



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

Forensic Nurse - Certified Sexual Assault

Application Instruction Sheet

Attached is an application for the New Jersey Board of Nursing's Forensic Nurse – Certified Sexual Assault Certification.

Please read all of the directions carefully and return to the Board the completed Official Application for Forensic Nurse – Certified Sexual Assault and required materials to:

New Jersey Board of Nursing
P.O. Box 45010
Newark, NJ 07101

Initial Application

For the initial FN applicant, the following requirements must be fulfilled and sent directly to the Board:

- A \$100.00 non-refundable application fee and \$100.00 certification fee.
- The New Jersey Board of Nursing Official Application for Forensic Nurse Certification.
- Certification and authorization form for a criminal history background check.
- A letter of certificate of completion of an FN program in the U.S., or a transcript which must include the official school seal.
- 2"x2" color passport-style photo of your head/shoulders on a plain background taken within the last 6 month. No selfies.

Endorsement Application

For the endorsement applicant, the following requirements must be fulfilled and sent directly to the Board:

- A \$100.00 non-refundable application fee and \$100.00 certification fee.
- The New Jersey Board of Nursing Official Application for Forensic Nurse Certification.
- Certification and authorization form for a criminal history background check.
- A letter of certificate of completion of an FN program in the U.S., or a transcript which must include the official school seal.
- Verification of certification as a Forensic Nurse in another state.
- 2"x2" color passport-style photo of your head/shoulders on a plain background taken within the last 6 month. No selfies.

Please enclose a nonrefundable application filing fee of \$100.00 and a license certificate fee of \$100.00 (Note: The certificate fee is \$100.00 if paid during the first year of the biennial renewal period for your R.N. license, or \$50.00 if paid during the second year of the biennial renewal period for your R.N. license.) in the form of a check or money order payable to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.)

Address questions to Ms. Elizabeth Velez-Carter at (973) 792-4219 or VelezE@dca.njoag.gov.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.

A photo is required with each application.

Do not use staples to attach the photo.



Date received: _____

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

Official Application for Forensic Nurse Examiner - Certified Sexual Assault

Please put a check in the box next to the category of certification you are seeking:

☐ Initial ☐ Endorsement

Date: _____

Please enclose a nonrefundable application filing fee of \$100.00 and a license certificate fee of \$100.00 (Note: The certificate fee is \$100.00 if paid during the first year of the biennial renewal period for your R.N. license, or \$50.00 if paid during the second year of the biennial renewal period for your R.N. license.) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are 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

Date of birth: _____
Month Day Year

Place of birth: _____
City State

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

2. Address

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

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

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

3. 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.

4. 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.

5. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

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

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous 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 this question 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 or certification 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 on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“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 365 days, whichever is longer.

“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. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

☐ Yes ☐ No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes ☐ No

Applicant’s signature

Date

7. Have you ever changed your name? ☐ Yes ☐ No

If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.

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

9. Have you ever been disciplined or denied 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

10. Have you ever had a professional 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

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

12. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

14. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

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

16. 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

17. 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 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 9 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A through D for each school. Use additional sheets of paper if necessary.

Postsecondary school(s) including basic nursing education and forensic nurse (FN) programs		* Note: If your professional school was located outside the U.S., and you have a copy of your degree or diploma in the original language, attach a copy to this form.			
<div> <div>Name of school</div> <div>Program major</div> </div>		<div> <div>Month / Year</div> <div>Month / Year</div> </div>		<div> <div>Forensic Nurse</div> </div>	
<div> <div>City</div> <div>State/Country</div> </div>					
<div> <div>Name of school</div> <div>Program major</div> </div>		<div> <div>Month / Year</div> <div>Month / Year</div> </div>		<div> <div></div> </div>	
<div> <div>City</div> <div>State/Country</div> </div>					
<div> <div>Name of school</div> <div>Program major</div> </div>		<div> <div>Month / Year</div> <div>Month / Year</div> </div>		<div> <div></div> </div>	
<div> <div>City</div> <div>State/Country</div> </div>					

Nursing Work Experience

List the nursing experience you have acquired as a registered professional nurse. Provide the information about your current employment first. Use additional paper if necessary.

If you are applying for certification as a forensic nurse examiner - certified sexual assault by endorsement, indicate the places you have worked as a forensic nurse examiner.

Do not include a curriculum vitae or resume. Neither will meet the regulatory requirements for completing this application.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

AFFIDAVIT

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 Board of Nursing for licensure or certification 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate 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 et seq., and fully understand that in receiving licensure or certification 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 licensure or certification. 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

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.

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



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(973) 504-6430

**Forensic Nurse - Certified Sexual Assault
License/Certification
Verification Request**

Direction: Complete only the top portion of this license/certification form and forward it to the license/certification agency in the state in which you are licensed/certified. The agency should complete the form and return it to the New Jersey Board of Nursing, Forensic Nurse - Certified Sexual Assault. Note: Be advised that the agency completing the form may charge a fee for license/certification verification. Please call the agency to check on fees for license/certification verification prior to submitting this form.

Name: _____
First Name Middle Name Last Name Maiden Name, if applicable

Name on original license/certification: _____ Telephone number: _____
(include area code)

Current address: _____
Street City State ZIP code

License/Certification number: _____ Year issued: _____

This section is to be completed by the state licensing/certification agency.

1. License/Certification number: _____ Date issued: _____
2. When was the license/certificate last renewed? _____
3. Is the license/certificate in good standing? ☐ Yes ☐ No
4. Has this license/certification ever been revoked, suspended or voluntarily surrendered or has any action been taken by your agency against this licensee? ☐ Yes ☐ No
If "Yes," please provide a description of the reason and/or charge(s) and any action(s) taken and provide a copy of any complaint, order or relevant document.

Official

Seal

I certify that the statements contained herein are true based upon official records that I reviewed.

Print Name _____

Signature _____

Title _____

State _____ Date _____