



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/nur/Pages/default.aspx

Initial Applicant Checklist - Certified Homemaker-Home Health Aide

Please place a check mark next to each category, sign and date this checklist and submit with your application.

Name of Applicant: _____

*Social Security Number: _____ - _____ - _____ (See Item number 6 on page 3.)

_____ Instruction sheet

_____ Official Application for Certification. Answer all questions where indicated. (pages 2-6)

_____ Immigration documentation included (if applicable (question number 7, page 3))

_____ Notarized Affidavit is complete along with an original signed 2"x2" color passport photo included and signed (page 7)

_____ Certification and Authorization for a Criminal History Background Check (Signed, dated and notarized, pages 8 and 9)

_____ Supporting court documents attached (if applicable)

_____ Re-application fee of \$50.00 payable by check or money order.
A certification fee may or may not be due depending on the date of certification.

ALL QUESTIONS MUST BE FILLED IN WITH THE APPROPRIATE ANSWER OR THE LETTERS N/A (NOT APPLICABLE). DO NOT LEAVE ANY BLANK ANSWERS OR YOUR APPLICATION WILL BE RETURNED.

I have completed all of the above items.

Signature _____

Date _____



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Instructions for Re-applying for Homemaker-Home Health Aide Certification

Please read the following information carefully before completing this reapplication for homemaker-home health aide (HHA) certification.

If you previously held HHA certification in New Jersey, DO NOT complete this application. You must contact the Certified Homemaker-Home Health Aide Renewal Department in order to complete the Application for Reinstatement.

1. Complete this reapplication for HHA Initial Certification if your prior application is pending over a year, or has a “deleted” status. Answer ALL of the questions.
2. Sign the application in the presence of a notary public.
3. Attach a clear, full-face original color passport photograph (2” x 2”) of your head and shoulders taken within the past six months. Sign your name on the front of the picture. (Photocopies and selfies are not acceptable.)
4. If you are a naturalized U.S. citizen, please submit a copy of your U.S. passport or certificate of naturalization.
5. If you are a legal alien or have other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)
6. Complete the Certification and Authorization question.
7. Submit criminal history documents (if applicable).
8. Submit a check or money order for your application fee. The application fee of \$50.00 is nonrefundable. A certification fee may or may not be due depending on the date of certification.
9. You will receive digital fingerprint information via regular mail. Please schedule your appointment as soon as possible.
10. If your criminal background check results reveal no convictions for disqualifying offenses or other crimes, you will be certified. If your criminal background results reveal convictions for disqualifying offenses or other crimes, your application must be reviewed by the Board’s disciplinary committee and will be delayed.
11. Please notify the Board of any change of address or change in your contact information, as the USPS does not forward the Board’s correspondence.
12. Your training program coordinator must email your letter of completion to the Board.
13. Your prospective HHA employer must upload your promise of employment onto the Board’s licensing system.



For Board Use Only Application number: <hr/>
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Certified Homemaker-Home Health Aide Re-Application

Directions: Answer all of the questions on both sides of this application and certification. Attach a recent original passport-style color photograph to the designated spot on the last page of this form. In order to complete the criminal history review process, you must complete a **Certification and Authorization form** and **obtain electronic fingerprinting**. The necessary forms needed to obtain the electronic fingerprinting, which will initiate the criminal history background check, will be provided by the Board of Nursing. However, it is your responsibility to schedule an appointment for fingerprinting. This application and certification must be signed and notarized. You must attach a check or money order, made payable to the New Jersey Board of Nursing, to cover the cost of the application and certification. **Please be advised that the application fee is nonrefundable. The certification fee is refundable.** (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the certification 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 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

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

2. Address Home: _____
Street City State ZIP code County

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

Home telephone number _____ Cellular telephone number _____
(include area code) (include area code)

*Social Security number _____ E-mail address _____
(See Item number 6 on next page.)

3. Have you ever changed your name? Yes No (Please submit proof of legal name change.)

4. Date of birth ___/___/___ Sex: Male Female Place of birth _____
Month Day Year City State or Country

If you are a foreign-born/naturalized U.S. citizen, please submit your U.S. passport OR certificate of naturalization.

5. Height _____ Weight _____ Eye color _____ Hair color _____

6. 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.

7. 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.

8. 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 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)

Signature of applicant

Date

9. 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

10. Which of the following provided your training as a homemaker-home health aide?

Home Health Care Agency or Firm School

Date course began _____ / _____ / _____ Date course completed _____ / _____ / _____
Month Day Year Month Day Year

11. If a Home Health Care Agency or Firm provided your training, please complete the following:

Agency _____
Address _____
Street City State ZIP code County

12. If a school provided your training, please complete the following:

School _____
Address _____
Street City State ZIP code County

13. Please provide the name and address of your HHA employer. (Your employer must upload your promise of employment into the Board's licensing system.)

Name of Agency _____
Address of Agency _____
Street City State ZIP code County

14. Every arrest and/or conviction on your criminal record must be disclosed as part of this application. Failure to disclose an arrest or conviction may result in denial of your application, revocation of an existing certification, and/or imposition of a fine of up to \$1,000.

If you have ever been arrested and/or convicted of a crime or offense, you must submit a copy of every police report, complaint, judgment of conviction, proof of satisfaction of sentencing terms and payment of fines, and a detailed narrative statement explaining the circumstances of the arrest/conviction. To obtain the required documents, contact the police department where the arrest(s) occurred and the court (including municipal court) where the final disposition of the charge(s) occurred.

1.) Have you ever received a criminal summons, been arrested, taken into custody, indicted, charged, tried by a judge or jury, conditionally discharged or admitted into pre-trial intervention (PTI) for, 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 any other jurisdiction? Yes No

2.) 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 or nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

3.) 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

4.) Have you completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs? Yes No

15. 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

16. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
17. Have you ever had a professional or occupational 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
18. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
19. Have you ever been named as a defendant in any litigation related to any practice as a homemaker-home health aide, nurse or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
20. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
21. 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
22. 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 home health care, 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 16 through 22, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

You must immediately inform the New Jersey Board of Nursing in writing of any address change. Name change requires the submission of legal documentation.

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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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. _____ Last First Middle Maiden Name
 Ms.

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

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.

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

Disqualifying Crimes
Crimes Set Forth In N.J.S. 2C That Disqualify An Applicant
Pursuant To N.J.S. 45:11-24.3

- (1) In New Jersey, any crime or disorderly persons offense:
- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:11-1 et seq., N.J.S. 2C:12-1 et seq., N.J.S. 2C:13-1 et seq., or 2C:14-1 et seq., N.J.S. 2C:15-1 et seq.; or
 - (b) against the family, children or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:24-1 et seq.; or
 - (c) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or
 - (d) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S. 2C:35-10.
- (2) In any other state jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above in paragraph (1) of this section.

N.J.S. 2C:11

<u>N.J.S. 2C:11-1</u>	Bodily Injury
<u>N.J.S. 2C:11-2</u>	Criminal Homicide
<u>N.J.S. 2C:11-3</u>	Murder
<u>N.J.S. 2C:11-4</u>	Manslaughter
<u>N.J.S. 2C:11-5</u>	Death by Auto or Vessel
<u>N.J.S. 2C:11-6</u>	Aiding Suicide

N.J.S. 2C:12

<u>N.J.S. 2C:12-1</u>	Assault
<u>N.J.S. 2C:12-2</u>	Recklessly Endangering Another Person
<u>N.J.S. 2C:12-3</u>	Terroristic Threats
<u>N.J.S. 2C:12-10</u>	Stalking

N.J.S. 2C:13

<u>N.J.S. 2C:13-1</u>	Kidnapping
<u>N.J.S. 2C:13-2</u>	Criminal Restraint
<u>N.J.S. 2C:13-3</u>	False Imprisonment
<u>N.J.S. 2C:13-4</u>	Interference With Custody
<u>N.J.S. 2C:13-5</u>	Criminal Coercion
<u>N.J.S. 2C:13-6</u>	Enticing Child Into Motor Vehicle, Structure or Isolated Area

N.J.S. 2C:14

<u>N.J.S. 2C:14-2</u>	Sexual Assault
<u>N.J.S. 2C:14-3</u>	Criminal Sexual Contact
<u>N.J.S. 2C:14-4</u>	Lewdness

N.J.S. 2C:15

<u>N.J.S. 2C:15-1</u>	Robbery
<u>N.J.S. 2C:15-2</u>	Carjacking

N.J.S. 2C:20

<u>N.J.S. 2C:20-2.1</u>	Automobile Theft
<u>N.J.S. 2C:20-3</u>	Theft by Unlawful Taking or Disposition
<u>N.J.S. 2C:20-4</u>	Theft by Deception
<u>N.J.S. 2C:20-5</u>	Theft by Extortion
<u>N.J.S. 2C:20-6</u>	Theft of Property Lost, Mislaid or Delivered by Mistake
<u>N.J.S. 2C:20-7</u>	Receiving Stolen Property
<u>N.J.S. 2C:20-7.1</u>	Fencing
<u>N.J.S. 2C:20-8</u>	Theft of Services
<u>N.J.S. 2C:20-9</u>	Theft by Failure to Make Required Disposition of Property Received
<u>N.J.S. 2C:20-10</u>	Unlawful Taking of Means and Conveyance
<u>N.J.S. 2C:20-11</u>	Shoplifting
<u>N.J.S. 2C:20-13</u>	Library Materials, Purposeful Concealment, Prima Facie Presumption
<u>N.J.S. 2C:20-14</u>	Taking Person into Custody for Probable Cause for Belief of Willfully Concealing Library Material; Arrest without Warrant; Probable Cause for Belief of Theft; Immunity from Liability
<u>N.J.S. 2C:20-15</u>	Sign: Posting
<u>N.J.S. 2C:20-16</u>	Maintaining Facility for Sale of Stolen Automobiles or their Parts
<u>N.J.S. 2C:20-17</u>	Employment of Juvenile to Commit Automobile Theft
<u>N.J.S. 2C:20-18</u>	Leader of Auto Theft Trafficking Network
<u>N.J.S. 2C:20-25</u>	Computer-Related Theft
<u>N.J.S. 2C:20-26</u>	Property or Services of \$75,000 or More
<u>N.J.S. 2C:20-27</u>	Property or Services Between \$500 and \$75,000
<u>N.J.S. 2C:20-28</u>	Property or Services Between \$200 and \$500
<u>N.J.S. 2C:20-29</u>	Property or Services of \$200 or less
<u>N.J.S. 2C:20-30</u>	Damage or Wrongful Access to Computer System
<u>N.J.S. 2C:20-31</u>	Disclosure of Data from Wrongful Access
<u>N.J.S. 2C:20-32</u>	Wrongful Access to Computer
<u>N.J.S. 2C:20-33</u>	Copy or Alteration of Program or Software with Value of \$1,000 or less

- N.J.S. 2C:20-36 Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of \$150 or More
- N.J.S. 2C:20-37 Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of Less than \$150

N.J.S. 2C:24

- N.J.S. 2C:24-1 Bigamy
- N.J.S. 2C:24-4 Endangering Welfare of Children
- N.J.S. 2C:24-5 Willful Non-Support
- N.J.S. 2C:24-6 Unlawful Adoptions
- N.J.S. 2C:24-7 Endangering the Welfare of an Incompetent Person
- N.J.S. 2C:24-8 Endangering the Welfare of Elderly or Disabled

N.J.S. 2C:35

- N.J.S. 2C:35-3 Leader of Narcotics Trafficking Network
- N.J.S. 2C:35-4 Maintaining or Operating a Controlled Dangerous Substance Production Facility
- N.J.S. 2C:35-5 Manufacturing, Distributing or Dispensing
- N.J.S. 2C:35-6 Employing a Juvenile in a Drug Distribution Scheme
- N.J.S. 2C:35-7 Distributing, Dispensing or Processing Controlled Dangerous Substance or Controlled Substance Analog on or within 1,000 feet of School Property or Bus
- N.J.S. 2C:35-8 Distribution to Persons under age 18
- N.J.S. 2C:35-9 Strict Liability for Drug Induced Deaths
- N.J.S. 2C:35-10 Possession, Use or Being Under the Influence, or Failure to Make Lawful Disposition (except paragraph (4) of subsection 9).
- N.J.S. 2C:35-11 Imitation Controlled Dangerous Substance; Distribution, Possession, Manufacture, etc.
- N.J.S.2C:35-13 Obtaining By Fraud
- N.J.S.2C:35-16.1 Conviction of Drug Related Offenses Taking Place Upon Leased Residential Premises subsection 9).
- N.J.S. 2C:35-11 Imitation Controlled Dangerous Substance; Distribution, Possession, Manufacture, etc.
- N.J.S.2C:35-13 Obtaining By Fraud
- N.J.S.2C:35-16.1 Conviction of Drug Related Offenses Taking Place Upon Leased Residential Premises