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

Instructions for Reinstatement of a Lapsed License

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration or certification, and complies with the provisions of N.J.S.A. 45:1-7.2 a, b, c and d. The necessary licensure reinstatement application and materials may be downloaded from the Board of Nursing's website and include the following:

1. Reinstatement Application:

Complete the application, including the Certification and Authorization for a Criminal History Background Check, attach a clear, full-face passport 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 to the application and submit the application and the required fee(s) to:

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

2. Application Packet:

a. Application Fees:

N.J.S.A. 45:1-7.4a.

(1) Payment of the renewal fee for the current biennial period.

(2) Payment of the unpaid renewal fee for the biennial period immediately preceding the current renewal period.

(3) Payment of a reinstatement fee.

b. Certification of Employment:

(1) Submit a signed and dated Certification of Employment that clearly indicates whether you were engaged in your profession during the period that your license has been inactive. In addition, the Certification of Employment **must** *include the name, address and telephone number of every employer by whom you were employed. If you were practicing your profession during the period of inactivity, you must describe in detail the type of work or projects with which you were involved.*

c. Proof of Competency:

(1) If applicable, satisfactory proof that you have maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license or certificate of registration or certification (N.J.A.C. 13:37-5.2(i) 2).

d. N.J.S.A. 45:1-7.4e.

(1) If a board review of an application for reinstatement or reactivation under this section establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reinstatement or reactivation, the board may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the board prior to reinstatement or reactivation of the license.

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N.J.A.C. 13:37-5.5 Fee Schedule

Licensure Reinstatement Fee

	Original License Issued In An Odd Numbered Year		**Original License Issued In An Even Numbered Year**	
Type of Fee	License expired prior to: May 31, 2015	License expired: May 31, 2015	License expired: prior to: May 31, 2016	License expired: May 31, 2016
Current biennial renewal fee	**$120.00**	**$120.00**	**$120.00**	**$120.00**
Previous biennial renewal fee	**$120.00**		**$120.00**	
Reinstatement fee	**$100.00**	**$100.00**	**$100.00**	**$100.00**
ATD Surcharge	**$ 5.00**	**$ 5.00**	**$ 5.00**	**$ 5.00**
Total	**$345.00**	**$225.00**	**$345.00**	**$225.00**

Expiration date information is available on the Board of Nursing's website under online verification tab.

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

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Application to Reinstate a Lapsed License

This application must be completed and returned to the New Jersey Board of Nursing office before a clinical practice letter is issued.

Along with the submission of this completed application, all fees must be paid in the form of a check or money order made out to the State of New Jersey (review Licensure Reinstatement Fee page). The fee(s) must be submitted with this application for reinstatement (applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement 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 (including your address of record) 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

1. Name _____
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 No: ____ - ____ - ____

You **must** provide your Social Security number to the Board. Failure to do so will result in denial of licensure reactivation.

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

6. 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 questions a(1) through d will result in a denial of reactivation of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

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

7. 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 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 of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice your profession"" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a nurse, and to learn and keep abreast of professional developments;

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 nurse, 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 reinstatement.

_____ Signature of applicant

_____ Date

8. 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.

9. 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

10. 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.)

11. 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/expire

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

13. 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

14. 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

15. 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

16. 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

17. 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

18. 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 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Certification for Reinstatement Application

I, _____, in making this application to the Board or Committee for reinstatement of my license or registration, 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 reinstatement or to withhold renewal of or suspend or revoke a license or registration 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 reinstatement. 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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Employment Certification for the Reinstatement of a Lapsed License

Directions: Please complete this certification, sign and date it and return it to the New Jersey Board of Nursing. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

_____
First name | Middle name | Last name | Maiden name

_____
Present Street Address | City | State | ZIP Code

☐ R.N. License No. _____

☐ L.P.N. License No. _____

☐ A.P.N. Certificate No. _____

Employment Data: (For the past five (5) years in New Jersey or in any other jurisdiction.)

1. _____
Name of employing agency or facility

_____
Street address

_____
City | State | ZIP Code

_____
Job Title | Employment Dates: From To

_____
Supervisor's name | Title | Telephone No. (include area code)

Are you currently working as a nurse, or did you work as a nurse while your license was lapsed or expired?

☐ Yes
☐ No

Provide an explanation: _____

(Sign and date reverse side)

Did you work as a nurse while your license was inactive?

☐ Yes
☐ No

Provide an explanation: _____

Were you terminated or asked to resign?

☐ Yes
☐ No

Provide an explanation: _____

2. _____
Name of employing agency or facility

_____
Street address

_____
City State ZIP Code

_____
Job Title Employment Dates: From To

_____
Supervisor's name Title Telephone No. (include area code)

Are you currently working as a nurse, or did you work as a nurse while your license was inactive?

☐ Yes
☐ No

Provide an explanation: _____

Did you work as a nurse while your license was inactive?

☐ Yes
☐ No

Provide an explanation: _____

Were you terminated or asked to resign?

☐ Yes
☐ No

Provide an explanation: _____

_____ _____ _____
Applicant's name (Please print) Applicant's signature Date

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Dear Applicant:

In November 2003, legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45: 1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization form and return it to the mailing address above.

(In-State Applicants)
Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** your information about how to schedule an appointment with MorphoTrust, Inc., to have your fingerprints electronically recorded. ***A $62.70 fingerprinting fee must be paid to MorphoTrust, at the time of fingerprinting.*** The $62.70 payment should be in the form of a check or money order made payable to MorphoTrust.

(Out-of-State Applicants)
Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a $58.69 fee to have their fingerprints scanned into the electronic system by MorphoTrust. ***The $58.69 should be in the form of a check or money order made payable to MorphoTrust.***

If you fail to complete and return the Certification and Authorization form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

New Jersey Board of Nursing
Licensure Reinstatement

Request for Nurse Refresher Course: Clinical Practice Letter

Purpose:

This request form is for a New Jersey nurse who is reinstating a lapsed nursing license to obtain permission to complete the clinical component of a Nurse Refresher Course for licensure reinstatement.

Directions: *Please complete this request form and return it to:*

New Jersey Board of Nursing
P.O. Box 45010
Newark, N.J. 07101
Attn: Sameerah Bond

Name of Applicant: _____ *New Jersey License Number:* _____

Date of Initial Licensure: _____ *Date of Licensure Expiration:* _____

Name of Nurse Refresher Course Institution: _____

*City:*_____*State:* _____ *ZIP Code:* _____

Course Dates: _____ *Clinical Practice Dates:* _____

Name of Agency for Clinical Practice: _____

*City:*_____*State:* _____ *ZIP Code:* _____

Signature of Licensee: _____ *Date:* _____

Signature of Nurse Refresher Course Instructor: _____ *Date:* _____

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(973) 504-6430

Continuing Education Compliance Report Form

Name: _____ R.N. License Number: _____

L.P.N. License Number: _____

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, including but not limited to suspension or revocation of a license and/or certification under N.J.S.A. 45:1-21.

Signature: _____

Title of Program Attach copies of the certificates*	Date	Program Provider	Contact Hours
A total of 30 contact hours is required.			**Total** _____

***Attach a copy of the program certificate of completion/attendance (usually one page) for each listing noted above to add up to 30 contact hours. Please refer to N.J.A.C. 13:37-5.3 for information regarding approved C.E.U. providers. Please note: The required 30 C.E.U.'s must be related to Nursing. (www.NJConsumerAffairs.gov)**

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

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $17.50.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

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