

INSPECTION INFORMATION FOR APPLICANTS SEEKING TO OBTAIN A HEALTH CARE SERVICE FIRM REGISTRATION

After submission of your application and supporting documents, you will be contacted by an Investigator from the Division of Consumer Affairs to schedule an appointment for an inspection of your business location prior to a registration being issued.

At this inspection of your business, you will need to provide the following information or documents to the Investigator:

- The location where you will be securing your business records for clients and employees
- A copy of the Registered Nursing License issued to your Health Care Practitioner Supervisor (“Director of Nursing”)
- A copy of the Application For Employment of any registered nurse employed by your business (not required if your business is nurse-owned)
- A copy of the Certificate of Malpractice Insurance (if applicable) for your Director of Nursing

If you are operating your business from your home, the Investigator will need to verify that:

- You have checked with your municipality to determine what, if any, Permits are required for you to operate a business in your home and have secured any required Permits
- You maintain a separate entrance/exit for the public to access your office that does not allow visitors to walk through your home’s private residential space

If you are operating your business at a “shared” services office facility, the Investigator will need to inspect:

- Your file cabinets for securing all client and employee documents
- Your rental agreement or lease for “shared” office space

PLEASE NOTE: PHOTOGRAPHS OF YOUR OFFICE LOCATION INSIDE AND OUT WILL BE TAKEN



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 45028
Newark, NJ 07101
(973) 504-6370

Instructions to Apply for Registration as a Health Care Services Firm (N.J.A.C. 13:45B-13.3)

In order to expedite the issuance of registrations, the following instructions are being provided for those who wish to apply for registration as a health care services firm.

1. Provide the name of the business. This name must match the name on the corporate, alternate name and trade name documents, the insurance certificate and the bond (if required).
2. Provide any other name under which the applicant does business.
3. Indicate the type of business this is by putting a check in the appropriate box.
4. Provide the street address and the telephone number for the primary location of the business. If the business has more than one primary location, a separate application must be completed. A separate application must be filled out for all health care companies related through joint ownership, boards of directors, officers or principals.
5. Provide the business' mailing address.
6. Provide the name, business and residence address and telephone number of the business' registered agent if applicable. If the managing agent is a corporation, association or another company, provide its name, street address and telephone number, and the name and residence address of each of its officers and directors.
7. Indicate the business' net worth and attach to the application the required insurance certificate(s) and the original bond. If required, provide a certified financial report.
8. Provide the business' Federal Employer Identification Number.
9. Answer these questions **ONLY** if the business is a sole proprietorship.
10. Provide the name, business and residence address, and telephone number of every officer, director and principal and anyone who holds an ownership interest of 10% or more of the health care services firm. If the owner is a general partnership, every partner must provide the requested information. Every individual responding to this question must indicate the percentage of ownership held.
11. Provide a signed and notarized affidavit from every officer, director, partner, principal and owner indicating whether he/she has ever been convicted of a crime. (See page 6 of the application.)
12. Provide a copy of the New Jersey license of the Health Care Practitioner Supervisor, Registered Nurse or Licensed Physician employed by the agency.
13. Please be advised, that if you are a Health Care Service Firm registered with the New Jersey Division of Consumer Affairs, you must be accredited with an accrediting body approved by the Commissioner of the Department of Human Services. (A list of these accrediting bodies can be viewed on the Division's website at www.NJConsumerAffairs.gov/hcservice, under "Health Care Service Firms"). Pursuant to P.L. 2014, c. 29 all Health Care Service Firms are to obtain accreditation and submit evidence that it is accredited commencing with their first renewal (unless it was registered less than 12 months prior to the first renewal, then proof does not have to be provided when renewing for the first time).

Payment of the Registration Fee: The fee to register as a health care services firm is \$500 for each primary location. Payment must be submitted with the application. The certified check or money order should be made payable to the New Jersey Division of Consumer Affairs.

Important Note: Please be advised that any application that is missing required information will be rejected. The entire application must be completed and notarized. All of the requested documentation must be submitted with the application.



New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 46016, Newark, NJ 07101
(973) 504-6370



Application for Registration as a Health Care Services Firm

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Answer all of the questions. Your application will not be processed until all of the questions have been answered and all of the required documents, and the registration fee, have been received by this Division. If a question does not apply to your business, write "N/A."

1. Business Name

The name must match the name listed on the corporate, alternate name and trade name documents, the insurance certificate and the original bond.

2. List all other names under which the applicant does business. If you do not use any other name(s), write "**None.**" If the answer to this question is left blank, it will automatically default to "**None.**"

3. Indicate the type of business you own.

- ☐ Sole Proprietorship: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
☐ Partnership: Attach a copy of the business' Trade Name Certificate. Refer to Sample #1 or #2.
☐ Corporation: Attach a copy of the business' Certificate of Incorporation. Refer to Sample #3, #4 or #5.
☐ Limited Liability Co.: Attach a copy of the business' Certificate of Formation. Refer to Sample #5, #6 or #7.
☐ Limited Liability Partnership: Attach a copy of your Certificate of Formation. Refer to Sample #5, #6 or #7.

Additional Requirements

- ☐ Out-of-State Corporation: Attach a copy of the business' New Jersey Certificate of Authority and the formation documents from your home state. Refer to Sample #9.
☐ Alternate Name: Attach a copy of the business' Registration of Alternate Name Form C-150G. Refer to Sample #8.

Contact your local county clerk's office to obtain a Trade Name Certificate.

Contact the N.J. Department of the Treasury, Division of Revenue, at (609) 292-9292, if the business is a corporation.

Refer to the samples.

4. Business Address (Must be a street address.)		E-mail Address	
City		State	ZIP Code
Telephone No. (include area code)		Fax No. (include area code)	
5. Mailing Address If the address is the same as in question #4, write "N/A."			
5a. Please provide the name of a contact person such as the administrative manager/supervisor, with their direct telephone number and extension should the need arise for the Division to contact your agency.			
6. Agent – If the business is a corporation or an out-of-state corporation L.L.C., L.L.P., etc., you must provide the name and address of an agent in New Jersey who is authorized to accept documents on its behalf for the service of process.			
Registered Agent's Name			
Street Address			
City		State: New Jersey	ZIP Code
Telephone No. (include area code)		Fax No. (include area code)	

10. List the full name, home and business street address and business telephone number of each owner, officer, director, principal and person with an ownership interest of 10 percent or more in the business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed. (Use additional sheets of paper if necessary.)

Please print clearly.



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



**You must indicate
Percentage of Ownership**

_____ %

Name and title

Business street address

City

State

ZIP code

Home street address

City

State

ZIP code

Business telephone number (include area code)



(Note: You may photocopy this page and attach additional pages to this application if there are more than three (3) owners, officers, directors, principals or persons holding 10% or more interest in the health care services firm.)

11. Pursuant to <u>N.J.S.A.</u> 34:8-44, if the agency is not a sole proprietorship, has every officer, director, partner, principal and owner holding 10% or more interest in the agency provided a notarized affidavit certifying whether or not he/she has ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(Have each of the relevant individuals complete and sign a copy of page six of this application, have it notarized and attach the affidavit(s) to this application.)				
12. Provide the address and telephone number for every primary location (i.e., an address used by the agency for 90 calendar days or more to interview applicants, accept applications, or to solicit job orders from client companies).				
Street address	City/Town	State	ZIP code	Telephone number (include area code)
If there are additional primary locations, please attach to this application a list of those locations as well as the location of any other health care services firm related to the above-named health care services firm by joint ownership, boards of directors, officers or principals.				
13. Provide a list of any licenses held in another state by the health care services firm, or by any officer, director, principal, owner of 10% or more of the health care services firm, to provide health care services in another state, and a list of any actions taken by another state on those licenses including violations of health or labor laws, and a description of any violations of federal law by the health care services firm or any principal of the health care services firm.				
14. Provide a copy of the New Jersey license of the Health Care Practitioner Supervisor, Registered Nurse or Licensed Physician employed by the agency.				
15. Per <u>N.J.A.C.</u> 13:45B-14.3(h) you are required to maintain a general liability insurance policy in the amount of \$1,000,000 that shall insure against any placed health care practitioner's negligence, malpractice or any other unlawful conduct occurring within the scope of the health care practitioner's placement. Please submit with this application proof of having obtained the general liability insurance policy in the amount of \$1,000,000. You must attach your insurance certificate(s) or your application will not be processed.				
<u>Payment of the Registration Fee:</u> The nonrefundable fee to register as a health care services firm is \$500 for each primary location. Payment must be submitted with the application. The certified check or money order should be made payable to the New Jersey Division of Consumer Affairs. NOTE: Please be advised that any application that is missing required information will be rejected. The entire application must be completed and notarized. All of the requested documentation must be submitted with the application.				

AFFIDAVIT FOR HEALTH CARE SERVICES FIRM

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 Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, for registration under the provisions of Title 34 of the General Statutes of New Jersey and the Rules of the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, 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 registration or to withhold renewal of or suspend or revoke a registration issued by the Division.

I further swear (or affirm) that I have read N.J.S.A. 34:8-45.1 et seq., together with the Rules and Regulations of the New Jersey Division of Consumer Affairs, Office of Consumer Protection, Regulated Business Section, N.J.A.C. 13:45B-13.2 et seq., and fully understand that in receiving registration from the Division, I agree to be bound 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 registration. 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 Division.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



AFFIDAVIT FOR EACH PARTNER, OFFICER AND DIRECTOR

This affidavit is to be executed by the applicant before a notary public:

State of: _____ } ss.
County of: _____

_____ being duly sworn on his/her oath deposes and says:

1. I am the _____ of _____ and I am filing
Title Name of Business

this affidavit in accordance with the requirements of N.J.S.A. 34:8-44.

2. (Please check one.)

- a. () I have never been convicted of a crime.
- b. () I have been convicted of a crime. An explanation of the pertinent details of all convictions follows:
(Attach an additional sheet of paper if more space is needed.)

Name of Principal (please print)

Principal's signature

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

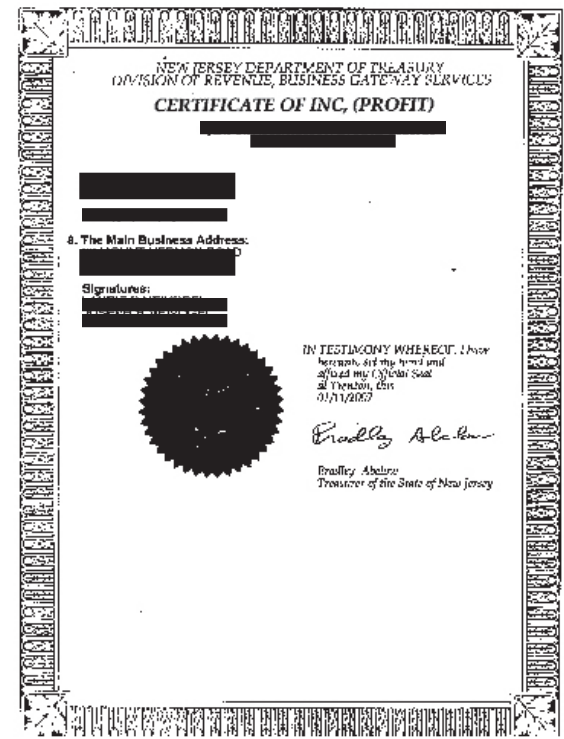
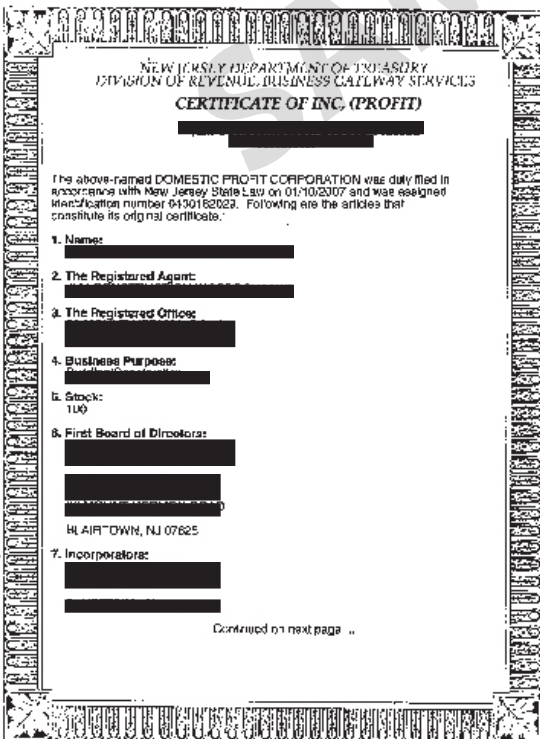
All persons holding a ten (10) percent or greater pecuniary interest in the firm must submit a notarized affidavit. If the applicant is a partnership, every member of the partnership must sign a notarized affidavit. In addition, if the applicant is a corporation, each officer and director must sign a notarized affidavit.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

OUT-OF-STATE TRADE NAME CERTIFICATE



NOTICE
The filing of this Trade Name Certificate does not preclude the use of this name by unincorporated entities.



Page 2

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.

For information on a TradeNameCertificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF INCORPORATION

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF INC. (PROFIT)

This office issued CERTIFIC PROFIT CORPORATION was duly filed in accordance with New Jersey statute on 11/02/2009 and was assigned label that number 0400274211. Following are the articles and regulations of this corporation.

1. Name: _____
2. Registered Agents: _____
3. Registered Offices: _____
4. Business Purpose: _____
5. Stock: _____
6. Effective Date of this Filing is: _____
7. Designation of Shares: _____
8. First Board of Directors: _____
9. Incorporation: _____
10. Main Business Address: _____
- Signatures: _____

Page 1

Sample #4

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF INC. (PROFIT)



Certificate # 1109430
Certificate expires:
11/02/2011 11:02:00 AM

As of 11/02/2009, I have hereby
certified that the above-named
Official Seal is True and
Valid.

A. David Thomas
Secretary

Page 2

Sample #5

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 2, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:



Certification # 1109430
Certificate expires:
11/02/2011 11:02:00 AM

As TREASURER I have
hereby set my hand and affixed
my Official Seal at Trenton, this
16th day of November, 2009.

R. Michael Thomas
State Treasurer

Note: Sole Proprietor and Partnership documents are issued by your local county clerk's office.
Certificate of Formation and Certificate of Incorporation documents are issued by the State of New Jersey.

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.

For information on a TradeNameCertificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

CERTIFICATE OF FORMATION

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF FORMATION

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/12/2009 and was assigned identification number 0400315769. Following are the articles that constitute its original certificate.

1. Name: [REDACTED]
2. Registered Agent: [REDACTED]
3. Registered Office: [REDACTED]
4. Business Purpose: [REDACTED]
5. Members/Managers: [REDACTED]
6. Main Business Address: [REDACTED]
- Signatures: [REDACTED]

Page 1

Sample #6

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
CERTIFICATE OF FORMATION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, New
Jersey, this 12th day of November, 2009.

R. David Romanus
State Treasurer

Certification# 1157J0025
Valid till expiration
Printed on state of NJ TTYT, Standing Certificate Varsity Group

Page 2

CERTIFICATE OF FORMATION

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF FORMATION

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/11/2009 and was assigned identification number 0100014312. Following are the articles that constitute its original certificate.

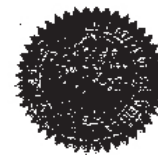
1. Name: [REDACTED]
2. The Registered Agent: [REDACTED]
3. The Registered Office: [REDACTED]
4. Business Purpose: [REDACTED]
5. Members/Managers: [REDACTED]
6. The Main Business Address: [REDACTED]
- Signatures: [REDACTED]

Continued on next page...

Page 1

Sample #7

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES
CERTIFICATE OF FORMATION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, New
Jersey, this 12/12/2009.

John A. McCann, CPA
Treasurer of the State of New Jersey

Page 2

For information on documentation issued by the State of New Jersey call 609-292-9292 or visit www.state.nj.us/njbgs.

For information on a Trade Name Certificate issued in New Jersey contact your local county clerk's office.

For information on documentation issued by another state or jurisdiction, contact the issuing authority for a copy of the document(s).

REGISTRATION OF ALTERNATE NAME

CERTIFICATE OF AUTHORITY

Sample #8

STATE OF NEW JERSEY
DIVISION OF REVENUE

REGISTRATION OF ALTERNATE NAME

FILED
SEP 28 2009
STATE TREASURER

Check Appropriate Structure:

☐ Sole Proprietorship
☐ Partnership
☒ Limited Liability Company
☐ Corporation

1. Name of the business: [REDACTED]
2. NJ ID #: [REDACTED]
3. Tax ID #: [REDACTED]
4. Date of incorporation: [REDACTED]
5. Address of the business: [REDACTED]
6. Address of the alternate name: [REDACTED]
7. The business is not already and has not been in the State of New Jersey, or of this jurisdiction, within the last 12 months.

Signature of owner:

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

Sample #9

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE

CERTIFICATE OF AUTHORITY

The above named [REDACTED] has been authorized to act as the agent of the [REDACTED] in the State of New Jersey.

1. Name: [REDACTED]
2. Registered Agent: [REDACTED]
3. Registered Office: [REDACTED]
4. Duration: [REDACTED]
5. Incorporated Under the laws of: [REDACTED]
6. Main Business Address: [REDACTED]

NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF REVENUE
STATE TREASURER

CERTIFICATE OF LIABILITY INSURANCE

Sample #10

ACORD, CERTIFICATE OF LIABILITY INSURANCE

INSURER (Complete) Agent's Name, business address and telephone number.

INSURED (Complete) Insured's Name, Business Name(s), Street Address and telephone number if applicable.

COVERAGE

COVERAGE	DESCRIPTION	AMOUNT
General Liability	General Liability	\$1,000,000
Product Liability	Product Liability	\$1,000,000
Completed Operations	Completed Operations	\$1,000,000
Medical Payments	Medical Payments	\$10,000
Advertising	Advertising	\$100,000
Personal and Advertising Injury	Personal and Advertising Injury	\$1,000,000
Property Damage	Property Damage	\$1,000,000
Auto Liability	Auto Liability	\$1,000,000
Boat Liability	Boat Liability	\$1,000,000
Aviation	Aviation	\$1,000,000
Watercraft	Watercraft	\$1,000,000
Fire	Fire	\$1,000,000
Theft	Theft	\$1,000,000
Other	Other	\$1,000,000

CERTIFICATE HOLDER: New Jersey Office of the Attorney General, Division of Consumer Affairs, Office of Consumer Protection, 100 Halsey Street, Newark, NJ 07102

CANCELLATION: This certificate is void if the insured fails to pay the premium on or before the date specified in the policy.