



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 License

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 website and include the following:

1. Reactivation Application:

Complete the application, including the Certification and Authorization for a Criminal History Background Check, attach a current passport photograph to the application and submit the application and the required fee(s) 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 (effective March 2006 - \$120.00) (N.J.A.C. 13:37-5.5 (a)6i); and
- (2) Effective July 1, 2008, a \$ 5.00 surcharge fee for the alternative-to-discipline program (N.J.A.C. 13:37-5.5 (a)12) for those reactivating.

Certification of Employment:

- (1) Submit a signed and dated Certification of Employment that clearly indicates whether you were engaged in your profession during the period that your license has been inactive. In addition, the Certification of Employment **must** include the name, address and telephone number of every employer by whom you were employed. If you were practicing your profession during the period of inactivity, you must describe in detail the type of work or projects with which you were involved.

Proof of Competency:

- (1) A person seeking reactivation **more than five years** after the expiration date of a license shall meet all of the requirements for reactivation. The licensee shall fulfill all of the eligibility requirements found at N.J.A.C. 13:37-2.1 (N.J.A.C. 13:37-5.2(j)). Every licensee shall pass either the National Council Licensure Examination for Registered Nurses (NCLEX-RN) or the National Council Licensure Examination for Practical Nurses (NCLEX-PN). Please contact the New Jersey Board of Nursing's reactivation staff member Sameerah Bond at (973) 273-8030 for support with this process.
- (2) Provide evidence of successful completion of a refresher course consisting of 30 hours of didactic and clinical education (N.J.A.C. 13:37-5.2 (j)2) conducted by a qualified instructor (N.J.A.C. 13:37-1.7).



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Reactivation Fees

Inactive to Inactive-Paid	\$65.00
Inactive-Paid to Active	\$60.00
Inactive to Active	\$125.00
Expired to Inactive-Paid	\$160.00

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.

A photo is required with each application.

Do not use staples to attach the photo



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Office Use Only

Inactive date: _____

Status: _____

License number: _____

Applicant number: _____

Effective date: _____

Application to Reactivate an Inactive License

You may not practice in the State of New Jersey until your license or certificate has been reactivated.

N.J. License No.: _____ Type of License: _____

Initial License Date: _____ Date License Became Inactive: _____

Please submit with this application a check or money order made payable to the State of New Jersey, for the correct amount to reactivate your license (review Reactivation Fees page). (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reactivation 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 (including your address of record) 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

Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial Maiden name

2. Address

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

Telephone number (include area code)

E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

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

3. *Social Security No: ____ - ____ - ____

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

*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 Committee 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.

4. 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.

5. 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 questions a(1) through d will result in a denial of reactivation of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

6. 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

7. Have you ever changed your name? Yes No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); 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 in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

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

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. 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/expire

11. Have you ever been disciplined or denied a nursing license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. 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? Yes No

13. 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? Yes No

14. 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? Yes No

15. 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? Yes No

16. 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

17. 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? Yes No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

CERTIFICATION FOR REACTIVATION APPLICATION

I, _____, in making this application to the Board for reactivation of 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 reactivation or to withhold renewal of or suspend or revoke a license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reactivation. 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.

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



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Employment Certification for the Reactivation of an Inactive License

Directions: Please complete this certification, sign and date it and return it to the New Jersey Board of Nursing. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

First name	Middle name	Last name	Maiden name
Present Street Address	City	State	ZIP Code

- R.N. License No. _____
- L.P.N. License No. _____
- A.P.N. Certificate No. _____

Employment Data: (For the past five (5) years in New Jersey or in any other jurisdiction.)

1(a) _____
Name of employing agency or facility

Street address

City State ZIP Code

Job Title Employment Dates: From To

Supervisor's name Title Telephone No. (include area code)

1(b) Are you currently working as a nurse or did you work as a nurse while your license was inactive?

- Yes
- No

Provide an explanation: _____

(Sign and date reverse side)

1(c) Were you terminated or asked to resign?

- Yes
- No

Provide an explanation: _____

2(a) _____
Name of employing agency or facility

_____ Street address

_____ City State ZIP Code

_____ Job Title Employment Dates: From To

_____ Supervisor's name Title Telephone No. (include area code)

2(b) Are you currently working as a nurse, or did you work as a nurse while your license was inactive?

- Yes
- No

Provide an explanation: _____

2(c) Were you terminated or asked to resign?

- Yes
- No

Provide an explanation: _____

Applicant's name (Please print) Applicant's signature Date



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Dear Applicant:

In November 2003, legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45: 1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization form and return it to the mailing address above.

(In-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** your information about how to schedule an appointment with MorphoTrust, Inc., to have your fingerprints electronically recorded. ***A \$84.90 fingerprinting fee must be paid to MorphoTrust, at the time of fingerprinting.*** The \$62.70 payment should be in the form of a check or money order made payable to MorphoTrust.

(Out-of-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will ***forward*** you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$58.69 fee to have their fingerprints scanned into the electronic system by MorphoTrust. ***The \$7.8; should be in the form of a check or money order made payable to MorphoTrust.***

If you fail to complete and return the Certification and Authorization form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

New Jersey Board of Nursing Licensure Reinstatement

Request for Nurse Refresher Course: Clinical Practice Letter

Purpose:

This request form is for a New Jersey nurse who is reinstating a lapsed nursing license to obtain permission to complete the clinical component of a Nurse Refresher Course for licensure reinstatement.

Directions: *Please complete this request form and return it to:*

New Jersey Board of Nursing
P.O. Box 45010
Newark, N.J. 07101
Attn: Sameerah Bond

Name of Applicant: _____ New Jersey License Number: _____

Date of Initial Licensure: _____ Date of Licensure Expiration: _____

Name of Nurse Refresher Course Institution: _____

City: _____ State: _____ ZIP Code: _____

Course Dates: _____ Clinical Practice Dates: _____

Name of Agency for Clinical Practice: _____

City: _____ State: _____ ZIP Code: _____

Signature of Licensee: _____ Date: _____

Signature of Nurse Refresher
Course Instructor: _____ Date: _____



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Continuing Education Compliance Report Form

Name: _____ R.N. License Number: _____
 (Please print clearly) L.P.N. License Number: _____

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, including but not limited to suspension or revocation of a license and/or certification under N.J.S.A. 45:1-21.

Signature: _____ Date: _____

Title of Program Attach copies of the certificates*	Date	Program Provider	Contact Hours

A total of 30 contact hours is required.	Total _____
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*Attach a copy of the program certificate of completion/attendance (usually one page) for each listing noted above to add up to 30 contact hours. Please refer to N.J.A.C. 13:37-5.3 for information regarding approved C.E.U. providers. Please note: The required 30 C.E.U.'s must be related to nursing. (www.NJConsumerAffairs.gov)

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Official Use Only

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

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

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.

Continuation on the reverse side ➡

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