



NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Sharon M. Joyce
Acting Director
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Welcome to MyLicense Online Licensing for the New Jersey Division of Consumer Affairs

The New Jersey Division of Consumer Affairs is pleased to offer licensees the opportunity to renew licensure or apply online via our secure MyLicense website.

- To Begin, Login Below.

If you haven't already registered and created an account, please read the list below carefully and choose the option that best fits your circumstance:

- If you wish to apply for a professional license, renew an existing professional license, submit name or address changes, or request a duplicate license, click [here](#) to register (or click the **Register a Person** link on the left).
- If you wish to apply for a business or facility license, renew an existing business license, submit name or address changes, request a duplicate license, or request a facility inspection, click [here](#) to register (or click the **Register a Business** link on the left). This is not for license renewal of health care agencies.
- If you are a business verifying employment of a Certified Homemaker-Home Health Aide (CHHA) for renewal or entering a newly employed CHHA or documenting a CHHA who is no longer employed by you, click [here](#) to register (or click the **Register a Business** link on the left.)

If you are unable to self-register online, you may contact the Division of Consumer Affairs via telephone:

** For calls from within New Jersey call 1-888-656-6225 (Option 3)

** Outside of New Jersey call 1-973-424-8150 (Option 3).

Forgot your password? Click either [Person](#) or [Facility](#).

User Id:

Password:



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Steps for Registering Online

In order to apply for a professional license, renew an existing license, or submit address changes, you must create a username and password and associate it to your records.

To avoid potentially creating a duplicate registration, please read the following instructions **CAREFULLY**:

- If you **HAVE** received a renewal letter from the Board with your License Number and Registration Code, please complete only the **Renewal Letter Registration** section below to search for your record and register.
- If you have **NOT** received a renewal letter from the Board, complete only the Other Registration section below to search for any existing records by inputting your Last Name, Social Security Number, and Date of Birth. If no existing records are found, you will be asked to register.
- If you are the owner of a licensed business or facility and wish to register to maintain your business records, [click here to continue](#).
- You **MUST** complete the search process to register.

Renewal Letter Registration

License Number:

Registration Code:

Other Registration

Last Name:

SSH:

DOB:

ex. 07/04/1976



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Initial Registration

We were **UNABLE** to find any matching records based on the search criteria entered.

- If you do not currently hold a license with the state and have not already submitted a paper application, the form below will allow you to register your personal information with the state and create a username and password. Complete the form below and press the **Register** button to create your login.
- If you **CURRENTLY HOLD A LICENSE** with the state or have already submitted a paper application to the state, [click here](#) to search again.
- If your records can not be found, [click here](#) for information on contacting the proper department/agency/board for assistance.

Name

STOP: If you are trying to renew your license and the fields below are blank, **DO NOT** continue. You must conduct your search again. If you continue to have difficulty after searching again, [click here](#) for information on contacting the proper department/agency/board for assistance. If you have not applied for a license with the state, please continue with your registration below.

NOTE: A red asterisk (*) indicates that the field must be completed to continue.

Name Prefix:
ex. Mr. | Mrs. | Dr.

First Name: *

Middle Name:

Last Name: *

Name Suffix:
ex. Sr. | Jr. | III

DOB: *
MM/DD/YYYY

SSN: *

Ethnicity: Select

Citizenship: Select

Address

Country:

Line 1:
ex. 123 Fourth St.

Line 2:
ex. Apt. 100

City:
Foreign Addresses:
Enter city, region, postal code

County:

State:

Zipcode:
ex. 02705 or 027051234

Phone:
ex. 3015551212

Fax:
ex. 3015551212

Email:
ex. username@domain.com

User ID

User ID:
ex. jsmith (User id must be minimum of 6 characters.)

Password:
(Password must be minimum of 6 characters.)

Confirm Password:

Password Question:
ex. Favorite color?

Password Answer:
ex. Blue

Select the Register button below **ONLY IF** you have not previously applied for a license.



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You have successfully registered to use this site.

Save your account information for future use.

Please [login](#) to your account to continue.



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MyLicense Online Licensing

Below is the list of your licenses with the NJ DCA.

- In order to begin a brand new application/renewal, please select the appropriate link to the left.
- To view licenses eligible for renewal and to complete the renewal application process, click the **Renew License** link on the menu to the left.
- To view the status of license requirements for approval or to continue working on a specific application, click the **View Checklist** or **Continue** link below on the appropriate license (*NOTE: All requirements will show as "Unchecked" if you have not yet fully submitted your application*).

Licensee

Name:	Test More	Address:	124 Halsey street newark, NJ 07101
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Licenses

No license



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Initial Application

This section is for new license applications only and **NOT FOR RENEWALS**.

New applicants, please choose the license type that you are applying for.

Please be advised you will have **90 days** to complete and submit your online application for processing. After **90 days**, incomplete unsubmitted applications will be deleted. Should you wish to apply after that time, you must resubmit all information necessary and start the application again.

Please note that login credentials, your User ID and password to this site will never expire.

If you are applying for a **Medical Doctor** or **Doctor of Osteopathy** license, click [HERE](#) to begin the application process.

License Type Selection

How to Choose Your Obtained By Method

Profession:

License Type:

Obtained By Method:

Click **NEXT** below to begin the application process.

- If you start an application, but are unable to finish, you may log back in at anytime and finish the process.
- You must save each page as you go through this process.
- On the following page you will be able to view all the requirements for this application.

Next



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NOTE: New applicants only (not for renewals) - do not proceed if you are renewing an existing license/registration.

Application Procedure

Please read the application, statutes, regulations and all instructions carefully. Statutes and regulations for each board can be viewed on the NJ DCA website at <http://www.njconsumeraffairs.gov/Pages/Licensed-Professions-and-Occupations.aspx>. It is your responsibility to be aware of registration requirements and provide all necessary documentation. (If you received the application other than directly from the Board or its official website, the application may be outdated or not an official version.)

1. Complete this online application and pay the associated fees.
2. Upload the required documents as directed on the Summary Page at the end of this online process. Documents should be added using the "Attach Documents" page of this online application.
3. Review your application for accuracy and completeness prior to submitting it to the licensing board; incomplete applications will be returned and will delay your registration.

Criminal History Background Check

1. N.J.S.A. 45:1-28 requires that all applicants undergo a criminal history background check as a condition for licensure.
2. Upon submission of this form you will be forwarded information regarding the necessary steps to be taken for fingerprinting.
3. Criminal history reports generated for or by another agency or employer are not acceptable to satisfy this requirement.
4. Your license will not be issued until the complete results of the background check have been received and reviewed.
5. Reports of criminal history will require the applicant to submit additional documentation for review by the Board.

Instructions

- If you start the application but are unable to finish, you may log back in at any time and finish the process.
- You must save each page as you go through this process.
- Please click on the first checklist item on the left or click the "Continue" button below to proceed.



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Application - Certified Homemaker-Home Health Aide

Instructions for Homemaker-Home Health Aide Certification

Please read the following information carefully before completing an application 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 Unit at the Board of Nursing in order to complete a reinstatement application.

- Complete an application for HHA Initial Certification; all questions are required.
- Upload a clear, full-face color original passport photograph (2" x 2") of your head and shoulders taken within the past six months. (Photocopies and selfies are not acceptable.)
- If you are a legal alien or have other immigration status, please upload your USCIS immigration documents. (A clear image of both the front and back of your card.)
- Upload criminal history documents (if applicable).
- Application fee of \$50.00 (non-refundable) and other certification fees must be paid online.
- You will receive digital fingerprint information via regular mail and email. Please schedule your appointment with the finger printing vendor as soon as possible.
- Please notify the Board IMMEDIATELY of any change of address or change in your contact information.

[Start](#)



The State of New Jersey

NJHome Services A-Z Departments / Agencies



Office of the Attorney General

OAGHome Agencies / Programs / Units



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Qualifications

Have you been previously licensed in New Jersey as a Certified Homemaker Home Health Aide?

Have you registered or are currently enrolled in an approved HHA Training Program?



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Application - Certified Homemaker-Home Health Aide

Personal Information

Title:	<input type="text" value="Test"/>
First Name:	<input type="text" value="Test"/>
Middle Name:	<input type="text" value=""/>
Last Name:	<input type="text" value="More"/>
Maiden Name:	<input type="text" value=""/>
Gender:	<input type="text" value="Male"/>

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 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.

Social Security Number: (123456789)

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, select the option 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). Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at 800-375-5283.

Citizenship/Immigration Status:

Other Status *

Date of Birth:

07/04/1999 *(mm/dd/yyyy).

Do you want to permit correspondence from the Board by email?
(Please note that you will still receive paper notifications as well.)

*

Place of birth

City:

*

State

Please Select "NA" if not in the U.S.

Country:

*
*

*If you are a U.S.-born citizen, upload a copy of your Birth Certificate or U.S. Passport; OR

*If you are a naturalized U.S. citizen, upload a copy of your U.S. Passport or Certificate of Naturalization; OR

*If you are a legal alien or other immigration status, upload your USCIS immigration documents; both the front and the back of your card.

Please upload the required documentation in the "Attach Documents" section at the end of the application.





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Application - Certified Homemaker-Home Health Aide

Address Information

Mailing Address - The following address will be associated to you, the licensee, and will be recorded as the Mailing Address. Printed correspondence, such as license documents and renewal notices, will be mailed to this address.

Street:	<input type="text" value="124 Halsey street"/>
City:	<input type="text" value="newark"/>
State:	<input type="text" value="NJ"/>
Zipcode:	<input type="text" value="07101"/> *(12345)
County:	<input type="text" value="essex"/>
Phone:	<input type="text" value="9735041234"/> *(xxxxxxxx)
Email:	<input type="text" value="test@test.com"/>

Address of Record - The following address will be associated with your license, and will be recorded as the Address of Record. This address will be considered public by The New Jersey Division of Consumer Affairs.

Street:	<input type="text" value="124 Halsey street"/>
City:	<input type="text" value="newark"/>
State:	<input type="text" value="NJ"/>
Zipcode:	<input type="text" value="07101"/> *(12345)
County:	<input type="text" value="essex"/>
Phone:	<input type="text" value="9735041234"/> *(xxxxxxxx)
Email:	<input type="text" value="test@test.com"/>

• The Board maintains, as part of its responsibilities, two addresses for each of its licensees: an address of record and a mailing address. Your address of record is public; will be available on the Division's online license verification site (<http://www.njconsumeraffairs.gov/Pages/verification.aspx>); and is the address that will be printed on your license certificate. Your license will be sent to your mailing address.



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Application - Certified Homemaker-Home Health Aide

Child Support Questions

- a. Do you currently have a child-support obligation?
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?
- d. Are you the subject of a child-support-related arrest warrant?

In accordance with N.J.S.A. 2A:17-56.44d, an answer of 'Yes' to any of the questions a(2) through d will result in a denial of registration. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of registration.



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Application - Certified Homemaker-Home Health Aide

Medical Condition Questions

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 of 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.

"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.

1) Are you currently engaged in the illegal use of controlled dangerous substances?

(As stated above, "currently" is defined as "within the previous 365 days.")



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Courses

Have you enrolled or completed an HHA training program that has been sanctioned by the Board of Nursing?



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Criminal Background Questions

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 \$1000.

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(es) 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?

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.

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?

4) Have you completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs?



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Previous License Questions

If "Yes", for each license, certificate, permit or registration 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.

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?



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Additional Questions

If you answer "Yes", to any of the following questions you must provide the Board with a complete type written explanation of the circumstances leading to the action.

Please upload your explanation(s) in the "Attach Documents" section at the end of the application.

- 1) Have you ever changed your name?
- 2) Have you ever been disciplined or denied a professional license or certificate any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
- 3) 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?
- 4) 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?
- 5) 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?
- 6) 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?
- 7) 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?

Attestation

I attest that I am the applicant making this application to the Board or Committee for certification or licensure, and that all of the above information I have provided is true, complete, and accurate to the best of my knowledge and belief. I understand that any omission, inaccuracy, or failure to make full disclosure may be deemed sufficient by the Board or Committee to deny certification or licensure or to withhold renewal of or to suspend or revoke a license or certificate issued by the Board or Committee.

I further attest that it is my responsibility to read the statutes and regulations governing the practice for which I am applying for certification or licensure, and fully understand that in receiving such certification or licensure from the Board or Committee, I bind myself to be governed by those statutes and regulations.

I voluntarily consent to a criminal history background check, and 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.

In order to finish, you must agree to the attestation by putting a check in this box ==>

Checklist for Certified Homemaker Home Health Aides

Please print out the following checklist and complete the items that apply.

Please upload the required documents in the "Attach Documents" section, on the next page. The application review process will not begin until your application documents are received by the Board. You can login to your MyLicense Online account, at any time, to upload documents for your application.

If you are submitting any documents which are not in English, you must have them translated and notarized. If a translated copy is not received, the foreign language copy will be returned to you for translation.

Name: Test More
DOB: 07/04/1999
Phone Number: 9736041234

Upload the following documents in the "Attach Documents" section:

- A 2" x 2" color passport photo where your head and shoulders are visible. The background must be white, your features clear cut, and your face must be at least one inch long. (Photocopies and selfies are not acceptable.)

Upload the following additional documents ONLY if applicable:

- if you are a legal alien or other immigration status, upload your USCIS immigration documents; both the front and the back of your card.
- if your name differs from that on your Birth Certificate, upload documentation of your proof of a legal name change (i.e., marriage license, divorce decree, court order, if applicable).
- A copy of your active NJ Certified Nursing Aide Certificate.
- An official transcript from your accredited Nursing school showing that you have completed the fundamentals of nursing 101.
- For questions that inquire about the illegal use of controlled dangerous substances or activity, if you have elected to assert your Fifth Amendment privilege, you must do so in writing, and specify the question or questions that you reasonably believe may expose you to the possibility of criminal prosecution.
- 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 arrests/convictions. (Please contact the police department where the arrest(s) occurred and the municipal court(s) where the matter(s) was heard.

Board Mailing Address:
NJ Board of Nursing/CHHHA Unit
PO Box 47036
Newark, NJ 07101

Click the "Finish" button at the bottom of the page to continue with your application.
To return to the profile sections click the "Back" button.

Transaction Summary

Description	Amount
Consumer Affairs Test Service	\$80.00
Pay now with New Jersey Government Services	\$80.00

Customer Billing Information

Name *

Joanne Lacross

Company Name

Joanne Lacross

Billing Address *

124 Halsey Street

Billing Address 2

Billing City *

Newark

Country *

United States

State *

New Jersey

ZIP/Postal Code *

07104

Credit Card Information

Credit Card Type *

Select a Card

Credit Card Number *

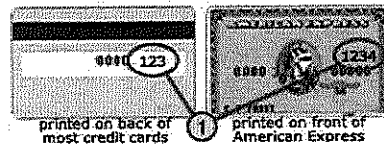
Expiration Date *

Select a Month Select a Year

Name on Credit Card *

exactly as it appears on the card

Verification Code * 



Transaction Summary

Description	Amount
Consumer Affairs Test Service	\$80.00
Pay now with New Jersey Government Services	\$80.00

Customer Billing Information

Customer Name
Joanne Lacross

Company Name
Joanne Lacross

Billing Address
124 Halsey Street

Billing Address 2
Billing City
Newark

Country
US

State
NJ

ZIP/Postal Code
07101

Phone Number
[REDACTED]

Fax Number
Email Address
test@test.com

Billing Address 2

Billing City

Newark

Country

US

State

NJ

ZIP/Postal Code

07101

Phone Number

[REDACTED]

Fax Number

Email Address

test@test.com

Receipt Email Addresses

Payment Method

Credit Card Type

VISA

Credit Card Number

****1111

Expiration Date

02 2020

Name on Credit Card

test

Verification Code

Make Payment

Cancel Payment

Edit



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Application Submitted

Thank you for submitting your application with the New Jersey Division of Consumer Affairs.

Please make sure that a copy of this receipt is included with all your mailings to the board.

You may use this site to check the progress of your application.

Your application check list should be available online to view within 5 business days. If you are unable to view your application checklist after 5 business days, please contact our Consumer Service Center at 973-273-8001.

YOU MUST PRINT YOUR RECEIPT NOW - THIS RECEIPT PAGE WILL NO LONGER BE AVAILABLE ONCE YOU LOGOFF THE SITE.

Application Information

Date Submitted:	17 April 2018
Applicant Name:	Joanne Lacross
Agency:	NJ
Process:	Apply for Initial License process
License Type:	Homemaker - HHA
License #:	Pending

Payment Information

Auth Code:	
Received Date:	4/17/2018 3:23:08 PM
Transaction #:	36790732
Credit Card Number:	XXXX XXXX XXXX XXXX
Fee Amount:	\$80.00
Service Fee:	\$0.00
Instant Fee:	\$0.00
Total Fee:	\$80.00
Received Amount:	\$80.00