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/nur/Pages/default.aspx

INSTRUCTIONS FOR HOMEMAKER-HOME HEALTH AIDE CERTIFICATION

Please read the following information carefully before completing an application for homemaker-home health aide (HHA) certification.

If you previously held HHA certification in New Jersey, DO NOT complete this application. You must contact the Certified Homemaker-Home Health Aide Renewal Department in order to complete the Application for Reinstatement.

1. Complete an application for HHA Initial Certification. Answer ALL of the questions.

2. Sign the application in the presence of a notary public.

3. Attach a clear, full-face original passport photograph (2" x 2") of your head and shoulders taken within the past six months. Sign your name on the front of the picture. (Photocopies and selfies are not acceptable.)

4. If you are a U.S.-born citizen, please submit a copy of your birth certificate or U.S. passport.

5. If you are a naturalized U.S. citizen, please submit a copy of your U.S. passport or certificate of naturalization.

6. If you are a legal alien or other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)

7. Submit proof of legal name change (i.e., marriage license, divorce decree, court order, if applicable) if your name differs from that on your birth certificate.

8. Complete the Certification and Authorization question (Question 15).

9. Submit criminal history documents (if applicable).

10. Submit a check or money order for your application and certification fees in the amount of either $80.00 or $65.00 (please consult the fee schedule on the Board's website at: www.njconsumeraffairs.gov/hhh/Pages/applications.aspx) made payable to the "New Jersey Board of Nursing." The application fee of $50.00 is nonrefundable.

11. Upon receipt and review of: 1) a Letter of Completion sent **directly** from your HHA training program; and 2) a signed promise of employment on official company letterhead from an agency approved to employ HHAs, you may receive your 120-day Temporary Work Permit.

12. You will receive digital fingerprint information via regular mail. Please schedule your appointment as soon as possible.

13. If your criminal background check results reveal no convictions for disqualifying offenses or other crimes, you will be certified. If your criminal background results reveal convictions for disqualifying offenses or other crimes, your application must be reviewed by the Board's disciplinary committee.

14. Please notify the Board of any change of address or change in your contact information.

Official Use Only
Board of Nursing
Candidate's Number

_____

120-Day Period: _____
Begins _____
Ends_____

Please note that your criminal history background check must be completed within the 120-day conditional certification period. If this is not accomplished, your conditional certification will be terminated.

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If you have ever held certification as a homemaker-home health aide in New Jersey, you should **not** fill out this application. You should instead fill out the Application for Reinstatement of a Homemaker-Home Health Aide Certification which may be obtained from the Board.

Application to Become 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 last page of this form. In order to complete the criminal history review process, you must complete a **Certification 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. This application and certification must be signed and notarized. You must attach a 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.** (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure process will be delayed until the fee is paid.)

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).

Please print clearly. You must answer all of the questions on this application.

Personal Information

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

2. Address

   ☐ Home: _____
   Street City State ZIP code County

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

   Home telephone number _____ (include area code) Cellular telephone number _____ (include area code)

   Social Security number _____ *(See Item number 6 on next page.)* E-mail address _____

3. Have you ever changed your name? ☐ Yes ☐ No (Please submit proof of legal name change.)

4. Date of birth __ __ /__ __ /__ __ (Month Day Year) Sex: ☐ Male ☐ Female Place of birth _____ (City State or Country)

   If you are a U.S. - born citizen, please submit your birth certificate. If you are a foreign-born/naturalized U.S. citizen, please submit your U.S. passport OR certificate of naturalization.

5. Height _____ Weight _____ Eye color _____ Hair color_____

6. 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.

7. 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.

8. 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.

9. 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

10. 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.

_____ Signature of applicant

_____ Date

11. Which of the following provided your training as a homemaker-home health aide?

☐ Home Health Care Agency or Firm ☐ School

Date course began _____ / _____ (Month / Year) Date course completed _____ / _____ (Month / Year)

12. If a Home Health Care Agency or Firm provided your training, please complete the following:

Agency _____

Address _____
Street City State ZIP code County

13. If a school provided your training, please complete the following:

School _____

Address _____
Street City State ZIP code County

14. Please provide the name, address, and telephone number of the agency or health care service firm who will employ you in New Jersey.

Agency or firm _____

Address _____
Street City State ZIP code County

Telephone number _____
(include area code)

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. (If you are not sure which crimes are considered disqualifying offenses, please see the attachment entitled "Disqualifying Crimes".)

(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.

15. 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 disqualifying 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 disclose a disqualifying conviction 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 for 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.**

16. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please proivde that name. _____

Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

17. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

19. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

20. Have you ever been named as a defendant in any litigation related to any practice as a homemaker-home health aide, nurse or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

21. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

22. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

23. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of home health care, nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 17 through 23, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

You must immediately inform the New Jersey Board of Nursing in writing of any address change. Name change requires the submission of legal documentation.

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. 13:37-1.1 through 14.15, 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.

_____
Signature of applicant

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 _____

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

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

N.J.S. 2C:12

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

N.J.S. 2C:13

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

N.J.S. 2C:14

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

N.J.S. 2C:15

N.J.S. 2C:15-1	Robbery
N.J.S. 2C:15-2	Carjacking

N.J.S. 2C:20

N.J.S. 2C:20-2.1	Automobile Theft
N.J.S. 2C:20-3	Theft by Unlawful Taking or Disposition
N.J.S. 2C:20-4	Theft by Deception
N.J.S. 2C:20-5	Theft by Extortion
N.J.S. 2C:20-6	Theft of Property Lost, Mislaid or Delivered by Mistake
N.J.S. 2C:20-7	Receiving Stolen Property
N.J.S. 2C:20-7.1	Fencing
N.J.S. 2C:20-8	Theft of Services
N.J.S. 2C:20-9	Theft by Failure to Make Required Disposition of Property Received
N.J.S. 2C:20-10	Unlawful Taking of Means and Conveyance
N.J.S. 2C:20-11	Shoplifting
N.J.S. 2C:20-13	Library Materials, Purposeful Concealment, Prima Facie Presumption
N.J.S. 2C:20-14	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
N.J.S. 2C:20-15	Sign: Posting
N.J.S. 2C:20-16	Maintaining Facility for Sale of Stolen Automobiles or their Parts
N.J.S. 2C:20-17	Employment of Juvenile to Commit Automobile Theft
N.J.S. 2C:20-18	Leader of Auto Theft Trafficking Network
N.J.S. 2C:20-25	Computer-Related Theft
N.J.S. 2C:20-26	Property or Services of $75,000 or More

N.J.S. 2C:20-27	Property or Services Between $500 and $75,000
N.J.S. 2C:20-28	Property or Services Between $200 and $500
N.J.S. 2C:20-29	Property or Services of $200 or less
N.J.S. 2C:20-30	Damage or Wrongful Access to Computer System
N.J.S. 2C:20-31	Disclosure of Data from Wrongful Access
N.J.S. 2C:20-32	Wrongful Access to Computer
N.J.S. 2C:20-33	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

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. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name
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