

**New Jersey Department of Health**  
**Criminal Investigation Unit**  
 PO BOX 359  
 Trenton, NJ 08625-0359

☐ CNA/PCA  
☐ CALA

## CRIMINAL BACKGROUND INVESTIGATION APPLICATION

*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, SIGN, AND DATE THE APPLICATION

Last Name		Suffix
First Name	Middle Name	
Social Security Number		Gender
Street Address		Apt. No.
City	State	Zip Code
Telephone No.	Date of Birth	
Training Program Facility Name		Facility ID
Facility 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.

1.	Have you <b>ever</b> 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 <b>ever</b> been placed on a state or other jurisdiction's abuser registry?	Yes	No
2.	Have you <b>ever</b> been convicted of any of the offenses or crimes listed on the back side of this application? Conviction includes a finding of guilt by trial judge or jury, a plea of guilty and/or a plea of no contest.	Yes	No

### SIGNATURE AND NOTARIZATION

State of	County of
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I hereby certify that I have answered the questions on this application truthfully and honestly. I understand that any false answer on this application form shall result in my **immediate** disqualification from certification as a Nurse Aide/Personal Care Assistant or Assisted Living Administrator in New Jersey for at least two (2) years and may subject me to a fine of up to \$1,000. I hereby release any and all records of arrests and/or convictions to the New Jersey Department of Health, 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 the disqualification from certification. I understand that as a condition of certification, any arrests or convictions that occur will be reported to the Department of Health. 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 of Signature
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Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public	My Commission Expires
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SEAL

## CRIMINAL BACKGROUND INVESTIGATION APPLICATION CONTINUED

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 (N.J.S.A. 26:2H-83):

Chapter 11: Murder, Criminal Homicide, Manslaughter, Death by Auto, Leaving the Scene of an Accident with the Death of a Person(s), Aiding Suicide.

Chapter 12: Aggravated Assault, Simple Assault, Assault, Battery, Leaving the Scene of an Accident with Serious Injury to Another, Terroristic Threats, Reckless Endangerment, Stalking, Disarming Police/Corrections, Threats Against Health Care Professional, Volunteer, Throwing Bodily Fluids on Corrections and other offenses that 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, Theft by 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, Endangering Another Person, 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, or Related Offenses. Does not include convictions of Possession of Marijuana 50 Grams or Less, or Possession of Hashish 5 Grams or Less [N.J.S.A. 2C:35-10(a)4].

A conviction includes any conviction for an attempt or conspiracy of any of the above charges. Also, any conviction which impacts on the ability of the candidate to provide services as a Nurse Aide/Personal Care Assistant may be the basis for disqualification pursuant to N.J.S.A. 26:2H-83 or as an Assistant Living Administrator pursuant to N.J.S.A. 26:2H-7.17. 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 "Yes" to 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 1-609-292-4303 (out-of-state, call 1-866-561-5914).

All criminal background investigation materials should be returned to:

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

**YOU MUST MAIL THIS 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.

# CRIMINAL BACKGROUND INVESTIGATION APPLICATION INSTRUCTIONS

## 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 Aide or Personal Care Assistant candidates: check the CNA/PCA box.
- Certified Assisted Living Administrator candidates: check the CALA box.

### 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 your 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 (2) 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:

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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" on the reverse side of these instructions.

# CRIMINAL BACKGROUND INVESTIGATION APPLICATION INSTRUCTIONS CONTINUED

## 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 a Certified Assisted Living Administrator, you may request the Department of Health review all pertinent facts regarding the conviction(s). **However, if you have ever been convicted of the following offenses you cannot request a determination of rehabilitation and you are permanently disqualified from certification: N.J.S.A. 45:1-15.9, specifically, sexual assault, criminal sexual contact or lewdness pursuant to N.J.S. 2C:14-2, N.J.S. 2C:14-3, and N.J.S. 2C:14-4 that is of the first, second, third or fourth degree, endangering the welfare of a child pursuant to paragraph (1) of subsection a. of N.J.S. 2C:24-4, attempting to lure or entice a child pursuant to section 1 of P.L. 1993, c.291 (2C:13-6), or equivalent offenses in another jurisdiction.** If you have not been convicted of the above bolded offenses the law states that the Department of Health 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 offense(s) were drug related*); and
- A statement of support from your Nurse Aide Training and Competency Evaluation Program 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 or elderly.

Please submit the required information to:

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