

Attach a clear, full-face signed color passport photograph (2"x2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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/nursing

Instructions for Reactivation of an Inactive HHA Certificate

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reactivated, provided that the applicant otherwise qualifies for licensure, registration or certification, and complies with the provisions of N.J.S.A. 45:1-7.2 a, b, c and d. The necessary licensure reactivation application and materials may be downloaded from the Board of Nursing's web site and include the following:

1. Reactivation Application:

Complete the enclosed application, attach a current passport photograph to the application, have the application notarized, and return it to:

**New Jersey Board of Nursing
P.O. Box 45010
Newark, NJ 07101**

2. Application Packet:

Application Fees:

(1) Payment of the current biennial license renewal fee (\$30.00) (N.J.A.C. 13:37-5.5 (b) (6)).

Affidavit for Employer Verification:

Proof of Competency:

(1) A person seeking reactivation **more than five years** after the inactivation of a certificate shall fulfill all of the initial eligibility requirements found at N.J.A.C. 13:37-14.9.

(2) A person seeking reactivation more than one year after inactivation shall submit proof of successful completion of a skills evaluation conducted by an approved agency.



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**APPLICATION FOR REACTIVATION OF NEW JERSEY
HOME-MAKER HOME HEALTH AIDE CERTIFICATE**

*You may not Practice in the State of New Jersey until your
Home-maker Home Health Aide Certificate has been reactivated*

Complete the following information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____ (Include area code) _____ (Cell Phone)

Date of Birth: _____ Year of Last Renewal: _____

E-mail address: _____ Certificate Number: _____

Social Security Number

You **must** provide your Social Security number to the Board. Failure to do so will result in denial/non-reactivation of your 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 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 of 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.

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.

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 these 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 certification.

Applicant's name (please print)

Applicant's signature

Date

Criminal History and License History

Please answer ALL of the questions below as they apply to the period of time since you were last certified **or** for the period of time since you last applied for reactivation.

- 1. Have you been convicted of a crime or offense? Yes No
- 2. Are there any criminal charges against you now pending? Yes No
(Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed.)
- 3. Has your certification or professional license been revoked or suspended (whether active or stayed) by any licensing board? Yes No
- 4. Is any action now pending against your certificate or professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? Yes No



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The person whose signature appears below personally appeared before me and, being duly sworn, says that he/she is the person referred to in the foregoing application. The person further attests that he/she has read and understands this certification and that all of the information contained herein is provided completely and truthfully to the best of his/her knowledge and beliefs.

Signature of applicant

Sworn and subscribed to before me this _____

Day of _____, _____
Month Year

AFFIX SEAL HERE

Name of Notary Public (please print)

Signature of Notary Public

Date Commission Expires

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AFFIDAVIT FOR EMPLOYER VERIFICATION

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

State of: _____

} *ss.*

County of: _____

I verify that _____ will be employed by the agency indicated below upon the applicant's recertification.

Name of agency or health care service firm

Street address

City

State

ZIP code

County

Name of Prospective Employer (please print)

Signature of Prospective Employer

Date

Sworn and subscribed to before me this _____

day of _____,
Month Year

Affix Seal Here

Name of Notary Public (please print)

Signature of Notary Public

Date Commission Expires



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REACTIVATION APPLICANT – INACTIVE ONE YEAR OR MORE
COMPLETION OF COMPETENCY EVALUATION/SKILLS TEST VERIFICATION

Dear Reactivation Applicant:

The New Jersey Board of Nursing records reveal that your Home-maker Home Health Aide certification 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 Home-maker Home Health Aide competency evaluation and skills test.

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

 Agency/School Official's Signature

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

Affix Seal Here

 Name of Notary Public (please print)

 Signature of Notary Public

 Date Commission Expires