Training Guide

Certified Nursing Aides Portal

Contents

Overview

Certified Nurse Aide (CNA) is a program within the New Jersey Department of Health (NJ DOH) that focuses on approving credentials of individuals who want to practice as a nurse in the State of NJ. The CNA Board helps maintain a set of ethics and standards that every applicant must adhere by. Therefore, before working as a certified nurse in New Jersey, the applicant needs to have the approval of the CNA Board.

Applicant can now be registered and use online portal system to approach department to process respective applications submitting required documentation to get certified.

Acronyms

S. No	Acronym	Expansion	Description
1.	HSB	Health Services Branch	HSB is the department that deals with the various core functions like: Licensing, relicensing, certificate of need, facility inspections, investigations of complaints, enforcement, etc. HSB application provides faster processing times to license and relicense health care facilities by making historical and current data readily available to staff at the Department of Health, Human Services, and the Office of the Attorney General.
2.	ACH	Automated Clearing House	Administrators may make license payments through the ACH payment method. This ACH process is a secure online banking system with the Bank of America.
3.	SSN	Social Security Number	A unique nine-digit number issued to an individual by the Social Security Administration (SSA).
4.	DOB	Date of Birth	Date of Birth of the administrator
5.	CMP	Civil Monetary Penalty	Civil monetary penalties are levied on administrator who fail to notify Nursing Home Administrators Licensing Board of certain changes affecting their licensure in timely manner as specified in New Jersey Administrative Code (NJAC).
6.	NJAC	New Jersey Administrative Code	The New Jersey Administrative Code, an official publication of the State of New Jersey, compiles all effective rules adopted by State agencies and filed with the Office of Administrative Law.

Pre-Requisites

Already have a portal account go to Sign-In

Not have a portal account go to Sign-up/Portal Registration

1. Sign In – Registered Users

Registered Users can **SIGN IN** with respective Username / Password to access, process their applications. Login can also helps **CNA Applicants** to make changes to their profile, make initial license request and changes to their current licenses if needed.

Step 1.1

To login to the NJ DOH new web Portal, please type in **https://dohhfs.nj.gov/** in the URL address box in Google Chrome or Microsoft Edge and click enter. (Once you click enter, browser launches Home page.)
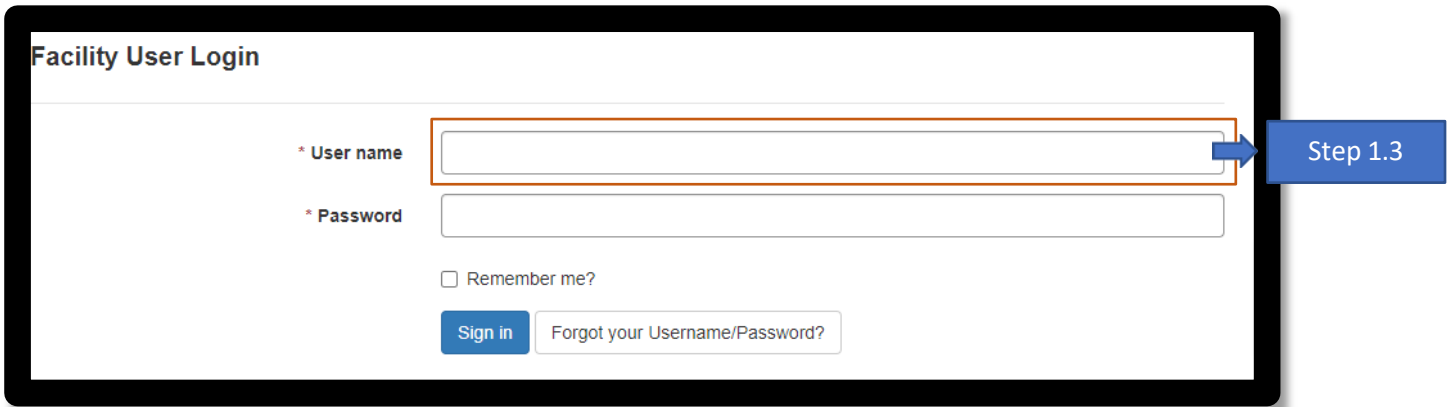

Step 1.2

Click on **Sign In option** on the main menu **Fig Step 1.2** to log into your NJ DOH Portal account.

Enter Username
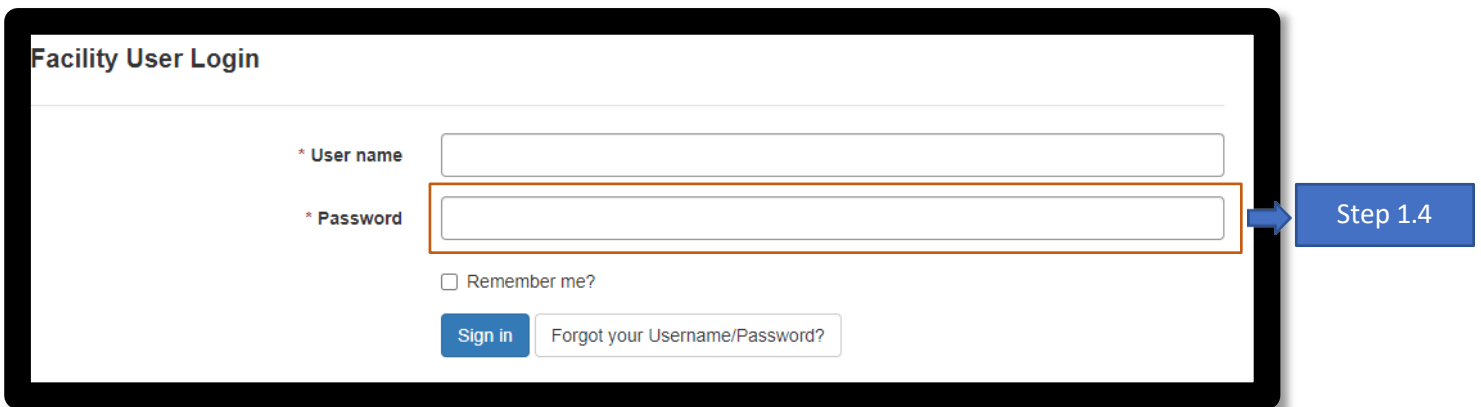
Step 1.3   Enter in your username for the Portal. (Created when account was setup. For reference check
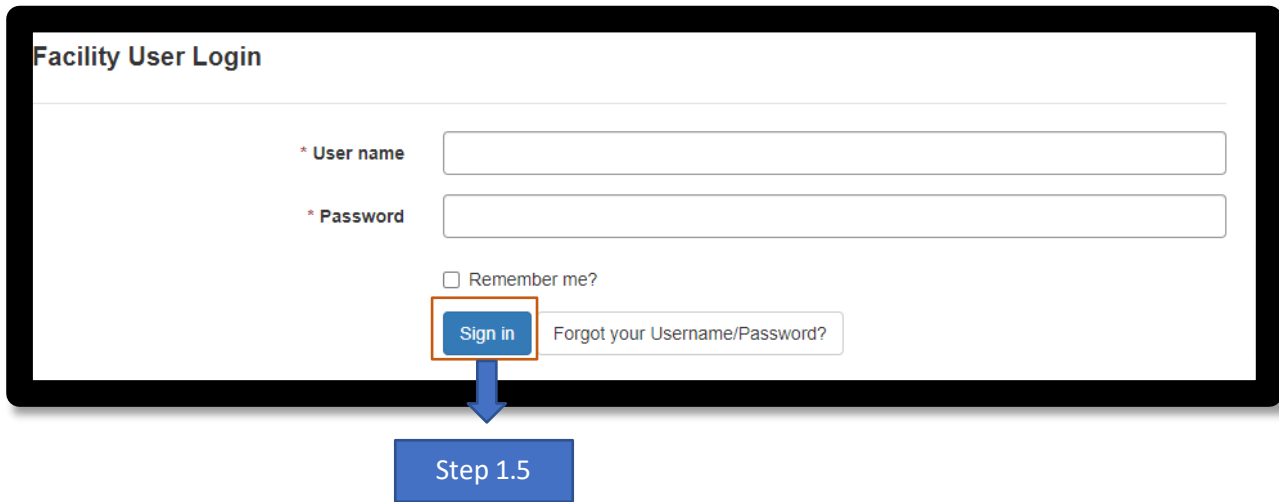Sign Up / Registration)

Enter Password

Step 1.4   Please enter your secured password to validate your user credentials which setup during
registration. For reference check Sign Up / Registration

Sign in

Step 1.5   Clicking on Sign in button to get into the account and to access other features portal offers

Step 1.5

Profile

Step 1.6 After Signing In, system redirects to the profile page to verify the applicant details. Applicant now can change details (First Name, Last Name , Title and Business Phone) and update information by cliking on **Update Button**

Step 1.6
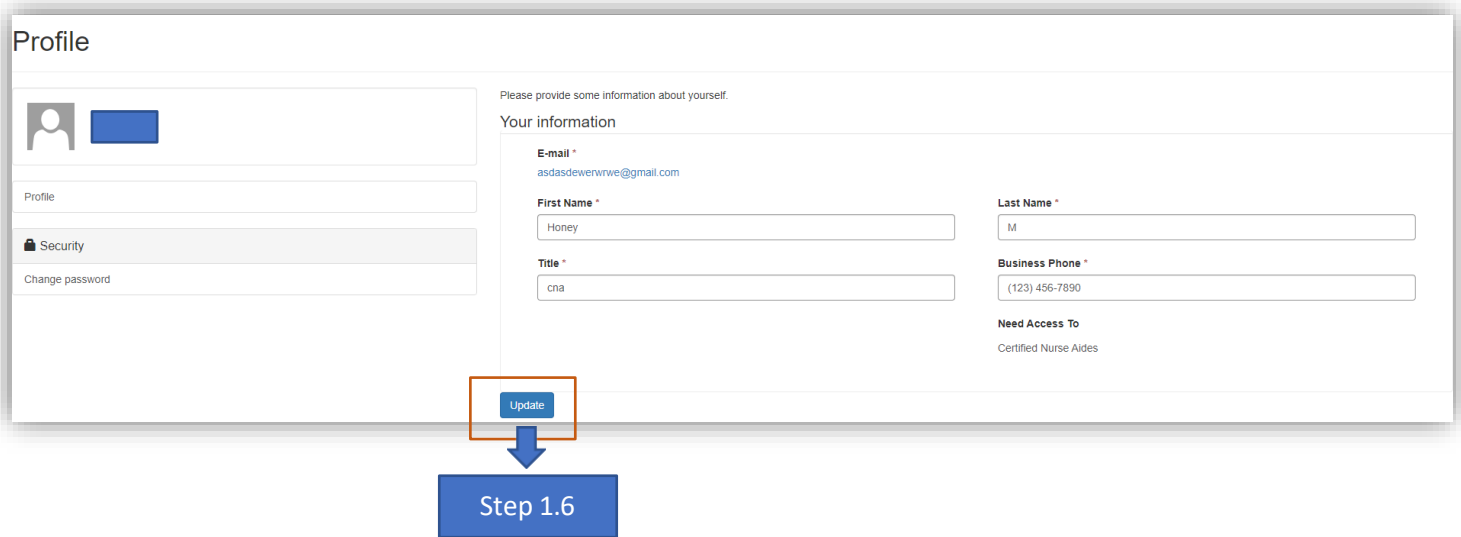
2. Forgot Username / Password

Step 2.1 If you forgot Username / Password on your account, login details can be reset / retrieve by clicking on "Forgot Username / Password" button on the Sign in page

Step 2.1

Reset UserName / Password

Step 2.2

Clicking on **Step 2.1** page redirects to resetting password and user to provide email address used while registration. For reference check Sign Up / Registration

For Password rules , refer to setup username and password section

Step 2.2

Step 2.3

Click on send button which to receive username and password reset details where you can reset password and re-login into the account with updated details

Forgot Your Username/Password?

* Email [   ]

Enter your email address that you have used to register on portal.

[Send] [Cancel]

Step 2.3

3. Sign Up / Registration

Please refer Step 1.1 for Portal link and URL details

New CNA Applicants: First time portal users

Sign Up

Step 3.1

New CNA Applicants who need access to online portal system, need to be follow below **Sign-Up** steps to get themselves registered and submit / edit the applications.

Click on **Sign Up** icon on homepage redirects to registration process page

OFFICIAL SITE OF THE STATE OF NEW JERSEY

Health Facility Services

🏠 | Contact Us | Sign in | Sign Up
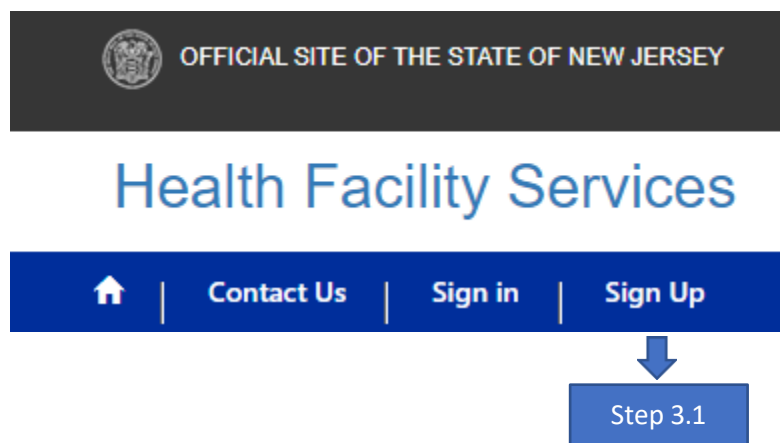
Step 3.1

Registration page

Step 3.2
You need to provide all the basic and necessary details to get the registration completed

Step 3.3

Need Access to: CNA applicants need to select" **Certified Nurse Aides**" option from the drop down to request access for the applications.

Step 3.4

First Name *: Enter First Name of the applicant

Step 3.5

Last Name *****: Enter Last Name of the applicant

Step 3.6
Email Id *****: Enter right formatted Email ID of the applicant with valid email format (sample@sample.com)

Step 3.7
Business Phone Number *****: Enter Phone# of the applicant / Business (Valid 10-digit phone number)

Step 3.8
 Job Title: This is an Optional field to enter the value

<mark>* Indicates mandatory fields which needs to be filled to proceed further with registration process</mark>
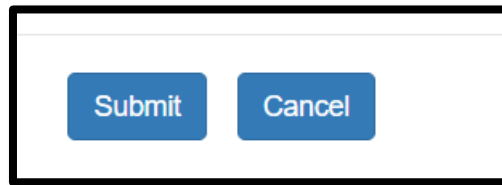
Step 3.9

Captcha:

Enter Valid captcha details in the validation box (this an industry level extra layer of security to handle AI logins / Bots)
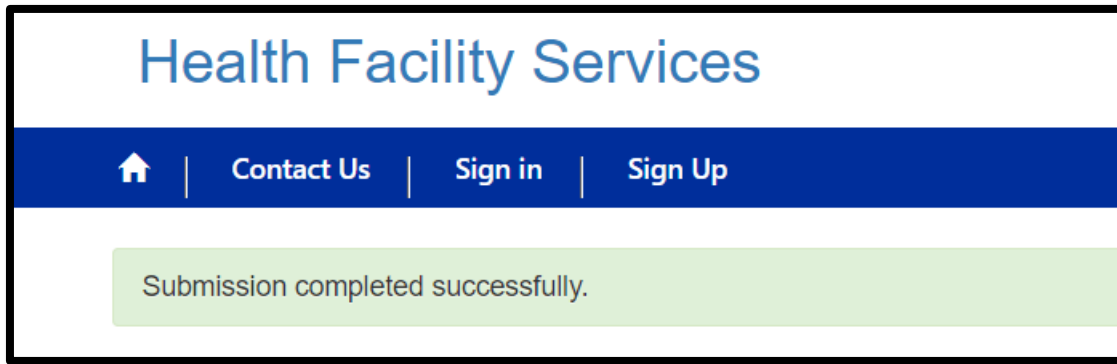

Step 3.9.1
Submit: Click on Submit button on the bottom to submit details entered

Once all the details submitted successfully, below message "**Submission completed successfully**" will be displayed

4. Invitation Code / Redeem Invitation

Redemption code will be sent to an email id provided in the registration process as a link that redirects to below page with pre-filled value.

Email looks as like below:

Hello {Applicant Name},

This is an automatically generated email, please do not reply directly to this email. **

Welcome to the New Jersey Department of Health (DOH).

This is step one of a two-step process, to create an account in the New Jersey DOH web-based portal, DOH has generated an invitation code for you to create an account on the new web-based portal. Please click here to Redeem Invitation Code and get access to your account on the portal.

Thank you.

Web Portal Team,
NJ Department of Health.

Step 4.1

Click on Redeem Invitation Code link from the email that redirects to login page with prefilled invitation code value

Redeem Invitation
Step 4.2

Click on the button "Redeem Invitation" to get the code accepted.

Health Facility Services

♠ | Contact Us | Sign in | Sign Up

➔ Sign in | Redeem invitation

Sign up with an invitation code

* Invitation code [   ]

☐ I have an existing account

[Redeem Invitation]

Step 4.2

5. Setup username and password

Step 5.1

After Redemption of the invitation code, registration page will be loaded where you can setup your personal login details (username and password).

Facility User Login

* Email   asdasdewerwrwe@gmail.com

Step 5.3 ⟸ * Username [   ]

Step 5.4 ⟸ * Password [   ]

Step 5.5 ⟸ * Confirm password [   ]

[Register]

Step 5.3

Username:

Usernames cannot contain an ampersand (&), equals sign (=), underscore (_), apostrophe ('), dash (-), plus sign (+), comma (,), brackets (<,>), or more than one period (.) in a row. Usernames can begin or end with non-alphanumeric characters except periods (.).

Step 5.4

Password

At least 12 characters long but 14 or more is better. A combination of uppercase letters, lowercase letters, numbers, and symbols.
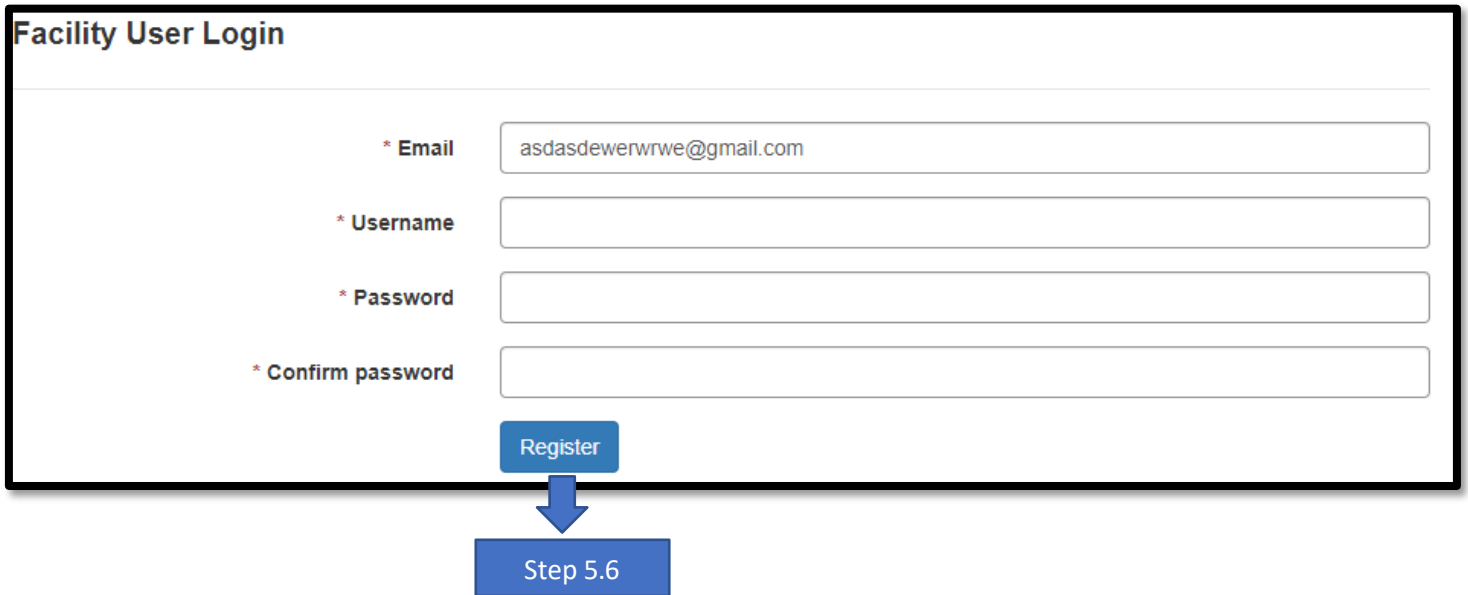
Step 5.5

Confirm Password

Confirm password should match with the characters provided in the Password section

Step 5.6

Click on Register button to complete the registration with the username and password to your account

Step 5.7

After registration, page will redirect to profile page, please check profile section for reference

6. CNA Applications

Step 6.1

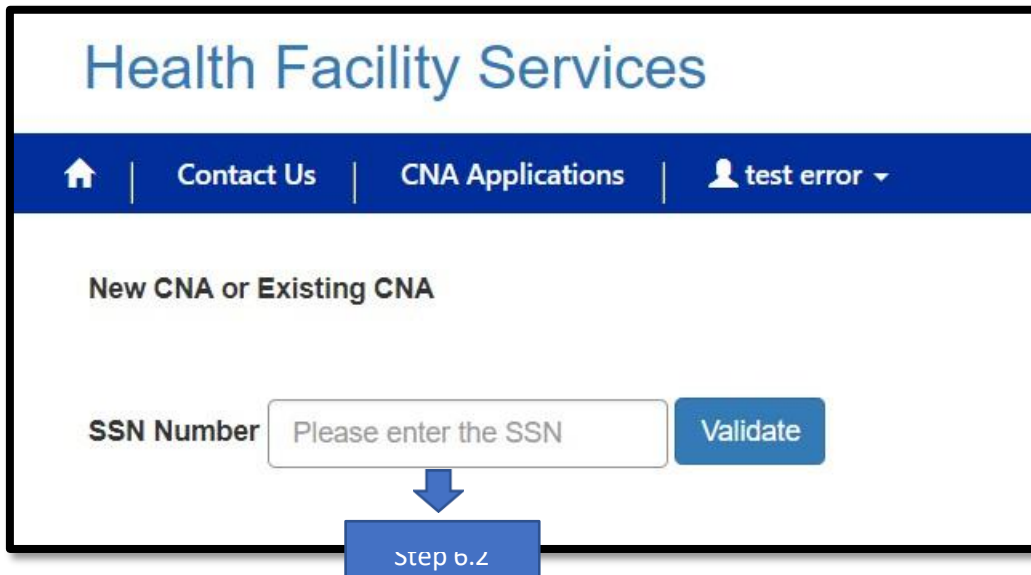Click on CNA Applications to navigate CNA verification with SSN number.

Step 6.2

Signed-up users will be validated with the unique identifier SSN to verify if the applicant already registered and have CNA Application existing in the system

Below highlighted section validates if the candidate is New CNA or Existing CNA
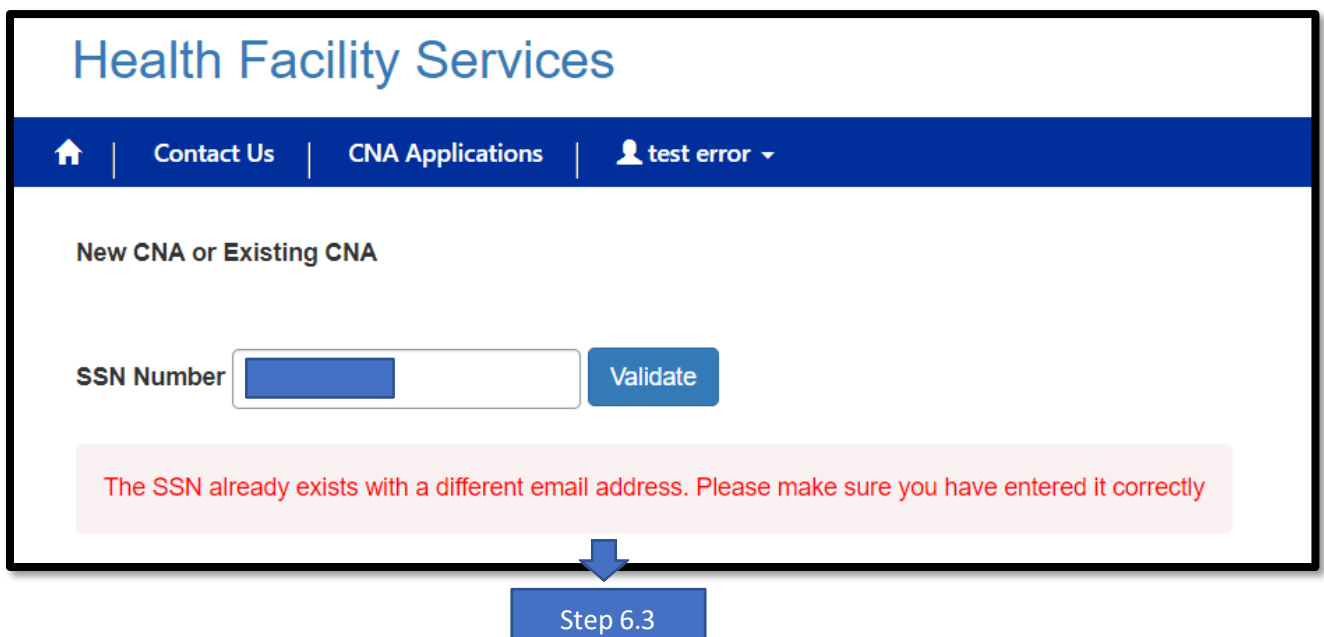

Step 6.3

Existing CNA

Enter the SSN number and click on "**Validate**" button, If the candidate already registered and have existing application in the system, you will be seeing below error message

Step 6.4

Enter the SSN number and click on "Validate" button, If the candidate doesn't register before and have no applications in the system. You will see "Create New CNA" button which creates new CNA Record.

Refer to CNA Record section for complete details

7. CNA Record

New CNA record can be created based on SSN details validated. Click on "**Create New CNA**" Button which creates CNA Record

Applicant Information

Applicants need to provide all basic details in this section as follows to complete creating CNA record

Step 7.1

Prefix: This is an optional value which is not mandatory to provide

Step 7.2

First Name: This is mandatory field which will be auto populated from registration page

Step 7.3

Middle Name: This is an optional value which is not mandatory to provide

Step 7.4

Last Name: This is mandatory field which will be auto populated from registration page

Step 7.5

Full Name: This is the value auto populated from First and Last Name fields

Personal Information

Applicants need to provide Personal details in this section as follows to complete creating CNA record

Step 7.6

Date of Birth is a mandatory calendar pick value with MM/DD/YYYY format

*Applicant should be minimum age of 16 years; system validates the age by date and display Error on Submitting the application

Step 7.7

Social Security Number is the pre-populated value carry forwarded from the SSN search

Step 7.8

U.S Citizen: If the applicant is US citizen this value must be checked and need to fill in mandatory "**Date of Naturalization**" as shown below

Personal Information

Date of birth *

1/30/2023

Social security number *

☑ **U.S. Citizen**

Date of naturalization *

M/D/YYYY

Step 7.8

Applicant Address

Step 7.9

You need to fill in the address to complete CNA record. GoogleAPI is to pick the address fields instead of manual entry. You can choose the values from the drop down on address field to pick the right address which gets updated in respective sections.

Applicant Address

Enter address

Enter a location

☐ Address not found?

Street address *	Floor/Suite	City *

State *	Zip code *	County

Step 7.9.1

Start typing in the address, Google API will suggest the addresses with int-sense, applicant can pick one of the drop-down values to fill all the address fields

Submitting CNA Record

Step 7.9.2

After filling all the details click on Submit button to continue with the application

Step 7.9.2

8. CNA Application Tab

This Tab holds all the application records of the applicant. Default view will be as below with no details entered as there no records yet created.
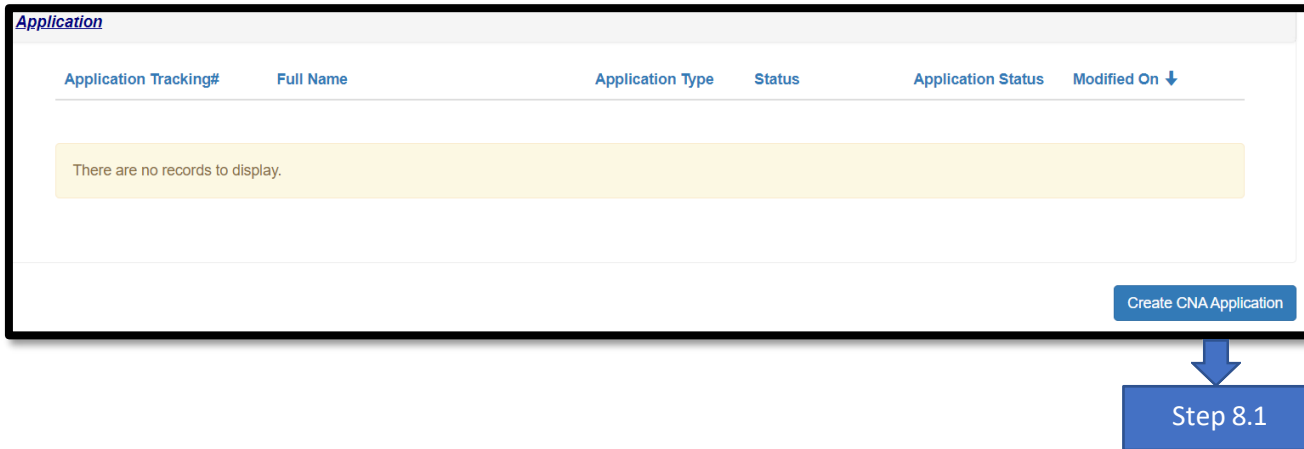
Step 8.1

Step 8.1

This Tab facilitates option to create new CNA Application, clicking on "Create CNA Application" button will redirect ask for the options to create new application.

# 9. Creating Waiver Application

Step 9.1

On Clicking "**Create CNA Application**" button, a pop-up displayed with the Waiver option to select.

Step 9.1

For Reciprocity: As mentioned in the pop-up, user need to reach out PSI Team and for more details
https://candidate.psiexams.com/catalog/fti_agency_license_details.jsp?testid=1663

Step 9.2: Click on Waiver option and "**Create**" button which initiates new Waiver application

Step 9.2
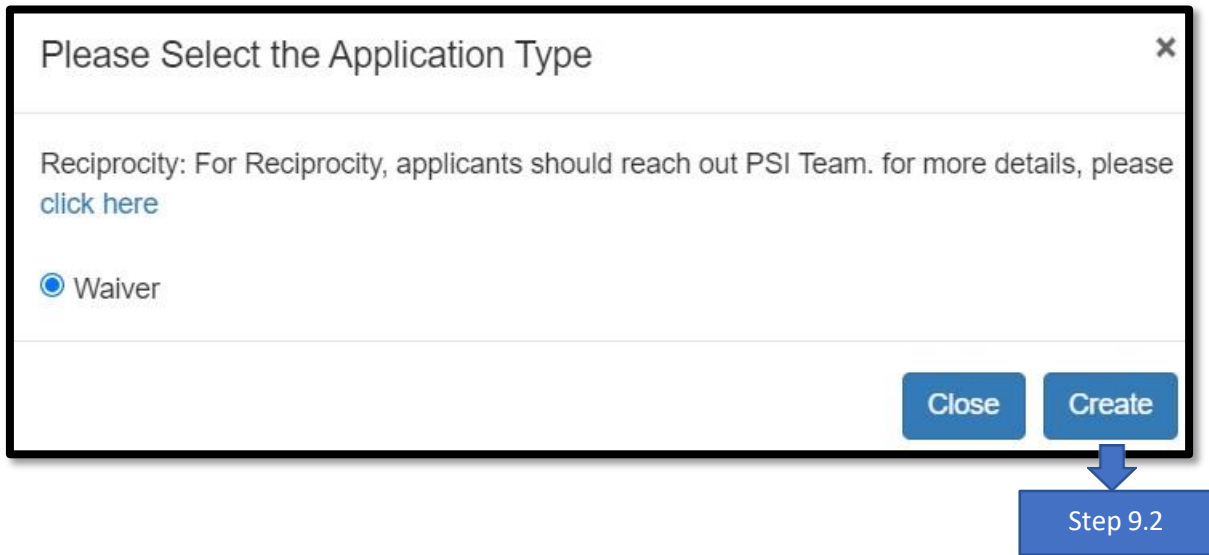
10. Applicant Information Tab

This Tab will have all demographic information/details of the CNA Applicant which been carry forward from CNA record

Applicant Information section

Step 10.1

Application Tracking number**:**

This is the auto system generated application tracking number. This is the unique number generated for each specific application and can be used as reference number.

Step 10.2

 Application Type**:** This is auto populated value generated based on the selection of application type while creating new application

Step 10.3

Social Security Number: This is auto populated value copied over from CNA record

Step 10.4

First Name: This is auto populated value copied from CNA record

Step 10.5

Last Name: This is auto populated value copied from CNA record

Personal Information

Step 10.6

State Certified from: This is the dropdown value contains all state shortforms, applicant should select one of them as it's a mandatory section

Step 10.7

Certification Issue Date: This is a mandatory date field needs to select from the calendar pick, the date shouldn't be greater than Certification End date.

Step 10.8

 Certification End Date: This is a mandatory date field needs to select from the calendar pick, the date shouldn't be less than Certification End date.

Step 10.9

Certification Effective Date: This is an optional date field needs to select from the calendar pick.

Applicant address is copied over from the CNA record, any change to update address can be accommodate using "**Change Address**" button

Step 10.1.2

Mailing address is copied over from the CNA record, any change to update address can be accommodate using "**Update Mailing Address**" button

11. Waiver Information

This section is to select the Application Type and each Type will have respective details to be filled in.

Application Type: Nursing and Nurse Type: Nursing Student / Graduate Nurse/ Licensed Nurse:

Step 11.1.5

 State the nursing license: This is a drop-down value with list of States that need to be selected from applicant

Step 11.1.6

Initial date of license

Initial date of license approval is an optional value for the nursing students

Step 11.1.7

Date of License Expiration

date of license is an optional value for the nursing students

Step 11.1.8: License Number

This is an optional value for the nursing students

Application Type: Military Training Personal

On selecting Application Type: Military Training personal, below are the steps need to enter by applicants

Step 11.1.9:

Date entered military: This is a mandatory date field need to be entered by applicant. This value cannot be future date
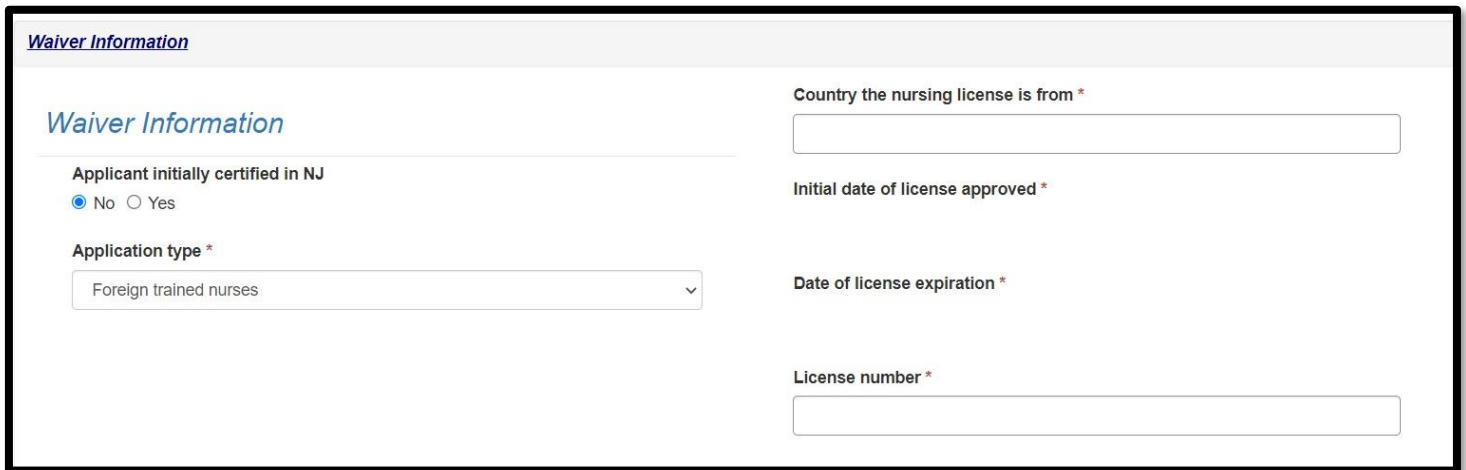
Step 11.1.9.1:

Date Discharged from military: Date of discharge from military need to be entered when the applicant discharged from the services

Step 11.1.9.2:

discharge honorable or dis-honorable: This is a mandatory drop-down listed value "**Honorable / Dis-honorable**"

Application Type: Foreign Trained Nurses

All the Foreign trained nurse applicant should follow and fill-up the below details

Country the nursing license is from:

This is open text mandatory field where applicant has to enter the country

Initial date of license approved:

This is the mandatory date field need to be filled the value with initial date

License Number: Foreign trained nurses need to enter previous license number

12. Associated Documents

Documents Associated section need to upload the respective documents based on the application Type. Below message varies to the application type.

Application Type: Nursing

Note: Note: Please provide the required documents to department
Driver's License or Photo ID Proof, Social Security Card and Course Description

Application Type: Certified in Last 5 Years and Expired

Note: Please provide the required documents to department
Driver's License or Photo ID Proof, Social Security Card and Name Change - provide supporting document

Application Type: Military Training Personal

Note: Please provide the required documents to department
DD124, Driver's License or Photo ID Proof and Social Security Card

Application Type: Foreign Trained Nurse

Note: Please provide the required documents to department
Official Transcript, Driver's License or Photo ID Proof, Social Security Card and Work authorization letter

Official transcripts must be sent directly from School to the below Address:
Certified Nurse Aides Department
PO Box 358
Trenton, NJ 08625-0358

Note: Please provide the required documents to department

Drivers License or Photo ID Proof, Social Security Card and Course Description

Document Associated

			Add Files
Display Name (Document Type)		**Status**	**Created On ↓**
There are no records to display.			

Step 12.1
Click on "Add files" button to select the type of document type

Document Types: Based on all the applications there are list of document types available in portal, user need to select below list

- Nurse Aide Certificate
- Applicant Certificate of Completion
- Social Security Card
- Driver's License or Photo ID Proof
- Record of applicant CEU
- Record of applicant full time employment
- Certification verification
- Name Change document

- Waiver Request form
- Work authorization letter
- Official Transcript
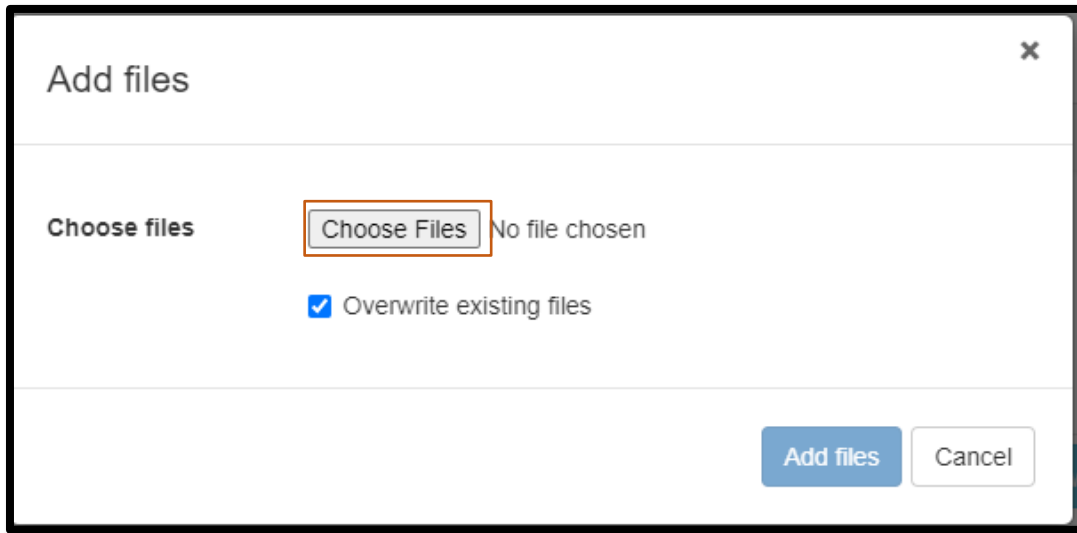- Course Description
- Letter from school
- DD124

Step 12.2

Once the type of document is selected, click add file. (Once you click the add file button, a small web page will pop-up.)
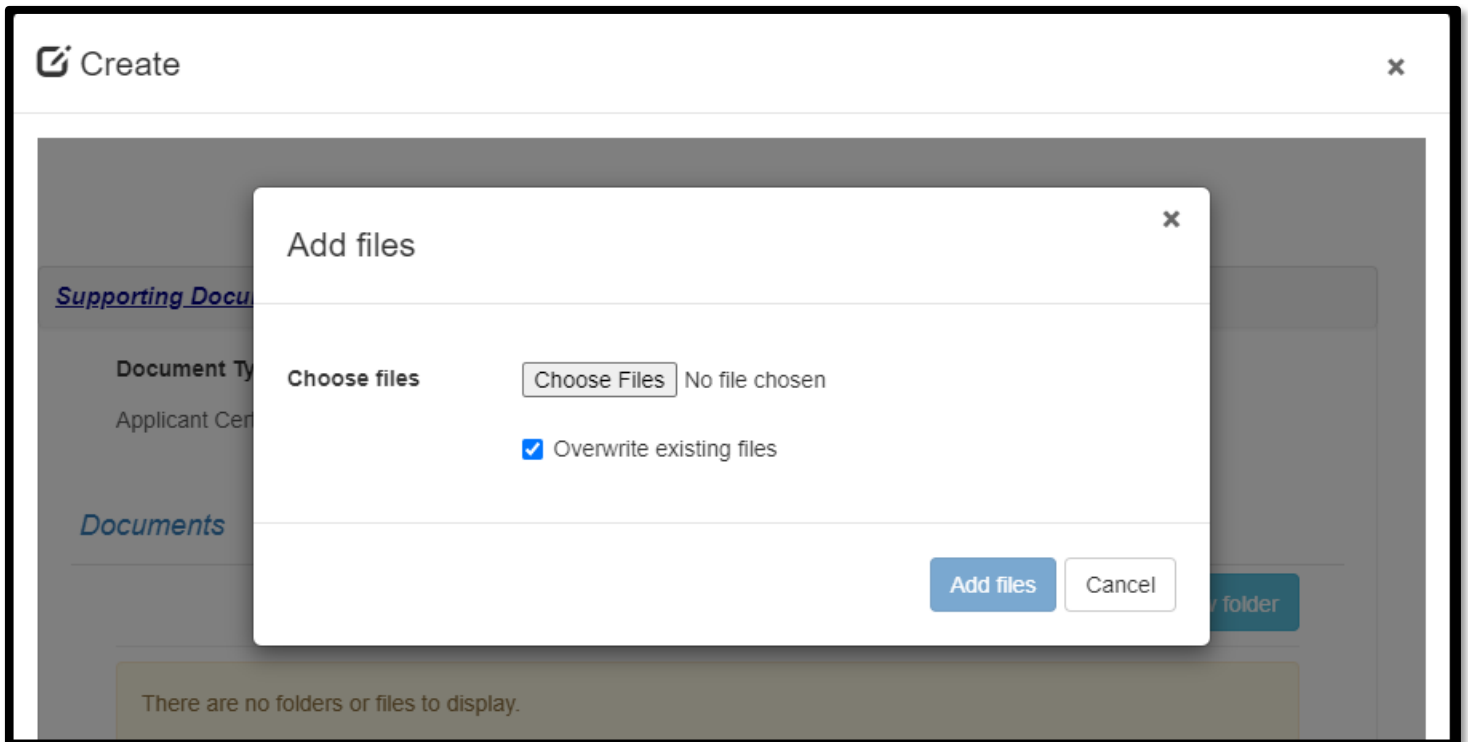
Step 12.3

Click on the Choose Files button and it will open the windows explorer tab, here you can select the file you want to upload and upon selection click open.

Step 12.4

Once the file is selected then click on Add files to upload them on to the Portal.

Step 12.5

Can create Folders and keep your uploaded documents in them, for this you need to click on the New Folder and provide the name of the folder.
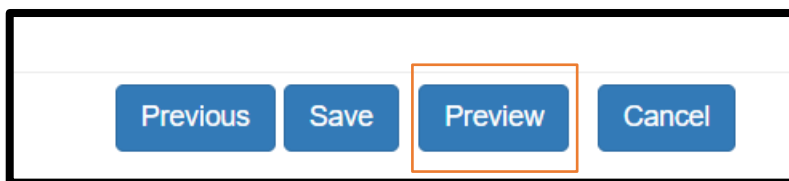
Step 12.6

Can upload more documents by clicking on the Add Files and follow the same Steps as mentioned **Step 12.3** and **Step 12.4**.

Step 12.7

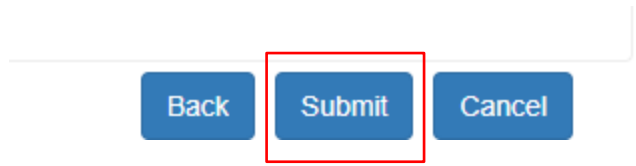Done with the upload process for the proof then click save and close.

13. Preview Application

Click on "Preview" button before submitting the application to verify the data entered

14. Submit Application:

Click on Submit option verifying all the data to final submit the details

Note: Without clicking on Submit button, application won't be submitted to Department