processed until the criminal history background check is completed.
5. The Criminal History Review Unit will receive the results of the criminal history background check and forward them to the Board of Nursing at which time a determination will be made as to whether you are

FACTORS OF REHABILITATION

*PL.1997, c. 284 provides that the Board of Nursing may grant certification to a disqualified applicant who can affirmatively demonstrate, by clear and convincing evidence, that he/she is rehabilitated. In determining whether an applicant has affirmatively demonstrated rehabilitation, the following factors must be considered:

1. The nature and responsibility of the position which the convicted person would hold or has held, as the case may be;
2. The nature and seriousness of the offense;
3. The circumstances under which the offense occurred;
4. The date of the offense;
5. The age of the person when the offense was committed;
6. Whether the offense was an isolated or repeated incident;
7. Any social conditions which may have contributed to the offense; and
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

NOTE: All letters and documents which are used to substantiate rehabilitation must be signed by the individual who wrote the letter or document: for example, the employer, clergyman, probation officer, an official of a rehabilitation agency, or a counselor. Letters and documents that are not signed will not be considered by the Board of Nursing.

6. In the event of a disqualification, you will receive a letter outlining the offense(s) used as a basis for the disqualification with instructions regarding the appeal process. Notification of your disqualification will also be sent to the health care service firm or the home health agency which is your conditional employer or your prospective employer, or to the school where you received your training. Failure to file an appeal within 30 days will result in permanent disqualification. You will be informed in writing of all procedures to follow when filing an appeal.

All questions concerning these procedures should be directed to the Homemaker-Home Health Aide Unit at (973) 792-4218 or (973) 504-6430.

7. **Your continuing responsibility to disclose convictions of disqualifying crimes/offenses:** You **must** notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified on the next few pages after this form has left your hands. Failure to do so may result in **automatic termination of your current employment, denial of an initial or renewal application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.**

DISQUALIFYING CRIMES
CRIMES SET FORTH IN N.J.S. 2C THAT DISQUALIFY AN APPLICANT
PURSUANT TO N.J.S. 45:11-24.3

- (1) In New Jersey, any crime or disorderly persons offense:
- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:11-1 et seq., N.J.S. 2C:12-1 et seq., N.J.S. 2C:13-1 et seq., or 2C:14-1 et seq., N.J.S. 2C:15-1 et seq.; or
 - (b) against the family, children or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:24-1 et seq.; or
 - (c) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or
 - (d) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S. 2C:35-10.
- (2) In any other state jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above in paragraph (1) of this section.

N.J.S. 2C:11

<u>N.J.S. 2C:11-1</u>	Bodily Injury
<u>N.J.S. 2C:11-2</u>	Criminal Homicide
<u>N.J.S. 2C:11-3</u>	Murder
<u>N.J.S. 2C:11-4</u>	Manslaughter
<u>N.J.S. 2C:11-5</u>	Death by Auto or Vessel
<u>N.J.S. 2C:11-6</u>	Aiding Suicide

N.J.S. 2C:12

<u>N.J.S. 2C:12-1</u>	Assault
<u>N.J.S. 2C:12-2</u>	Recklessly Endangering Another Person
<u>N.J.S. 2C:12-3</u>	Terroristic Threats
<u>N.J.S. 2C:12-10</u>	Stalking

N.J.S. 2C:13

<u>N.J.S. 2C:13-1</u>	Kidnapping
<u>N.J.S. 2C:13-2</u>	Criminal Restraint
<u>N.J.S. 2C:13-3</u>	False Imprisonment
<u>N.J.S. 2C:13-4</u>	Interference With Custody
<u>N.J.S. 2C:13-5</u>	Criminal Coercion
<u>N.J.S. 2C:13-6</u>	Enticing Child Into Motor Vehicle, Structure or Isolated Area

N.J.S. 2C:14

<u>N.J.S. 2C:14-2</u>	Sexual Assault
<u>N.J.S. 2C:14-3</u>	Criminal Sexual Contact
<u>N.J.S. 2C:14-4</u>	Lewdness

N.J.S. 2C:15

<u>N.J.S. 2C:15-1</u>	Robbery
<u>N.J.S. 2C:15-2</u>	Carjacking

N.J.S. 2C:20

<u>N.J.S. 2C:20-2.1</u>	Automobile Theft
<u>N.J.S. 2C:20-3</u>	Theft by Unlawful Taking or Disposition
<u>N.J.S. 2C:20-4</u>	Theft by Deception
<u>N.J.S. 2C:20-5</u>	Theft by Extortion
<u>N.J.S. 2C:20-6</u>	Theft of Property Lost, Mislaid or Delivered by Mistake
<u>N.J.S. 2C:20-7</u>	Receiving Stolen Property
<u>N.J.S. 2C:20-7.1</u>	Fencing
<u>N.J.S. 2C:20-8</u>	Theft of Services
<u>N.J.S. 2C:20-9</u>	Theft by Failure to Make Required Disposition of Property Received
<u>N.J.S. 2C:20-10</u>	Unlawful Taking of Means and Conveyance
<u>N.J.S. 2C:20-11</u>	Shoplifting
<u>N.J.S. 2C:20-13</u>	Library Materials, Purposeful Concealment, Prima Facie Presumption
<u>N.J.S. 2C:20-14</u>	Taking Person into Custody for Probable Cause for Belief of Willfully Concealing Library Material; Arrest without Warrant; Probable Cause for Belief of Theft; Immunity from Liability
<u>N.J.S. 2C:20-15</u>	Sign: Posting
<u>N.J.S. 2C:20-16</u>	Maintaining Facility for Sale of Stolen Automobiles or their Parts
<u>N.J.S. 2C:20-17</u>	Employment of Juvenile to Commit Automobile Theft
<u>N.J.S. 2C:20-18</u>	Leader of Auto Theft Trafficking Network
<u>N.J.S. 2C:20-25</u>	Computer-Related Theft
<u>N.J.S. 2C:20-26</u>	Property or Services of \$75,000 or More
<u>N.J.S. 2C:20-27</u>	Property or Services Between \$500 and \$75,000
<u>N.J.S. 2C:20-28</u>	Property or Services Between \$200 and \$500
<u>N.J.S. 2C:20-29</u>	Property or Services of \$200 or less
<u>N.J.S. 2C:20-30</u>	Damage or Wrongful Access to Computer System
<u>N.J.S. 2C:20-31</u>	Disclosure of Data from Wrongful Access
<u>N.J.S. 2C:20-32</u>	Wrongful Access to Computer
<u>N.J.S. 2C:20-33</u>	Copy or Alteration of Program or Software with Value of \$1,000 or less

- N.J.S. 2C:20-36 Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of \$150 or More
- N.J.S. 2C:20-37 Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of Less than \$150

N.J.S. 2C:24

- N.J.S. 2C:24-1 Bigamy
- N.J.S. 2C:24-4 Endangering Welfare of Children
- N.J.S. 2C:24-5 Willful Non-Support
- N.J.S. 2C:24-6 Unlawful Adoptions
- N.J.S. 2C:24-7 Endangering the Welfare of an Incompetent Person
- N.J.S. 2C:24-8 Endangering the Welfare of Elderly or Disabled

N.J.S. 2C:35

- N.J.S. 2C:35-3 Leader of Narcotics Trafficking Network
- N.J.S. 2C:35-4 Maintaining or Operating a Controlled Dangerous Substance Production Facility
- N.J.S. 2C:35-5 Manufacturing, Distributing or Dispensing
- N.J.S. 2C:35-6 Employing a Juvenile in a Drug Distribution Scheme
- N.J.S. 2C:35-7 Distributing, Dispensing or Processing Controlled Dangerous Substance or Controlled Substance Analog on or within 1,000 feet of School Property or Bus
- N.J.S. 2C:35-8 Distribution to Persons under age 18
- N.J.S. 2C:35-9 Strict Liability for Drug Induced Deaths
- N.J.S. 2C:35-10 Possession, Use or Being Under the Influence, or Failure to Make Lawful Disposition (except paragraph (4) of subsection 9).
- N.J.S. 2C:35-11 Imitation Controlled Dangerous Substance; Distribution, Possession, Manufacture, etc.
- N.J.S.2C:35-13 Obtaining By Fraud
- N.J.S.2C:35-16.1 Conviction of Drug Related Offenses Taking Place Upon Leased Residential Premises subsection 9).
- N.J.S. 2C:35-11 Imitation Controlled Dangerous Substance; Distribution,

Official Use Only
Board of Nursing
Candidate's Number



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**APPLICATION FOR ENDORSEMENT AS A CERTIFIED HOMEMAKER-HOME HEALTH AIDE
(INCLUDING THE CERTIFICATION AND AUTHORIZATION FOR A CRIMINAL HISTORY BACKGROUND CHECK)**

Directions: Answer all of the questions on both sides of this application and certification. Attach a recent passport-style photograph to the designated spot on the third page of this form. This application and certification must be signed and notarized. You must attach a certified check or money order, made payable to the New Jersey Board of Nursing, to cover the cost of the application and certification. **Please be advised that the application fee is nonrefundable. The certification fee is refundable.**

Mr.
1. Name Mrs. _____ (_____)
 Ms. Last First Middle Maiden name

2. Address
 Home: _____
Street or P.O. Box City State ZIP code County

Business: _____
Name of company/Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

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

3. Date of birth ___/___/___ Sex: Male Female Place of birth _____
Month Day Year City State or Country

4. Height _____ Weight _____ Eye color _____ Hair color _____

5. Social Security Number _____

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*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 Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee 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.

6. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

7. Student Loan

Are you in default in regard to any student loan obligation(s)? Yes No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

8. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print) Applicant's signature Date

9. Please be sure to indicate, by putting a check in the correct box, whether these telephone numbers are listed in your local telephone directory.

Daytime telephone number _____ Listed Unlisted
(include area code)

Evening telephone number _____ Listed Unlisted
(include area code)

10. Please provide the name and address of the school or agency that provided your training.

School or agency _____

Address _____
Street City State ZIP code County

Date course began _____ / _____ Date course ended _____ / _____
Month Year Month Year

11. What was the total number of hours that you spent in training? _____

12. In what state did you receive your original certification? _____
Certificate number

13. Please provide the name and address of the agency or health care service firm that employed you over the past year.

Agency or health care service firm _____

Address _____
Street City State ZIP code County

CRIMES AND OFFENSES

A person shall be disqualified from certification if that person's criminal history record background check reveals a record for conviction of any of the following crimes or offenses:

- (1) In New Jersey, any crime or disorderly persons offense:
 - (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1et seq.; N.J.S.2C:12-1et seq., N.J.S.2C:13-1et seq., N.J.S.2C:14-1et seq., or N.J.S.2C:15-1et seq.; or
 - (b) against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1et seq.; or
 - (c) involving theft as set forth in N.J.S.2C:20-1 et seq.; or
 - (d) involving any controlled dangerous substance or controlled substance analog as set forth in Chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S.2C:35-10.
- (2) In any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.

14. Check **only one** box:

- I have **no record of conviction** for **any** of the disqualifying crimes or offenses identified above.
- I have been convicted of one or more of the disqualifying crimes or offenses identified above.

Every such conviction on record must be disclosed. True copies of each 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. **Failure to follow these instructions may result in automatic termination of your current employment, denial of an initial or renewal application as a homemaker-home health aide, revocation of certification or conditional certification and/or a fine of up to \$1,000.**

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.

Your continuing responsibility to disclose convictions of disqualifying crimes/offenses: You **must** notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified above after this form has left your hands. Failure to do so may result in **automatic termination of your current employment, denial of an initial or renewal application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.**

You **must** answer all of the following questions. If you answer "Yes" to any of these questions, you must attach the relevant documentation (complaint, court order/decision, certification of any termination of probation, etc.). If your license has been reinstated, attach a copy of the reinstatement order.

15. Has any action (including the assessment of fines or other penalties) ever been taken against your homemaker-home health aide certification or nursing license by an agency or a licensing board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
16. Is there any action pending against your homemaker-home health aide certification or nursing license by an agency or a licensing board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
17. Have you ever been permitted to surrender or otherwise relinquish your homemaker-home health aide certification or nursing license to avoid an inquiry, investigation or any action by an agency or a licensing board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

It is your responsibility to keep the New Jersey Board of Nursing continually informed of any and all changes in your name or address as they occur.

18. Medical Conditions Questions

Questions **a** through **f** pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a certified homemaker-home health aide” is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable homemaker-home health care judgments and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a homemaker-home health aide, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” 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.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. _____ Last First Middle Maiden Name
 Ms.

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

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. 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 "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

_____ Board or committee requiring the fingerprinting _____ Month and year you were fingerprinted

6. 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. **Failure to follow these instructions may result in the denial of an initial application.**

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.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee 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, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the 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 certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

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 Board or Committee.

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 applicant

Date

Sign your name directly on the front of the photograph.

Avoid covering the features of the photograph.

The photograph provided must be a recent one having been taken no more than six months prior to the submission of the application.

Please paste a clear, 2" x 2" passport-style photograph of your head and shoulders here. The background must be white, your features clear cut, and your face must be at least one-inch long. Do not use staples or tape to attach the photograph.

AFFIDAVIT

Please identify any person other than the applicant who helped to prepare this form:

_____ Name (print) _____ Date _____ Signature _____

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

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, 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 certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37, and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed 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 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 Board.

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Official Use Only - Do Not Write Below The Line

Candidate number _____
Certificate number _____

AFFIDAVIT FOR EMPLOYER VERIFICATION

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

State of: _____ }
County of: _____ } *ss.*

I verify that the applicant named in the preceding affidavit will be employed by the agency indicated below upon the applicant's certification by endorsement.

Name of agency or health care service firm				
Street address	City	State	ZIP code	County
Signature of agency or health care firm administrator			Signature of Prospective Employer	
Date				

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

