New Jersey Department of Health Criminal Investigation Unit P.O. Box 359 Trenton, NJ 08625-0359

TO:

All New Applicants for Certification as a Nurse Aide All Reciprocity Candidates for Nurse Aide Certification

SUBJECT:

Fingerprint Process

New Jersey law requires that every candidate for certification as a nurse aide must submit to a fingerprint process before the Department can grant certification (N.J.S.A. 26:2H-83, et seq.). You must provide fingerprint impressions that will be used to check the criminal history records of the New Jersey State Police and the Federal Bureau of Investigation (FBI) to determine if you have been convicted of a disqualifying offense. Also, we will be notified if you are convicted of an offense at a later date.

In order to have your fingerprints taken, you must make an appointment with the vendor designated by the New Jersey State Police to take fingerprint impressions. The vendor, MorphoTrust, will take information from you, including the codes on the reverse side of this letter. You will be scheduled to report to a local site and have your fingerprint impressions taken. On the day you report, you MUST BRING A PHOTO ID ISSUED BY A GOVERNMENTAL AGENCY (see the list of approved identification documents on reverse side) AND THIS FORM. Failure to follow this direction will result in your being turned away at the center, and will require you to make a second trip. To arrange to have your fingerprints taken, visit the website www.bioapplicant.com/nj at any time. If you do not have access to the Internet, call MorphoTrust toll-free at (877) 503-5981** during regular business hours. Please note that during certain times of the year waiting times for the call center can exceed 10 minutes. Either way you make your appointment, you must provide them with the information listed on the reverse side of this letter.

You are required to keep any appointment you make with the vendor. If you cannot keep your appointment, you must call the vendor by 5 PM the business day before your appointment to cancel and reschedule. Failure to keep your fingerprint appointment may result in your disqualification from certification as a nurse aide in New Jersey. The vendor reports all "no-show" applicants to the Department.

You are not required to pay for these services. The Department of Health will pay for your fingerprints and the scanning service. You do not have to give the vendor any money at the time you are fingerprinted. Once you are fingerprinted, the vendor will give you a special number, called a PCN. You should write this number down on this form and keep it for your records. This proves that you have had the fingerprints completed, and can help us track down information or to re-send your fingerprints in the future.

REMEMBER:

You MUST still complete a notarized "Criminal Background Investigation Application" and mail it to the Department. Failure to complete the application can result in denial of certification or a delay in processing your results.

*Privacy Act Notice (PL 93-579) The submission of social security numbers are mandatory for nurse aides pursuant to 42 USC 666 and N.J.S.A. 2A:17-56.44(e), and are used to uniquely identify candidates for nurse aide certification and to comply with child support order enforcement pursuant to N.J.S.A. 2A:17-56.41, et seq.

^{**} Hearing and sight impaired candidates may call the NJ Relay Service at 711 or (800) 852-7899.



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

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(1) Originating Agency Number (ORI #) N J 9 2 0 5 8 0 Z (2) Category H C K				(3) Statute Number N.J.S.A. 26:2H-83			
(4) Reason for Fingerprinting CERTIFIED NURSE AIDE/CARE G				(5) Document Type	· 1 i	(6) Payment Information NJDOH PAYS COSTS	
(7) Contributor's Case # (Unique Identifier) C N A				(8) Miscellaneous			
(9) First Name	(10) MI		(11) Last N	ame			
(12) Daytime Phone Number	(13) Social Secu	(13) Social Security Number *		(14) Date of Birth	(15) Height	(16) Weight	
(17) Maiden or Alias Last Name	(18) Place of Bir	(18) Place of Birth (US State if US Citizen; Co		ntry for all others) (19) Country of Citizenship			
(20) Home Address Address	Cit	City		State Zip			
(21) Gender (Select one) [] Female [] Male [] Both	(22) Hair Color (23) Eye Color			[A] Asian/ Pi [B] Black [i] America [W] White (I	[B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown		
(25) Occupation / Position (with respect to Requirement) Identification Requirement - Acceptable	(26) Employer / Organiza Employer Address City			State	Zip		
Identification Requirement - Acceptable that is current (not expired). A combination Address (home/employer), Date of Birth. Examples of acceptable ID are: 1) Valid L (issued after 5/10/2010), and 4) USCIS E Please READ This Form Carefully: Follow all of the instructions provided by your prior to scheduling your fingerprint appoints Universal Fingerprint Form, IDG_NJAPP_0	Acceptable ID must be in J.S. State Photo Driver's imployment Authorization our agency/employer to coment via the website or coment via the website	issued by a Fed License/ Non I n Card (issued a complete the fin call center. PLE	eral, State, Coriver's Licen offer 10/31/20 ogenprint processes ASE PRINT	se, 2) U.S. Passport, 010).	3) USCIS Perm	anent Resident ID Car 1 through 26) complete	
Appointment Scheduling: Scheduling is available anytime at www.t speaking agents are available at 1-877-5. Payment: When an applicant is responsible for paym prepaid debit cards, or electronic debit (Ad	oioapplicant.com/nj. 03-5981, Monday throu	Appointments gh Friday, 8:00	may also be AM to 5:00Pl	W EST and Saturday, The following forms of	8:UUAM TO 12 N	100N ES1.	
Cancel/ Reschedule: Appointments may be canceled or resche appointment (Saturday Noon for Monday cancel/reschedule their appointment prior payment method.	duled via the website or	the call center to	efore the de	adline of 5PM EST the	uiteu by abblica	IIIS WIID OD IIDL	
Unable to be Fingerprinted: An applicant is considered "Unable to be identification, inability to present this com information provided during the schedulin refund the remainder of the fee paid (stat	pleted Universal Fingerp a process. Applicants ur	nable to be finge	rprinted will	incur a \$10.00 plus ta	4UUN ON UNS 1011	II GOGS HOL GYBORL HIGH	
PCN and Receipts: Upon the completion of fingerprinting you provide duplicate receipts, PCN Numbers	will be assigned a PCN s or any appointment/pri	I number. The P	n aπer the un	ne or prinung.	nd on your rece	ipt. MorphoTrust will no	
Applicant ID Number:	Payment Authorization:			Cheduled			
Scheduled Day & Date:	Scheduled Time:			Scheduled Site:			
Agency Information:							

You MUST retain a copy of this form and the receipt of printing for your personal records.