



# Training Guide

## Certified Nursing Aides Portal

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## 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.

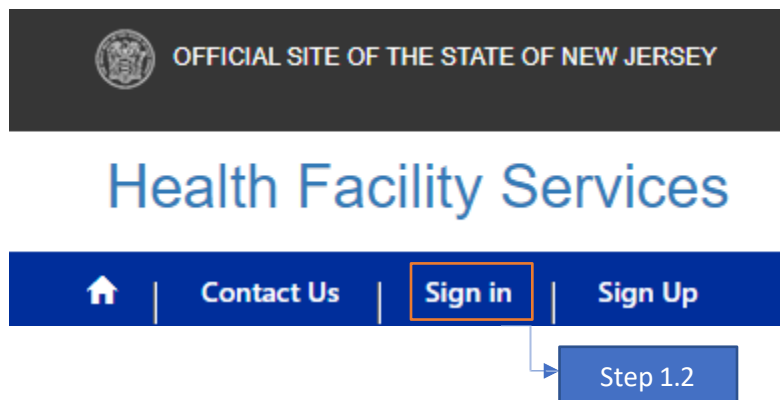
#### Step 1.1

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.)



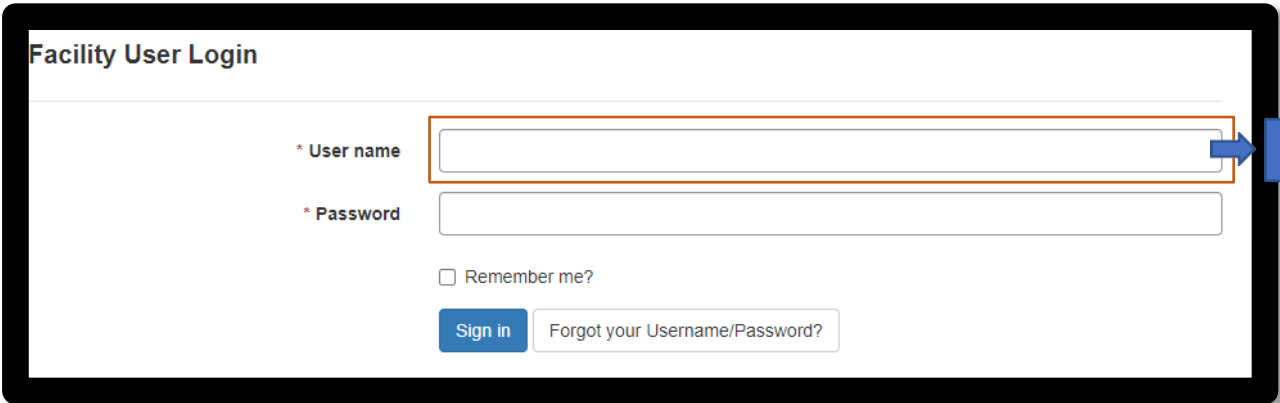
#### Step 1.2

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



## Enter Username

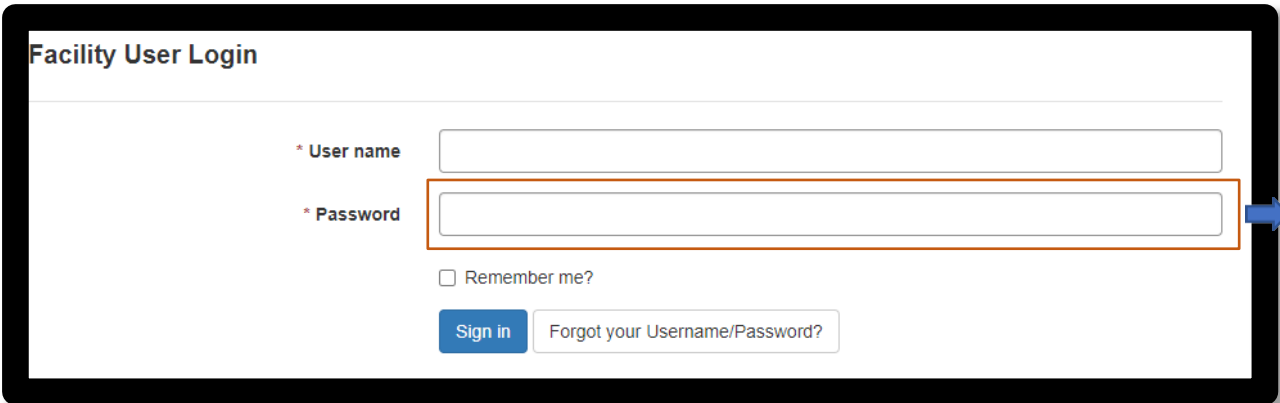
**Step 1.3** Enter in your username for the Portal. (Created when account was setup. For reference check [Sign Up / Registration](#))



The screenshot shows the 'Facility User Login' form. The 'User name' field is highlighted with an orange border, and a blue arrow points to it from a box labeled 'Step 1.3'. The form includes a 'Password' field, a 'Remember me?' checkbox, a 'Sign in' button, and a 'Forgot your Username/Password?' link.

## Enter Password

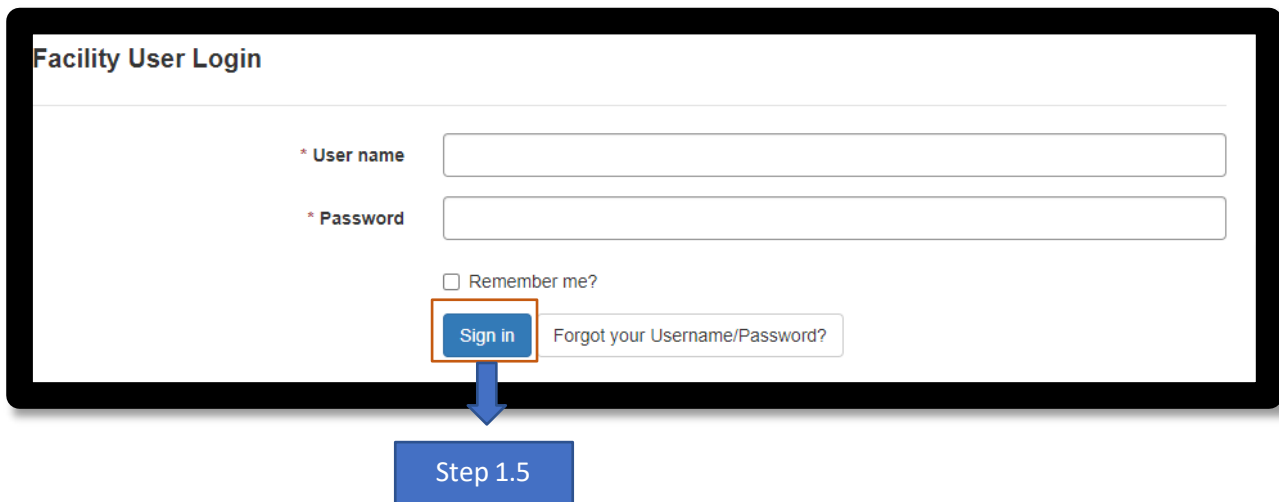
**Step 1.4** Please enter your secured password to validate your user credentials which setup during registration. For reference check [Sign Up / Registration](#)



The screenshot shows the 'Facility User Login' form. The 'Password' field is highlighted with an orange border, and a blue arrow points to it from a box labeled 'Step 1.4'. The form includes a 'User name' field, a 'Remember me?' checkbox, a 'Sign in' button, and a 'Forgot your Username/Password?' link.

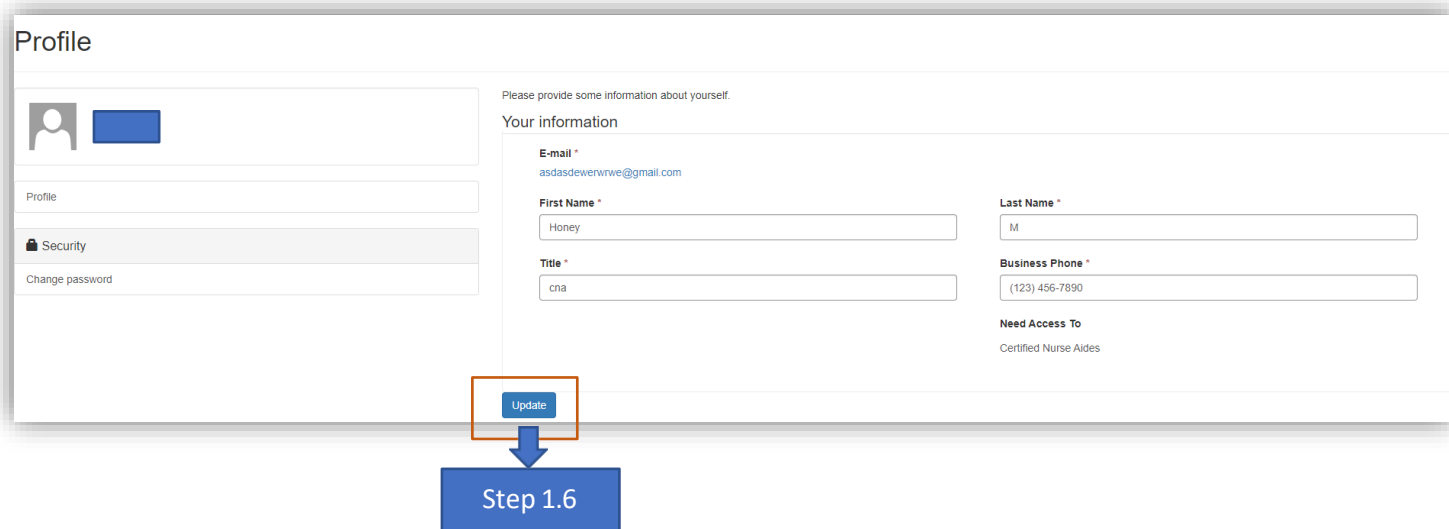
## Sign in

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



## 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 clicking on **Update Button**



## 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

Facility User Login

\* User name

\* Password

Remember me?

[Forgot your Username/Password?](#)

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

Forgot Your Username/Password?

\* Email

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

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.



### 3. Sign Up / Registration

Please refer [Step 1.1](#) for Portal link and URL details

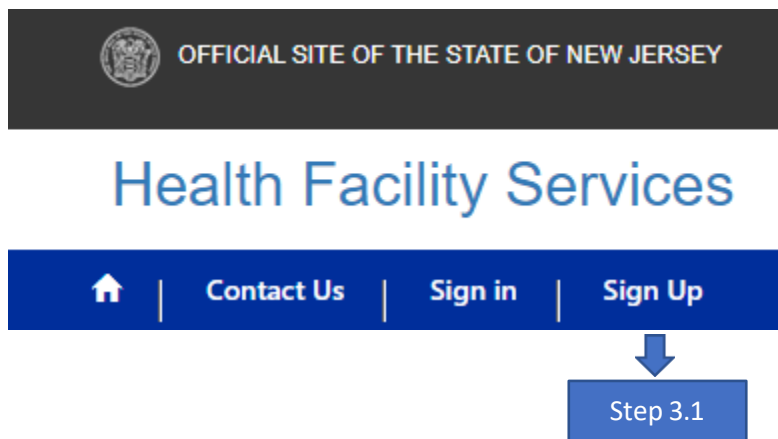
New CNA Applicants: First time portal users

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



Registration page

#### Step 3.2

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

Need Access to \*

First Name \*

Last Name \*

Email Id \*

Business Phone \*

Job Title \*

\* Indicates mandatory fields which needs to be filled to proceed further with registration process

### 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.

Health Facility Services

Contact Us | Sign in | Sign Up

Need Access to \*

LNHA Application Facilities

**Certified Nurse Aides**

Other

Step 3.3

Last Name \*

Step 3.5

Email Id \*

Step 3.6

Business Phone \*

Step 3.7

Job Title

Next Cancel

### 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](mailto: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

**\* Indicates mandatory fields which needs to be filled to proceed further with registration process**

### Step 3.9

Captcha:

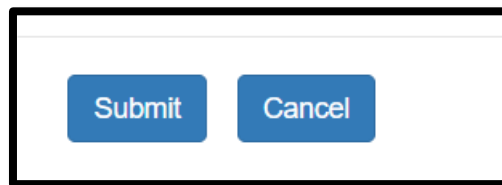
Enter Valid captcha details in the validation box (this an industry level extra layer of security to handle AI logins / Bots)



The image shows a captcha validation interface. At the top, there is a distorted image of the text 'rKNHdF8'. Below the image are two links: 'Generate a new image' and 'Play the audio code'. At the bottom, there is a blue button labeled 'Step 3.9' next to a text input field, followed by the text 'Enter the code from the image'.

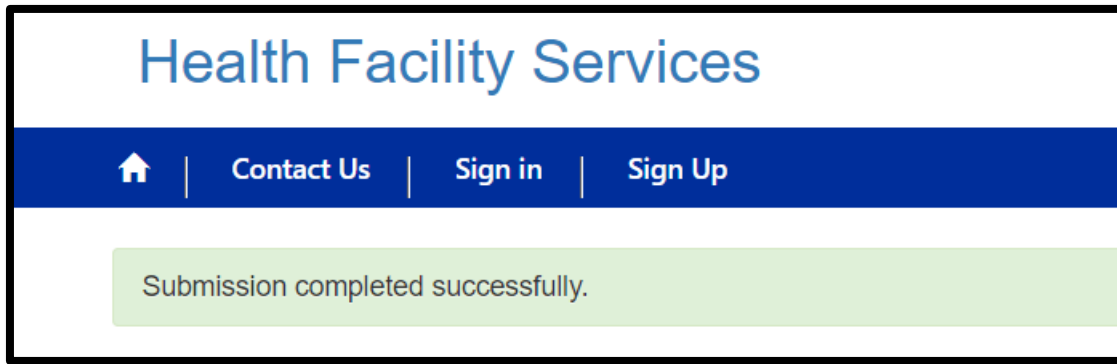
### Step 3.9.1

**Submit:** Click on Submit button on the bottom to submit details entered



The image shows a rectangular box containing two blue buttons: 'Submit' and 'Cancel'.

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

Home | 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 asdasedewerwrwe@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.

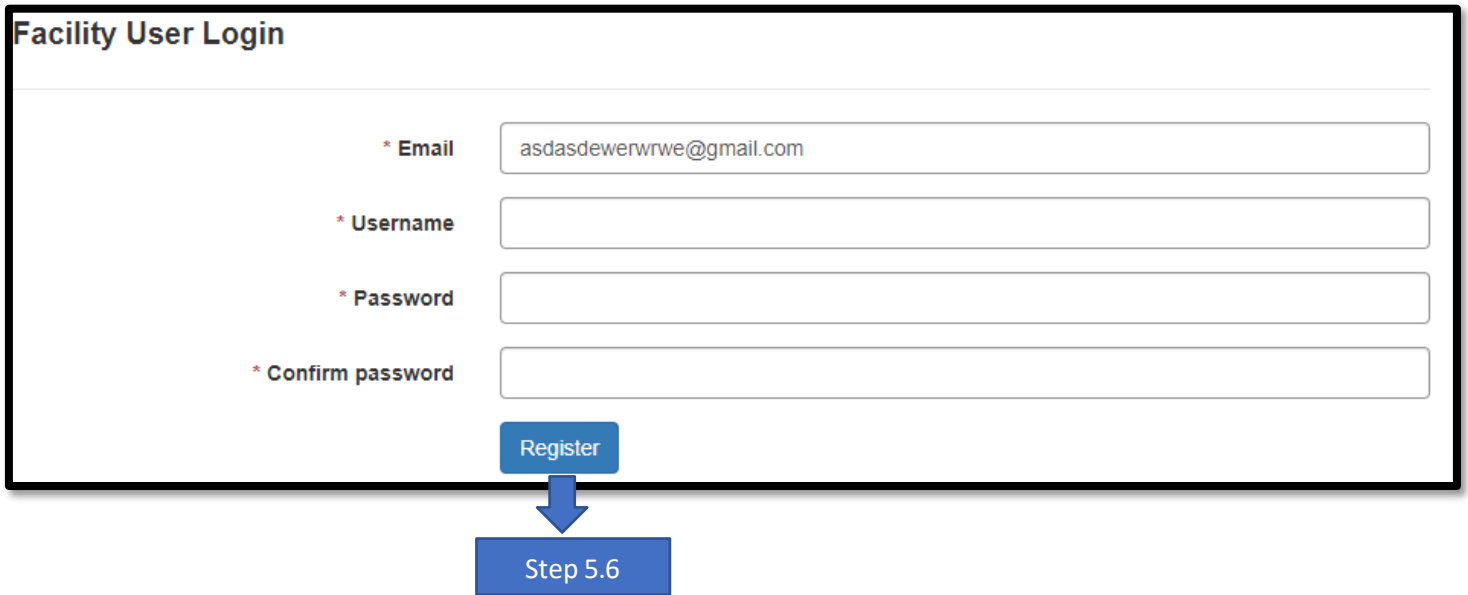
### Step 5.5

#### 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



The screenshot shows a registration form titled "Facility User Login". It contains four input fields: "\* Email" (with the value "asdasedewerwrwe@gmail.com"), "\* Username", "\* Password", and "\* Confirm password". Below the fields is a blue "Register" button. A blue arrow points from the "Register" button to a blue box labeled "Step 5.6".

### 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.



## Search CNA with SSN

### 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

Health Facility Services

Home | Contact Us | CNA Applications | test error

New CNA or Existing CNA

SSN Number

Step 6.2

### 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

Health Facility Services

Home | Contact Us | CNA Applications | test error

New CNA or Existing CNA

SSN Number

The SSN already exists with a different email address. Please make sure you have entered it correctly

Step 6.3

## Step 6.4

### New CNA

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

The screenshot shows a web form titled "New CNA or Existing CNA". It contains an input field for "SSN Number" with the value "895-64-3532" and a blue "Validate" button. Below the input field is a red error message: "The Certified Nurse Aide with SSN doesn't exist, please create new CNA using 'Create New CNA' button". At the bottom of the form is a blue "Create New CNA" button. An arrow points from this button to a separate blue box labeled "Step 6.4".

## 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



*Applicant Information*

Prefix <input type="text"/>	First name * test	Middle name <input type="text"/>	Last name * error
Full name * test error			


## 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

*Personal Information*

Date of birth * <input type="text" value="M/D/YYYY"/> 	Social security number * <input type="text"/>
<input type="checkbox"/> U.S. Citizen	

↓  
**Step 7.6**

\*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 \***  

**Social security number \***

**U.S. Citizen**

**Date of naturalization \***  



**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**

**Address not found?**

<b>Street address *</b>	<b>Floor/Suite</b>	<b>City *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State *</b>	<b>Zip code *</b>	<b>County</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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

**Applicant Address**

Enter address

122 West Garvey Avenue, Monterey Park, CA, USA

Address not found?

<b>Street address *</b>	<b>Floor/Suite</b>	<b>City *</b>
122 West Garvey Avenue,		Monterey Park
<b>State *</b>	<b>Zip code *</b>	<b>County</b>
CA	91754	Los Angeles County

## Submitting CNA Record

### Step 7.9.2

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

**Applicant Address**

Enter address

122 West Garvey Avenue, Monterey Park, CA, USA

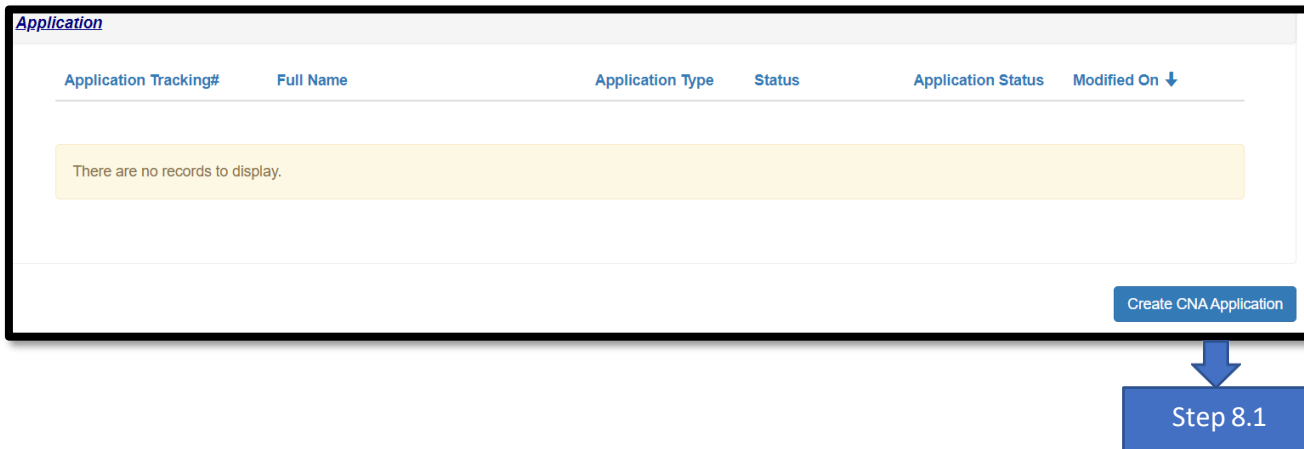
Address not found?

<b>Street address *</b>	<b>Floor/Suite</b>	<b>City *</b>
122 West Garvey Avenue,		Monterey Park
<b>State *</b>	<b>Zip code *</b>	<b>County</b>
CA	91754	Los Angeles County



## 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

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.



**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](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



## 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

<i>Applicant Information</i>		
<b>Application Tracking# *</b>	<b>Application Type</b>	<b>Social Security number</b>
Waiver-W23143	Waiver	887-39-0171
<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
Folashade Olaronke		Popoda

### 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

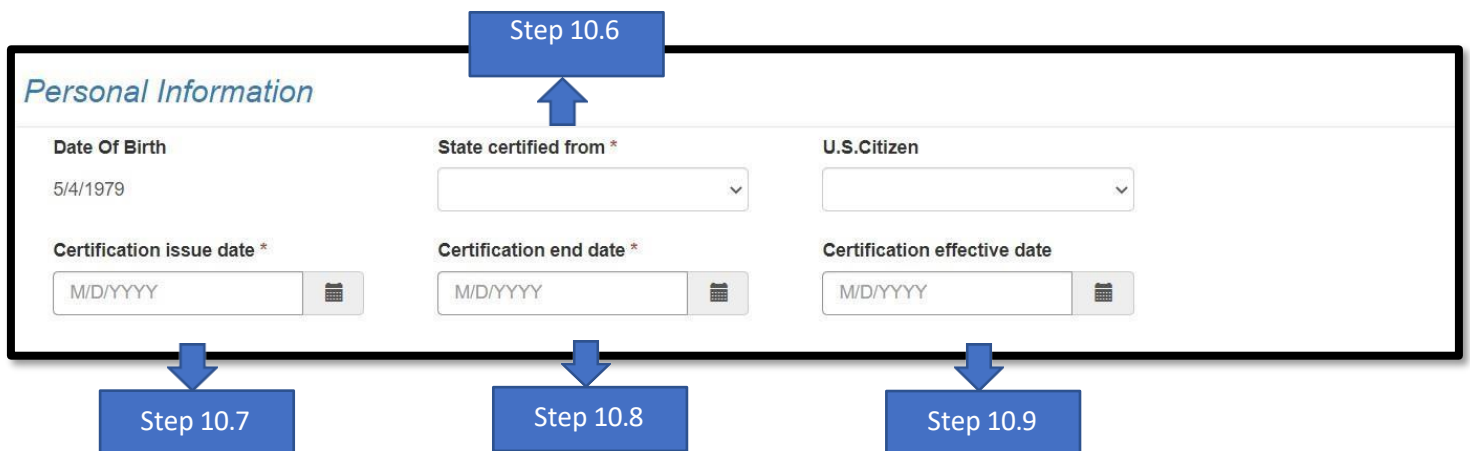
Certification Issue Date: This is a mandatory date field needs to select from the calendar pick, the date shouldn't be greater than Certification End date.

### 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 and Mailing Address

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

### Applicant Address

Street address *	Floor/Suite	City *
84 HOUSTON RD		LANSDOWNE
State *	Zip code *	County
PA	19050	

[Change Address](#)

### Mailing Address

Is Mailing Address different from Applicant Address  
 No  Yes

Mailing address	Mailing floor/suite	Mailing city
Mailing state	Mailing zip code	Mailing county

[Update Mailing Address](#)

### 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.

**Waiver Information**

**Waiver Information**

Applicant initially certified in NJ  
 No  Yes

Application type \*  
 Nursing

Nurse type \*

State the nursing license is from \*

Initial date of license approved  
 M/D/YYYY

Date of license expiration  
 M/D/YYYY

License number \*

Successful completion of fundamentals?  
 No  Yes

### 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.

**Waiver Information**

**Waiver Information**

Applicant initially certified in NJ  
 No  Yes

Application type \*  
 Military training personal

Date entered military \*  
 M/D/YYYY

Date discharged from military \*  
 M/D/YYYY

Was discharge honorable or dis-honorable \*

Job Title \*

### 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:

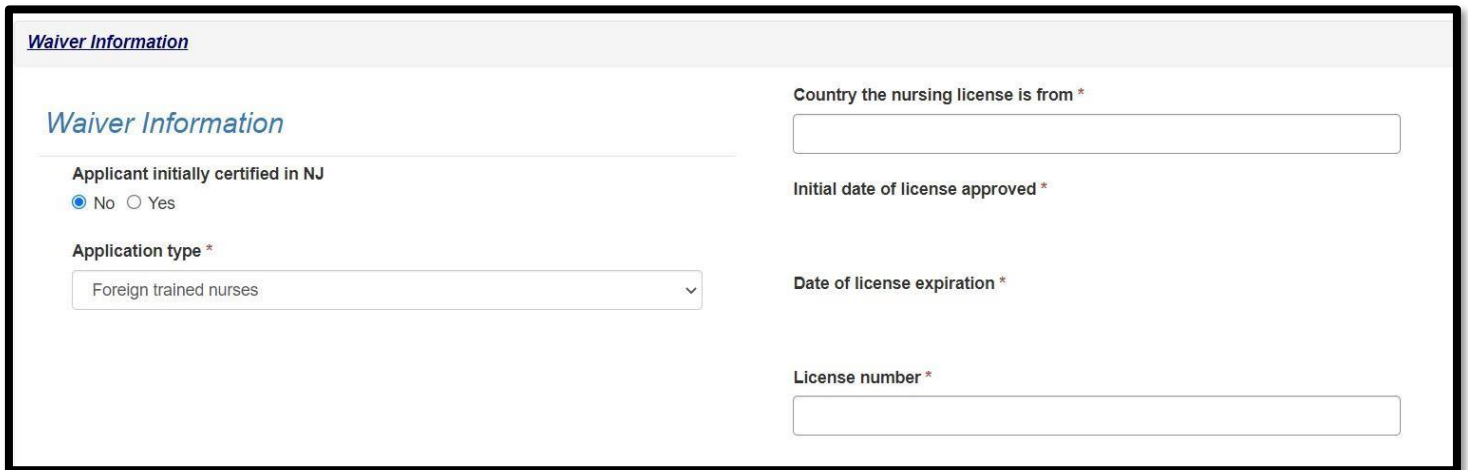
Date Discharged from military: Date of discharge from military need to be entered when the applicant discharged from the services.

### 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



The screenshot shows a form titled "Waiver Information" with the following fields:

- Applicant initially certified in NJ:** Radio buttons for "No" (selected) and "Yes".
- Application type \*:** A dropdown menu with "Foreign trained nurses" selected.
- Country the nursing license is from \*:** An empty text input field.
- Initial date of license approved \*:** An empty text input field.
- Date of license expiration \*:** An empty text input field.
- License number \*:** An empty text input field.

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

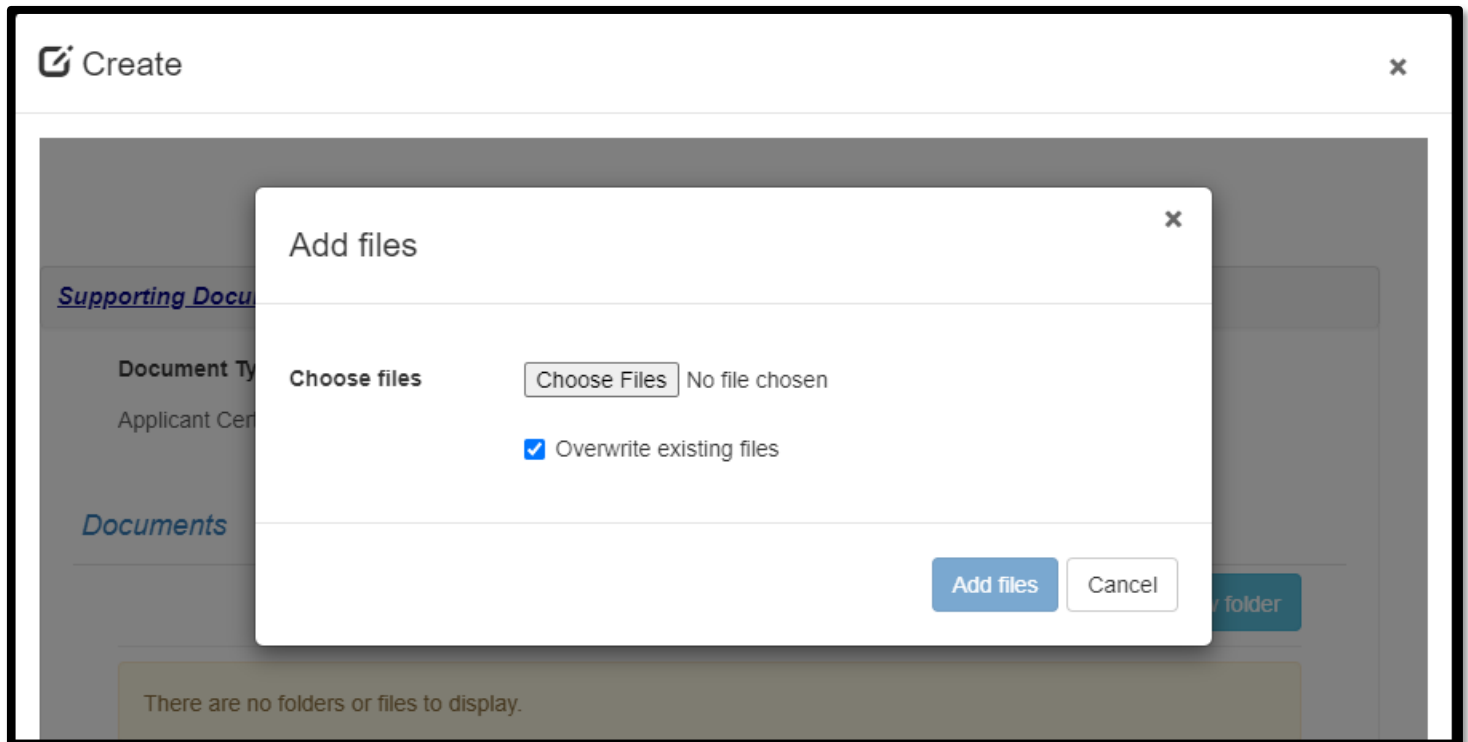
Document Types: Based on all the applications there are list of document types available in portal, user need to select below list

- 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

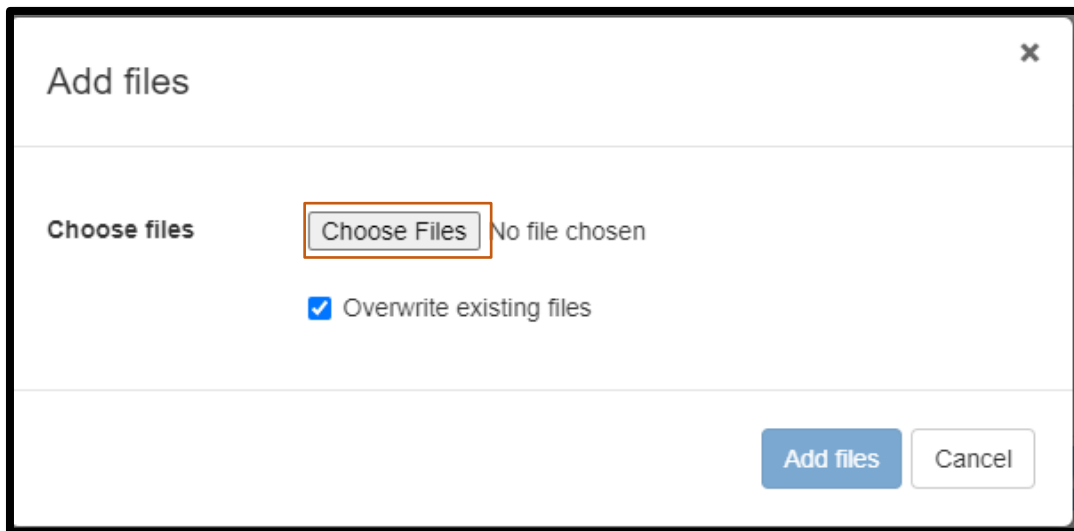
### Step 12.2

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**

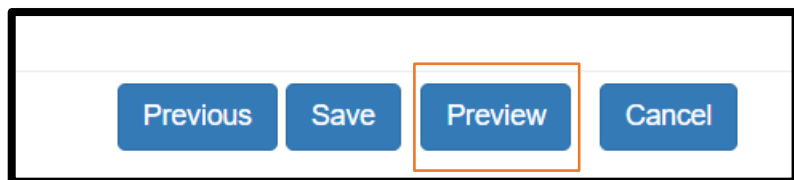
Can upload more documents by clicking on the Add Files and follow the same Steps as mentioned **Step 12.3** and **Step 12.4**.

#### **Step 12.7**

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

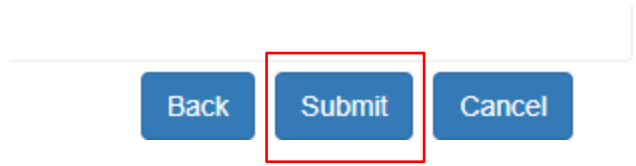
### **13. Preview Application**

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