



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

Certified Homemaker-Home Health Aide
Employer Registration Form

Congratulations on your recent New Jersey licensure/registration. If you will employ Certified Homemaker-Home Health Aides (CHHHAs), please complete this form and mail it, along with a copy of your agency's license/registration, to the New Jersey Board of Nursing. By doing this, you will be added to the Division of Consumer Affairs' list of CHHHA employers. As an employer of CHHHAs, you will be required to create and regularly access an online account that will enable you to create and maintain a current list of CHHHAs in your agency's employ. Instructions regarding this online account will be mailed to you once this form has been processed by the Division of Consumer Affairs, New Jersey Board of Nursing.

Agency Name: _____

Agency Address 1: _____

City: _____ State: _____ ZIP code: _____

Agency Address 2: _____

City: _____ State: _____ ZIP code: _____

License/Registration Number: _____

Agency Registered with: (Please choose one.)

- Department of Health and Senior Services
- Department of Community Affairs
- Regulated Business
- Other

If other, please specify: _____

Contact Name: _____ Title: _____

Contact Phone: _____
(include area code)

Contact E-Mail Address: _____

Mail this completed form, along with a copy of your license/registration, to:

New Jersey Board of Nursing
124 Halsey Street, 6th floor
P.O. Box 45010
Newark, NJ 07101
Attention: Joanne Leone

Complete and return this form ONLY if your agency or facility employs Certified Homemaker-Home Health Aides. You may contact Joanne Leone at the Board of Nursing at 973-504-6430 with any questions.