



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, P.O. Box 45010  
Newark, New Jersey 07101  
(973) 504-6430

**Completion of Competency Evaluation and Skills Test Verification**

Dear Initial Applicant:

The Records of the New Jersey Board of Nursing reveal that your Homemaker-Home Health Aide Application has been inactive for more than one year. For this reason, you must take the competency evaluation and skills test.

Please have this section completed and notarized. Also, attach documented proof from the agency that you successfully completed the homemaker home health aide competency evaluation and skills test.

I certify that \_\_\_\_\_ has successfully repeated a Homemaker-Home Health Aide competency evaluation and skills test on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ agency/school.

\_\_\_\_\_  
Agency/School Official's Signature

Sworn and subscribed to me before this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

**Affix Seal Here**

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires