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Governor

SHEILA Y. OLIVER  
Lt. Governor

## New Jersey Office of the Attorney General

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New Jersey Board of Nursing  
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### Certification in Support of Application for Temporary Emergency License for Out-of-State Providers

#### CERTIFIED HOMEMAKER HOME HEALTH AIDE

I, \_\_\_\_\_, certify to the following:

*Name*

1) My home address is \_\_\_\_\_

2) My contact telephone numbers are \_\_\_\_\_ **(home)**  
\_\_\_\_\_ **(work)**  
\_\_\_\_\_ **(mobile).**

3) My email address is \_\_\_\_\_

4) I hold a current license in good standing issued by the \_\_\_\_\_ **Board**  
of the state of \_\_\_\_\_, with license number  
\_\_\_\_\_, and have practiced as a Homemaker-Home Health Aide  
within the last five years.

5) I have a promise of employment from the following agency \_\_\_\_\_,  
which can be contacted at the following phone number: \_\_\_\_\_,  
and by email at \_\_\_\_\_.

#### For informational purposes only:

6) I intend to treat patients \_\_\_\_ in person; \_\_\_\_ via telemedicine/telehealth (check all that apply)

7) I have the following specialized skills, training, or availability that are relevant during a public  
health emergency:

\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I certify to truth and accuracy of the above: \_\_\_\_\_

Please send the completed document to [NJTempLicense@dca.njoag.gov](mailto:NJTempLicense@dca.njoag.gov). Your application will  
be reviewed and responded to within 24 hours.

**PRACTITIONERS AUTHORIZED TO PRACTICE BY ACCELERATED TEMPORARY LICENSURE MUST COMPLY WITH ALL  
APPLICABLE STATUTES AND RULES.**

**GO TO YOUR BOARD'S WEBSITE TO VIEW THESE DOCUMENTS.**