



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Criminal Background Investigation (CBI) Application

INSTRUCTIONS FOR COMPLETING APPLICATION

THESE INSTRUCTIONS MUST BE FOLLOWED EXACTLY.

Please review the instructions carefully before completing the application. Take time completing the application, and **PRINT ALL INFORMATION LEGIBLY IN BLACK INK.** If the application is NOT properly completed, it will be returned to you without being processed. You will need to make the required corrections and re-submit the application. **THIS WILL DELAY THE PROCESS FOR OBTAINING YOUR CERTIFICATION.**

APPLICATION TYPE (*located on upper right corner of the application*)

- Certified Nurse Assistant or Personal Care Assistant candidates: check the CNA/PCA Box
- Certified Assisted Living Administrator candidates: check the CALA box.
- All others: write the 3 character ID code that appears in Box 22 on the fingerprint form.

NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER*. TELEPHONE NUMBER, ADDRESS, AND LONG-TERM CARE EMPLOYER OR TRAINING PROGRAM.

Complete the fields for Name, Date of Birth, Social Security Number*, Telephone Number, Address, and Long-Term Care Employer or Training Program

*Privacy Act NOTICE (PL 93-579): Submission of Social Security Number is mandatory for certified nurse aides, personal care assistants, and certified assisted living administrators pursuant to N.J.S.A. 2A:17-56.44(e), as authorized by 42 U.S.C. 666, and are used to uniquely identify candidates for certification, coordinate criminal history information with the required criminal history registries, and to comply with child support enforcement laws.

SCREENING QUESTIONS FOR ALL APPLICANTS

1. Answer BOTH screening questions.
2. If you answer YES to either or both questions, you must provide the items listed on the reverse side of these instructions with this application. NOTE: Answering YES does NOT necessarily prevent an individual from obtaining certification. However, answering NO if the person has been convicted of disqualifying offenses will result in disqualification from certification for at least two years.
3. State law allows a person who has not been convicted of a disqualifying offense to work as a Nurse Aide, Personal Care Assistant, or Assisted Living Administrator for up to 120 days while the criminal history background check is being conducted. If you have answered NO to both questions, please provide a copy of the application to your employer as proof of this eligibility.
4. The completed application MUST be notarized or it will be returned. Remember, this application is a sworn affidavit. False statements are punishable by law. Please send all material to:

Criminal Investigation Unit
PO Box 359
Trenton, NJ 08625-0359

YOU MUST MAIL THE ORIGINAL APPLICATION TO THE CRIMINAL INVESTIGATION UNIT.

Please be sure to retain copies of any document you submit. You must allow at least 12 weeks for processing.

If you have convictions for any of the offenses listed on this application, please read "How to Request a Determination of Rehabilitation" of the reverse side of these instructions.

HOW TO REQUEST A DETERMINATION OF REHABILITATION

If you have been convicted of an offense which would disqualify you from certification as a Certified Nurse Aide, Personal Care Assistant or Certified Assisted Living Administrator, you may request the Department review all pertinent facts regarding the conviction. The law states that the Department must consider:

- The nature and responsibility of the position which you will hold, or have held;
- The nature and seriousness of the offense(s);
- The circumstances under which the offense(s) occurred;
- The date of the offense(s);
- Your age at the time you committed the offense(s);
- Whether the offense(s) was/were an isolated event or a repeated incident;
- Any social condition which may have contributed to the offense(s); and
- Any other evidence of rehabilitation, including good conduct in prison or the community, counseling or psychiatric treatment, academic or vocational schooling, successful participation in work-release programs, or the recommendation of those who have had you under their supervision.

You **MUST** submit the following:

- ✚ A personal statement from you which gives the details of the offense, including personal and social circumstances which existed at that time (*you must provide as much information as possible*);
- ✚ If you believe that a conviction was reported in error, a certified copy of the Judgment of Conviction or other document issued by the court in which you were convicted of the offense(s);
- ✚ A report from your probation or parole office indicating that you are in compliance with the conditions of your release and/or have been discharged from probation or parole (if applicable);
- ✚ Proof of drug counseling and/or treatment (*if your offenses were drug related*); and
- ✚ A statement of support from your Nurse Aide Training and Competency Evaluation Instructor, or your employer.

The following are **NOT** required, but you may also submit:

- ✚ Personal reference letters, including letters of support from counselors, correction personnel or clergy;
- ✚ Certificates of training and schooling (for example, vocational training, other certifications and/or licenses, and GEDs); and
- ✚ Any other documents which help demonstrate that you can work safely with the infirm elderly.

Please submit the required information to:

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DEPARTMENT OF HEALTH AND SENIOR SERVICES

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<input type="checkbox"/> CNA/PCA
<input type="checkbox"/> CALA
<input type="checkbox"/> OTHER _____

Please make sure you have BOTH this application and the instructions so that the completed application is accurate. Remember, you must make and complete a fingerprint appointment before you can obtain certification. Please refer to the instructions on the fingerprint form for information on how to make a fingerprint appointment.

COMPLETE THE FOLLOWING INFORMATION, AND SIGN AND DATE THE APPLICATION

LEGAL NAME

Last Name	Suffix

First Name	Middle Name

SOCIAL SECURITY NUMBER - - GENDER Male Female

(See instructions for Privacy Act Notice)

ADDRESS

Number, Street	Apt No

City	State	Zip Code

TELEPHONE - - BIRTH DATE - -

MM DD YEAR

TRAINING PROGRAM FACILITY NAME _____ FACILITY ID

ADDRESS _____

SCREENING QUESTIONS FOR ALL APPLICANTS

Screening questions must be completed by all applicants. REMINDER. Failure to provide documentation for any questions answered "Yes" will prevent completion of the certification process.

Have you <u>ever</u> been found guilty of a criminal or administrative charge of resident abuse and/or neglect, or misappropriation or theft of a resident's property, or have you <u>ever</u> been placed on a State or other jurisdiction's abuse registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you <u>ever</u> been convicted of any of the offenses or crimes listed on the back side of this application? Conviction includes a finding of guilty by trial judge or jury, a plea of guilty and/or a plea of no contest.	<input type="checkbox"/> Yes <input type="checkbox"/> No

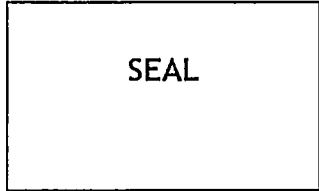
SIGNATURE AND NOTARIZATION

State of _____ County of _____

I hereby certify that I have answered the questions on this application truthfully and honestly. I understand that my false answer on this application form shall result in my immediate disqualification from certification as a Nurse Aide/Personal Care Assistant in New Jersey for at least two (2) years and shall subject me to a fine of \$1,000. I hereby release any and all records of arrests and/or convictions to the New Jersey Department of Health and Senior Services (Department), and consent to an investigation into any arrest, conviction or allegation of abuse or neglect. I understand that my fingerprints will be used to check the criminal history records of the New Jersey State Police and the Federal Bureau of Investigation. I understand that, if certified, subsequent conviction of any offense listed on the reverse side of this application shall result in disqualification from certification. I understand that as a condition of certification, any arrests or convictions that occur will be reported to the Department. I certify that I have read and understand this application and the New Jersey Nurse Aide/Personal Care Assistant Candidate Information Bulletin.

Signature of Applicant _____ Date _____
 Subscribed and sworn to before me, this _____ day of _____ 20 _____

Signature of Notary Public _____ My Commission Expires _____



New Jersey State law provides that a person shall be disqualified from certification if that person's criminal history record background check reveals a record for conviction of any of the following crimes or offenses (including those committed in another State or jurisdiction), unless that person has obtained a determination of rehabilitation from the New Jersey Commissioner of Health and Senior Services (N.J.S.A. 26:2H-83):

- Chapter 11: Murder, Criminal Homicide, Manslaughter, Death by Auto, Leaving the Scene of Accident with Death of Person, Aiding Suicide.
- Chapter 12: Aggravated Assault, Simple Assault, Assault, Battery, Leaving the Scene of Accident with Serious Injury to Another, Terroristic Threats, Reckless Endangerment, Stalking, Disarming Police/Corrections, Throwing Bodily Fluids on Corrections, and may be referred to as Offensive Touching, Assault, Abuse (Spousal or other), Domestic Violence or Battery or other similar terms for out-of-state convictions.
- Chapter 13: Kidnapping, Criminal Restraint, False Imprisonment, Interfering with Custody, Criminal Coercion, Enticing a Child into a Vehicle or Structure
- Chapter 14: Aggravated Sexual Assault, Rape, Sexual Assault, Criminal Sexual Assault, Lewdness, any sexual offense other than simple prostitution, any offense requiring registration under Megan's Law.
- Chapter 15: Robbery, Carjacking
- Chapter 20: Larceny, Grand Larceny, Petit or Petty Larceny, Possession of Stolen Property, Theft by Unlawful Taking, Deception, Extortion, or Failure to Make Required Disposition, Receiving Stolen Property, Fencing, Theft of Services, Shoplifting, Theft of Library Materials, Computer Related Theft, Car Theft, Theft, Fraud, Maintaining "Chop Shop", Using Juveniles in Auto Theft, Retail Theft.
- Chapter 24: Endangering the Welfare of Children, Elderly or Incompetent Persons, Bigamy, Willful Non-Support, Unlawful Adoptions, Child or Elder Abuse (some Jurisdictions), child abuse (in some jurisdictions), any offense requiring registration under Megan's Law (N.J.S.A. 2C:7-1 et seq.).
- Chapter 35: Possession, Use or Distribution of Controlled Dangerous Substances or Analogs, Related Offenses. Does not include convictions of Possession of Marijuana 50 grams or less, or Possession of Hashish 5 grams or less (Specifically (N.J.S.A. 2C:35-10(a)4).

A conviction includes any conviction for an attempt or conspiracy to any of the above charges. Also, any conviction which impacts on the ability of the candidate to provide services as a Nurse Aid may be the basis for disqualification pursuant to N.J.A.C. 8:39-1 et seq. NOTE: Out-of-State convictions may use terms that differ from those used in New Jersey. However, if the ACT would result in a disqualifying conviction if committed in New Jersey, you **MUST** disclose it by answering question 2 on the reverse side of this form or you will be disqualified from certification in New Jersey for at least two (2) years.

Please Note: Criminal history information is PERMANENT unless expunged or sealed by judicial order. Criminal history information does not "go away" or "disappear" after seven years, etc. **BE SURE TO ANSWER "YES" IF YOU HAVE EVER BEEN CONVICTED OF ANY OF THESE CRIMES OR OFFENSES, OR YOU WILL BE DISQUALIFIED FROM CERTIFICATION FOR AT LEAST TWO (2) YEARS.**

If you need assistance with this application, you may call the Criminal Investigation Unit at 1-866-561-5914 (out-of-state, call 1-609-292-4303)

All CBI materials should be returned to:

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Trenton, NJ 08625-0359

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