



# Training Guide

## Portal

### Renewal License Application

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## Account Creation and logging Process

### Instructions – New Self Registration Information

For instructions on how to create an account <https://dohlicensing.nj.gov/signup-instructions/>

To Sign Up: <https://dohlicensing.nj.gov/registrationrequest/>

### Instructions - Sign in Information

Once the account is created, user can sign in. For instructions on how to sign in

<https://dohlicensing.nj.gov/SignIn?>

Click on the link <https://dohlicensing.nj.gov/> to visit the portal, then navigate to the top of the homepage.

1. If user already has an account, click on “Sign In” [1]
2. If user is a first-time user click on “Sign Up” [2]

Screenshot 1



## Portal Dashboard/My Facilities

1. After signing into the portal, navigate to the menu bar and click on [My Facilities](#) to access the list of facilities that have been assigned to you.

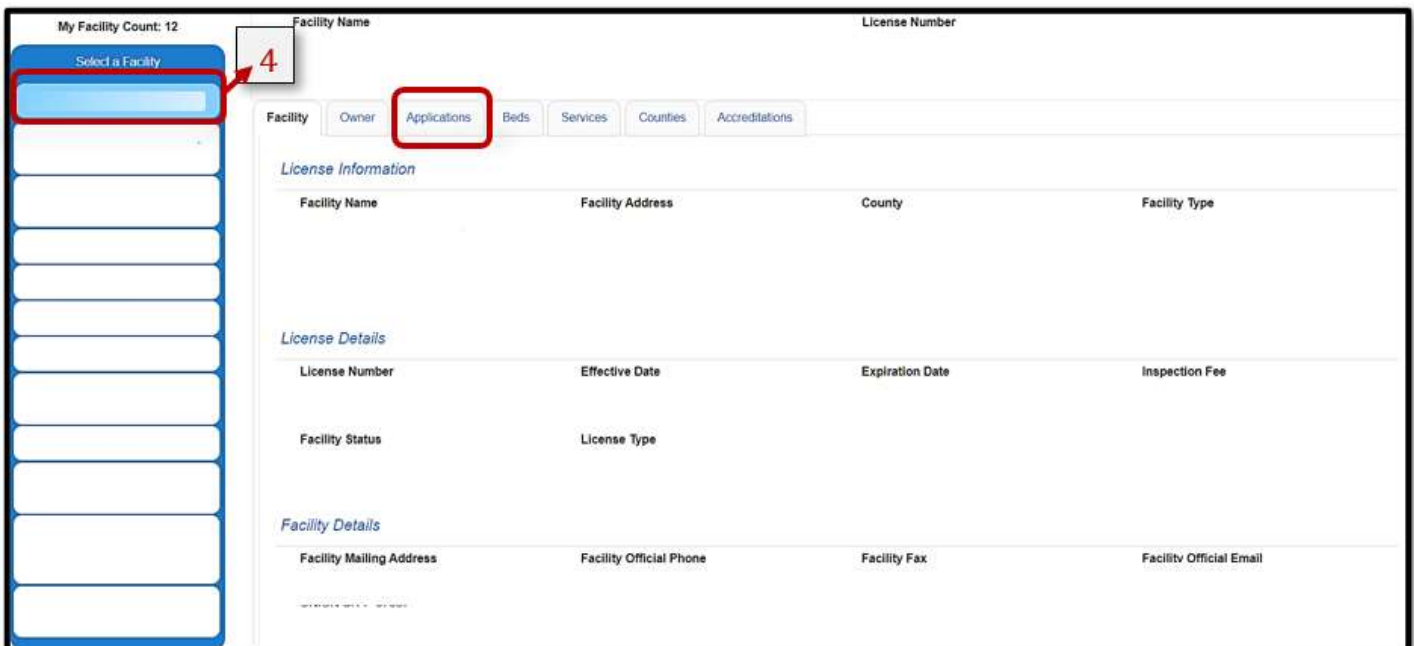
**Note:** *If you are unable to see the facility assigned, please email [HFSPortal@doh.nj.gov](mailto:HFSPortal@doh.nj.gov).*

Screenshot 2



2. This will bring user to the **Portal Dashboard**. Navigate to left of the screen [4], from the list of facilities assigned, then [click](#) on the facility for which renewal application is to be submitted.
3. Navigate & click on the third tab on your screen [Applications](#) to see the list of all renewals related to the selected Facility.

Screenshot 3- Portal Dashboard / Facility information



**Note-** *Please ensure all Facility related Information is current and UpToDate.*

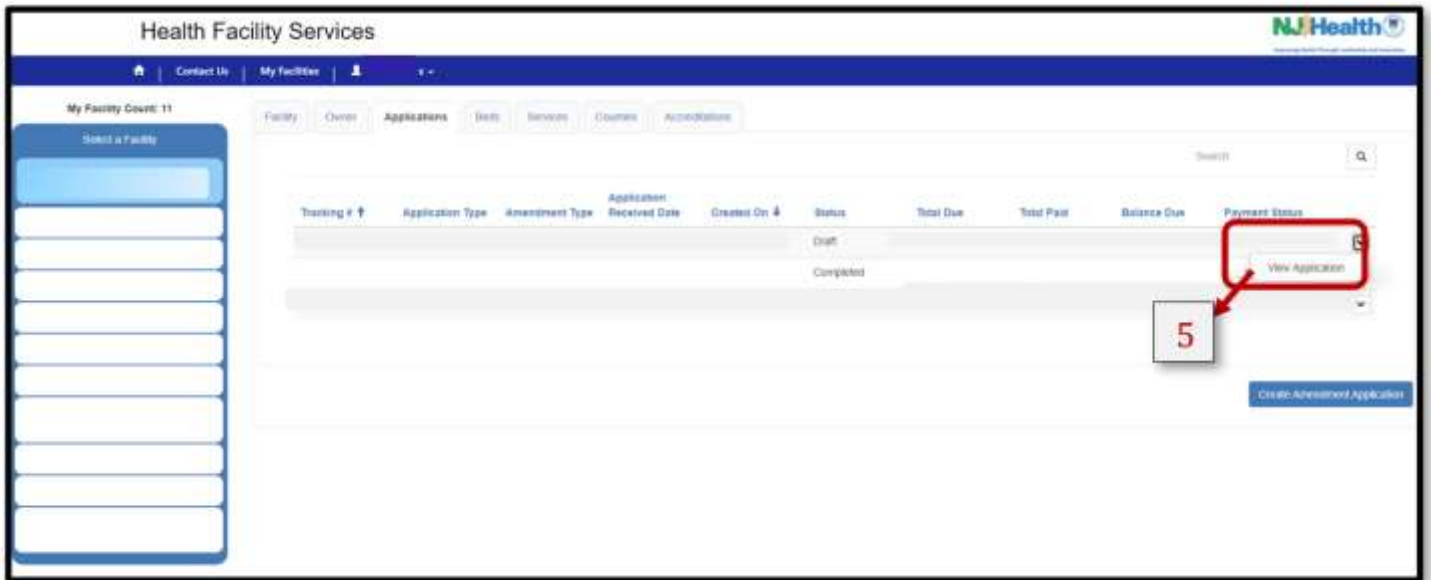
## Application Dashboard

4. **Applications Tab** – This screen provides user a view of all renewal completed & in Draft applications.

Navigate to the  button [5] and click on “View Application “to select the renewal application.

**Note:** *User can only click on application that are in ‘Draft’ status. All other applications will be read-only.*

Screenshot 4- *Application Dashboard*



## Facility Information

5. **Application dashboard / Facility Information** – On this screen user can review facility information and can edit the following information [7]:

- Facility Official Phone
- Facility Official Email
- Facility Official Fax
- Facility Mailing address [If different from facility address]
- Emergency Contact Information

**Note:** To Edit any other information user needs to separately Submit an Amendment application

Screenshot 5- Facility Information

The screenshot shows a web application interface for Facility Information. On the left is a navigation menu with options like 'Application Detail', 'Facility Information', 'Facility Address', 'Mailing Address', and 'Emergency Contact Information'. The main content area contains several sections: 'Application Detail' with fields for Facility, License Number, Last Expiration Date, and Application Number; 'Facility Information' with fields for Facility Name, Facility ID, Facility Type, Medicaid ID, and Medicare ID; 'Facility Address' with fields for Facility Address, Site Address, Sub/Floor, City, State, and Zip Code; 'Mailing Address' with a checkbox for 'Is mailing address different from facility address?' and fields for Mailing Address, Mailing City, Mailing State, and Mailing Zip code; and 'Emergency Contact Information' with fields for Emergency Contact Name, Emergency Phone, Emergency Email, and Emergency Fax. A red box highlights the 'Facility Official Phone', 'Facility Official Email', and 'Facility Official Fax' fields. Another red box highlights the 'Mailing Address' section. A red box with the number '7' is placed over the 'Save' button, with arrows pointing to the highlighted fields. At the bottom, there are 'Save', 'Next', and 'Cancel' buttons.

**Note:** Any field with an [\*] is Mandatory & is required for a final submission of the application

**Note:** Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it].

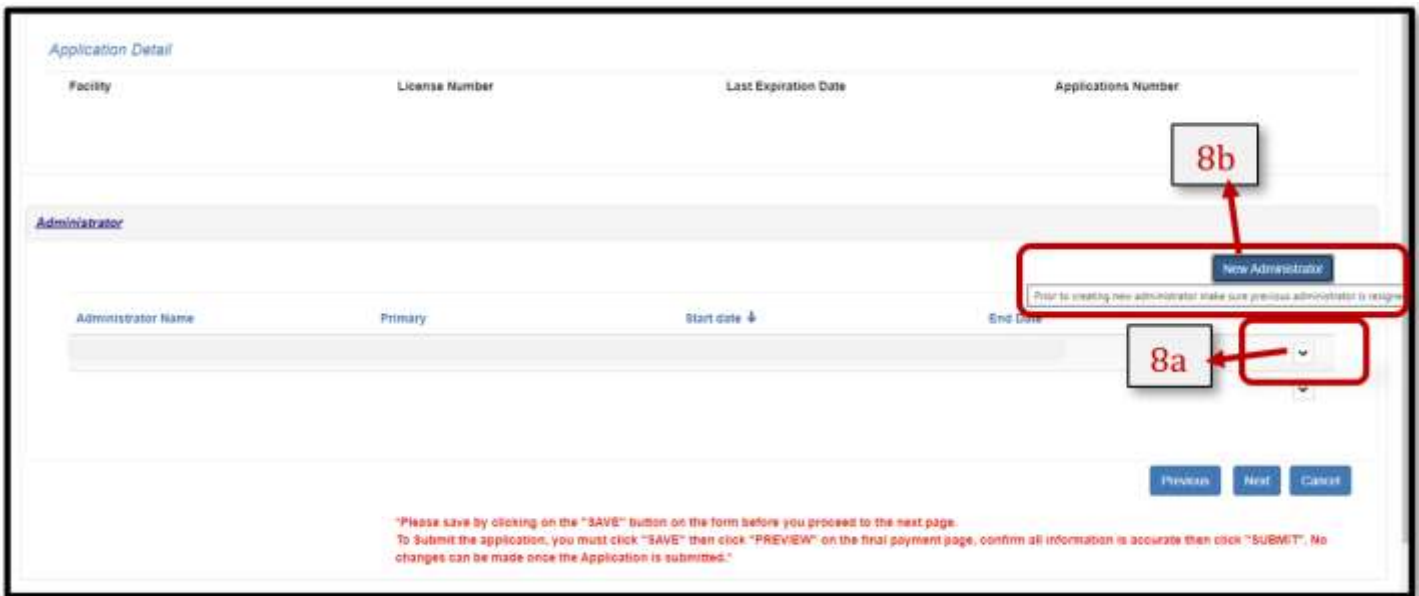
Click on **Next** to proceed to the next part of the application.

# Administrator

- 6. **Administrator Tab** - This screen provides the user information on the existing primary administrator.
  - a. **Update Existing Administrator Information[8a]** – User can update administrator contact information by clicking on the  button, this action opens a pop-up window [8.1] where user can **edit/ update** contact information & click **Submit** once done.
  - b. **Create New Administrator Record[8b]** - Here user can add **New Administrator Record** by clicking on **New Administrator** button. This action opens a pop-up window [8.2a]

**Note:** To create new administrator record, user must provide an 'End Date' for existing primary administrator. Next steps will be prompted according to users' facility type [Refer to facility type message on the screen]. [8.2b] Enter all [\*mandatory] information and click **Submit**.

Screenshot 6- Administrator Information



**IMPORTANT** - Changes of Administrator for LTC, CPCH, ALR can be made by sending a signed letter to [NHALBRequests@doh.nj.gov](mailto:NHALBRequests@doh.nj.gov)

**IMPORTANT** - Adult Day and Pediatric Day administrators require [CBI Clearance](#) prior to updating Administrator's name. Please confirm that CBI clearance has been initiated on the screen when prompted. Refer Screenshot below.

I attest that the administrator for this Adult Day or Pediatric Medical Day has Criminal Background Investigation clearance

**Note:** You need to have one primary administrator to finalize the submission of the application. You cannot have multiple primary administrators.

Click on **Next** to proceed to the next part of the application.



## Update Existing Administrator Information.

- a. **Update Existing Administrator Information**– User can update administrator contact information by clicking on the  button on the administration screen [8a] this action opens a pop-up window [8.1] where user can **edit/ update** contact information & click **Submit** once done

Screenshot 7 - Update *Existing Administrator Information* on the '*Edit Screen*' Editable fields [8.1]

The screenshot shows a web application window titled "Edit" with a close button (x) in the top right corner. The form contains the following fields:

- Salutation
- First Name
- Middle Name
- Last Name
- Email \* (highlighted with a red box and a red arrow pointing to a box labeled "8.1")
- Phone Number \* (highlighted with a red box)
- Start date

A blue "Submit" button is located at the bottom left of the form, also highlighted with a red box.

## Create New administrator Record.

- b. **New Administrator Record** – user can create new record by clicking [\[8.b\]](#) on administration screen. This action will bring the user to the **'Create Screen'** Editable fields [\[8.2a, 8.2b\]](#)

**Note:** [\[8.2a\]](#) To create new administrator, record user must provide 'End Date' for existing primary administrator. Next steps [\[8.2b\]](#) will be prompted, according to users' facility type. Here enter all **\*mandatory** information and click **Submit**.


Screenshot 8

The screenshot shows a window titled "Create" with a close button (x) in the top right corner. A red box highlights the "End date for Previous Administrator" field, which contains the placeholder text "M/D/YYYY" and a calendar icon. A red arrow points from a box labeled "8.2a" to this field.

The screenshot shows the "Create" form with several input fields. A red box highlights the "First Name", "Middle Name", "Last Name", "Email", and "Phone Number" fields. A red arrow points from a box labeled "8.2b" to the "First Name" field. The "Start date" field is also visible at the bottom, with a placeholder "M/D/YYYY" and a calendar icon. A "Submit" button is located at the bottom left of the form.

## Licensed Operator Information

7. **Licensed Operator Tab**- Here user can verify Facility Owner Information & Officer's Information.

User can only update Facility Owner information by clicking on the  button [9], this opens a pop-up window [9.1] user can **update** company address and contact details, then click **Submit**.

**Note:** *Updating other Officer Information requires user to Submit license Amendment application*

**Note:** *Any changes with respect to the licensed operator except contact details requires a license amendment application.*

Screenshot 9- Licensed Owner and Officers Information

**Note:** *Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it]*

Click on **Next** to proceed to the next part of the application.

## Update Company address, Phone & Email

[9.1]. Here user can search the company address by typing their address in the search bar & clicking on the found address, this will automatically update all address fields. In case address is not searchable; user can click on the check box  Address Not Found and update address manually. Enter/ Update all [\*] Information and click **Submit**

Screenshot 10

**NOTE: Any changes with respect to the licensed operator except contact details requires a license application**

Licensed Operator/ Legal Name

Company Name \*

*Contact Details*

Search Company Address

Address Not Found

9.1

Company Address \*

Company City \*

Company State \*

Company Zip \*

Company Phone \*

Company Email \*

Company Fax

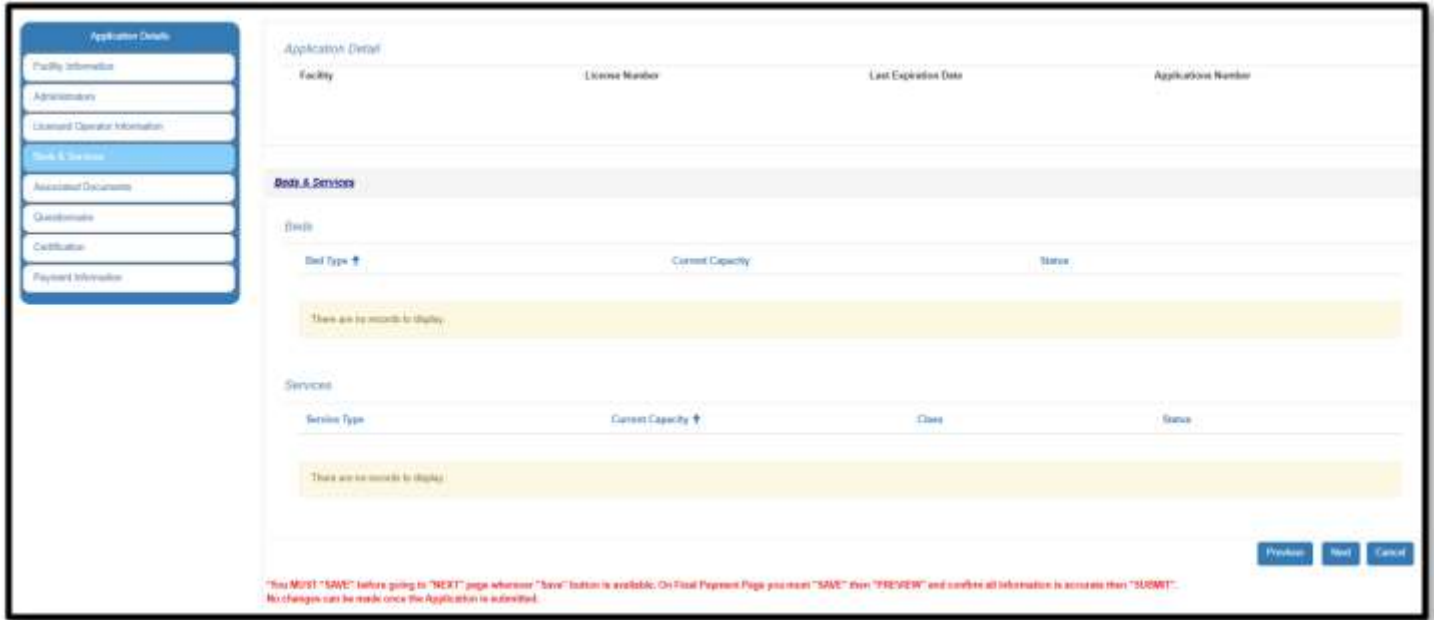
**Note:** Field with an [\*] is a required field for a final submission of the application.

# Beds & Services

8. **Beds & Services Tab** – This screen provides information on Facility active beds & services.

**Note** – Any modifications pertaining to beds & services information requires an Amendment Application.

Screenshot 11– Beds & services view only Screen.




Click on [Next](#) to proceed to the next part of the application.

# Accreditations

**Note:** This tab is only available to Facilities that require Accreditations.

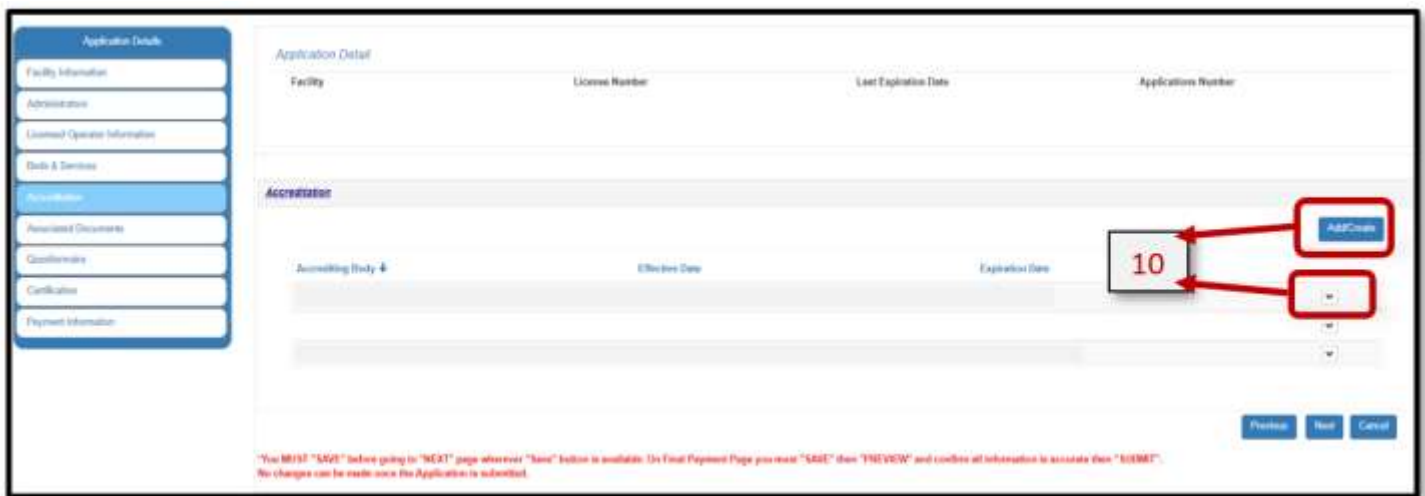
9. **Accreditations Tab** – This screen provides information of the Facility’s current Accreditations.

a. Update **Existing Accreditations** - User can update accreditations dates by clicking on the  button, this opens a pop-up window [\[10.1\]](#) where user can **update** existing accrediting body information & click **Submit**.

b. Add **New accreditations** [\[10.2\]](#) here user can add a **new** accrediting body record(s) by clicking on **Add/Create** button, this action opens a pop-up window for the user to select & add accrediting body form the drop-down list. Please make sure to attest **add new accrediting body information** by clicking the checkbox before clicking **Submit**.


**Note:** Please note that change in accreditation information requires proof/supporting document(s) to be uploaded in the Associated Documents tab.

Screenshot 12- Facility Accreditations Screen

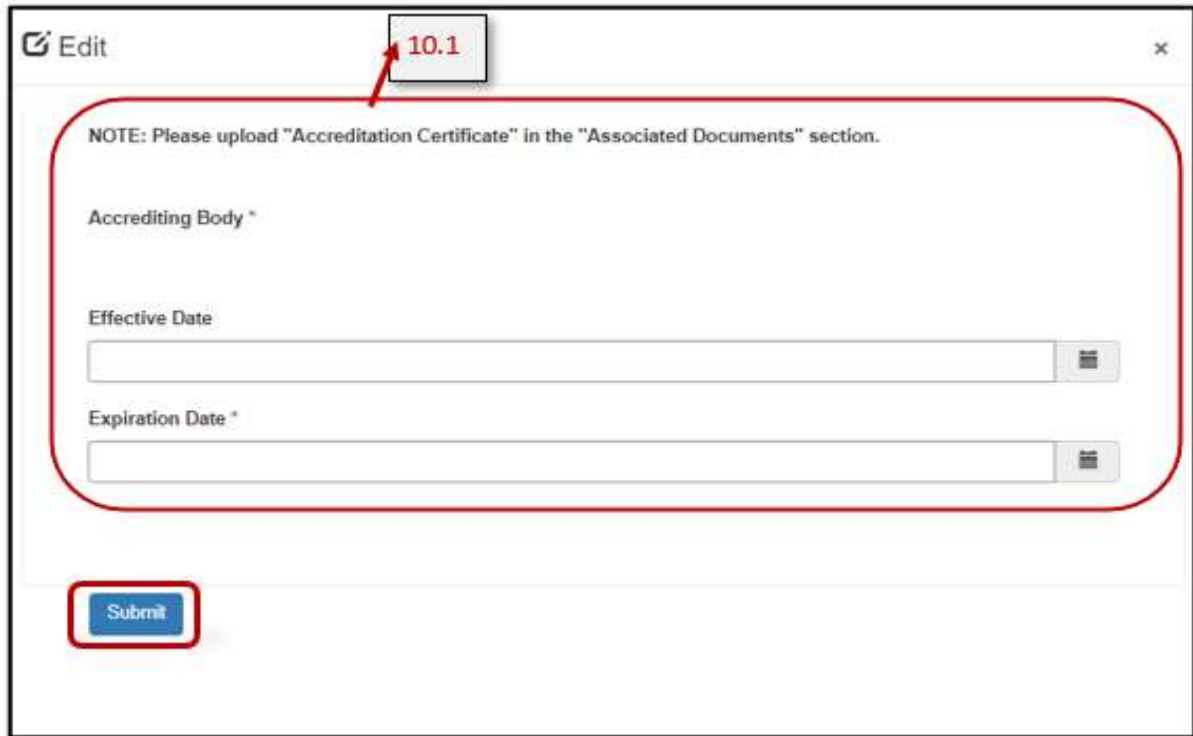




Click on **Next** to proceed to the next part of the application.

## Edit Current Accrediting body.

a. Update **Existing Accreditations** – to update accreditations information dates user can click on the  button on the Accreditations screen [\[10\]](#) . This action opens a pop-up window where user can **update** existing accrediting body **dates and attestation information [if available]** & click **Submit**

Screenshot 13- *Edit screen for updating current accrediting body records.*



 Edit 10.1 

NOTE: Please upload "Accreditation Certificate" in the "Associated Documents" section.

Accrediting Body \*

Effective Date

Expiration Date \*

## Add new Accreditation body

b. Here user can add a **new** accrediting body record(s) by clicking on **Add/Create** button on the Accreditations screen [10], this action opens a pop-up window for the user to select & add accrediting body form the drop-down list. Please make sure to attest **add new accrediting body information** by clicking the checkbox before clicking **Submit**

**Note:** Please note that change in accreditation information requires proof/supporting document(s) to be uploaded in the Associated Documents tab.

Screenshot 14- Add new Accreditation body

**Create** 10.2

NOTE: Please upload "Accreditation Certificate" in the "Associated Documents" section. Accrediting body cannot be modified once submitted when adding a new accreditation

Accrediting Body \*

Effective Date \*

Expiration Date \*

I certify that the accreditation information inputted above is accurate and understand I will not be able to change the information once the application is submitted to the Department of Health. \*

**Submit**

Click here to select from the dropdown list



## Associated Documents

**10. Associated Documents-** On this screen user is required to upload all supporting documents, user can also review & edit previously uploaded documents associated with the application.

[11] To upload supporting documents, click on **Add Files** this action opens a pop-up window [11.1] Next, user needs to select from document type dropdown list [11.1]

- Accreditation Certificate
- Attestation of Compliance
- Board of Directors/Trustees/Partners/Members
- Certificate of Incorporation/Partnership
- License
- List of board of Directors/Trustees
- List of board of Partners/Members
- Renewal Sheet

and click on **Add Files**. On the Add files screen [11.2] user can click on the **Choose Files** button and select one or more files from your computer. After selecting the file(s), click on **Add Files** to upload them to the selected document type.

[11.3] After selecting the files and reviewing the uploaded files user can click on **Save & Close** button to proceed. User can also add a new folder by clicking on **New folder** button and add files within that folder. User can also delete a file if it was accidentally uploaded. Repeat steps [11.1, 11.2 & 11.3] for **each** document type as needed. After adding all the required documents, you can proceed by clicking on **Save**.

Screenshot 15- Associated documents screen

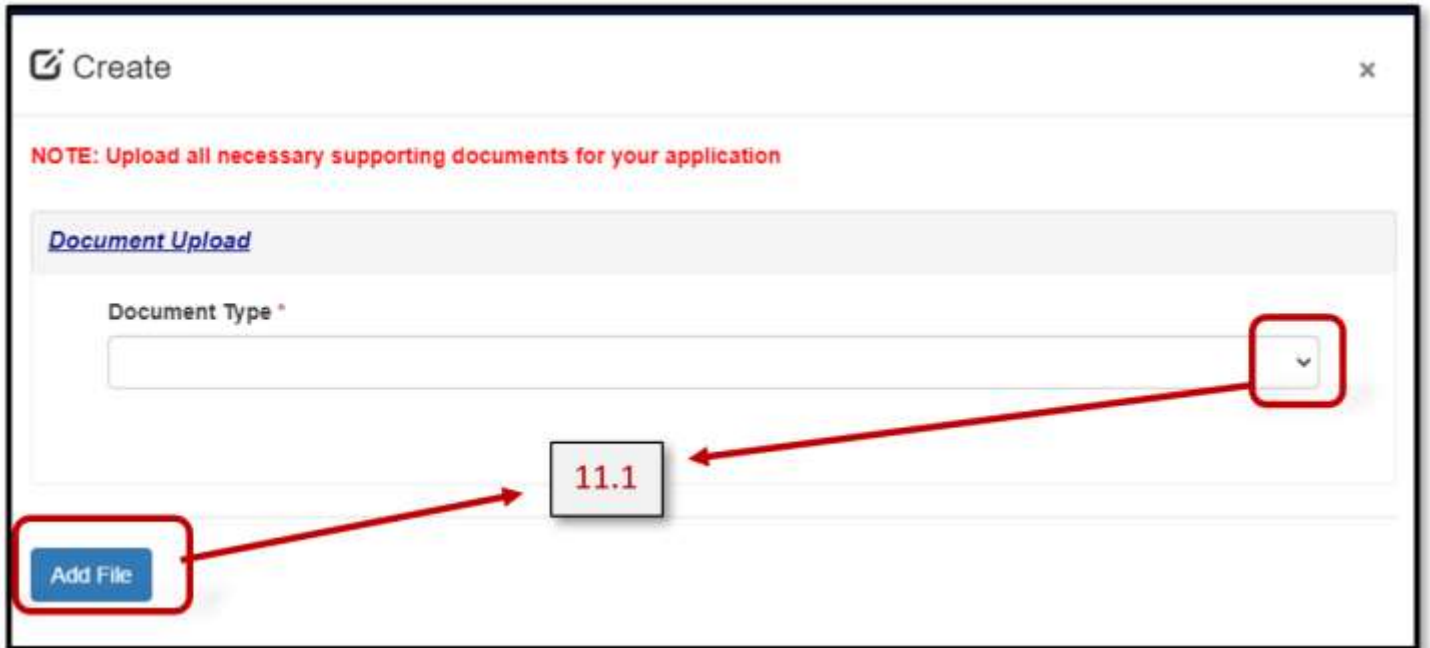


click on **Next** to proceed to the next part of the application.

# Document Upload Screens 1

**Note:** Each document type requires at least one supporting file uploaded for final submission

Screenshot 16- Associated documents upload screen.



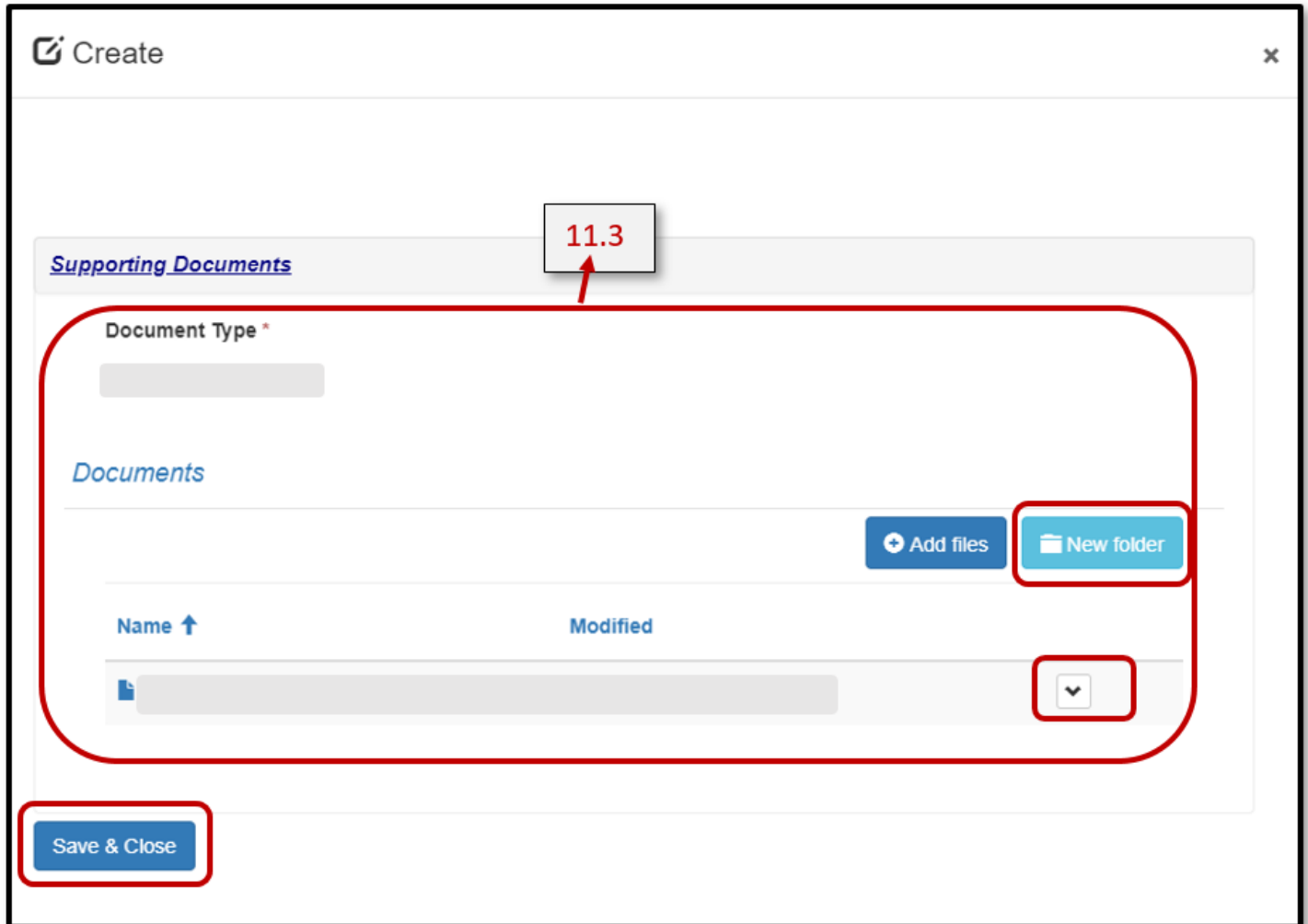
Screenshot 17- Associated documents upload screen



**Note:**  User can overwrite existing files by click on the check box

## Document Upload Screens 2

Screenshot 18- Associated documents upload screen.



**Note:** Each document type requires at least one supporting file uploaded for final submission.

**Note:** A document type folder cannot be deleted when there are files/folders associated with it. User will need to delete the content inside the folder first and then try deleting the document type folder.

# Questionnaire

**11. Questionnaire Tab-** On this screen user is mandated to select appropriate response for each listed question [12], if answered 'Yes' to any question, supporting explanation text is required.

Screenshot 19- Questionnaire

**Note:** Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving, all updated information will be lost, and you will need to re-enter it.

Click on **Next** to proceed to the next part of the application.

## Certification

**12. Certification Tab** - On this screen user needs to certify the application by **clicking** on the checkbox **[13]** this action will autofill user's name and title (from user profile), user is required to input an official email address.

**Important:** As per **State regulations** certain facility types are mandated to attest the below question if available on screen depending on their facility type.

I attest that this facility has an Emergency Outbreak Response Plan.

**Important:** As per **State regulations** certain facility types are mandated to attest the below question if available on screen depending on their facility type.

I certify that the facility is and will continue to remain in compliance during the term of the license and have attached the attestation of compliance signed by the CEO in the "Attestation of Compliance" section under "Associated documents" of this renewal application.

Hospital Attestation Date

9/12/2023

### Screenshot 20 - Certification

Application Details

- Facility Information
- Administrators
- Licensed Operator Information
- Beds & Services
- Associated Documents
- Questionnaire
- Certification**
- Payment Information

Application Detail

**13**

The applicant certifies:

1. That all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
2. That the application has been duly authorized by the governing body of the applicant;
3. That the facility has been and will be operated in accordance with applicable licensing requirements;
4. That the facility is not suspended, debarred, or otherwise excluded for any reason from entering into the covered transaction; and
5. That the facility is in compliance with the requirements of Section 6002 of the Federal Deficit Reduction Act.

Certified By: Shahini Hains

Certified By Title:

Certified By Official Email Address:

Previous Save Next Cancel

You MUST "SAVE" before going to "NEXT" page wherever "Save" button is available. On Final Payment Page you must "SAVE" then "PREVIEW" and confirm all information is accurate then "SUBMIT". No changes can be made once the Application is submitted.

**Note:** Please remember to click **Save** [if available] before navigating further [If the page is refreshed or browser back button is clicked prior to saving all updated information will be lost, and you will need to re-enter it

Click on **Next** to proceed to the next part of the application.

# Payment Information

**13. Payment Information Tab** – On this screen user will see information regarding application payment.

**[14]** Payment Information, Payments in progress & Payment History. **Please review** this information!

**[14.1]** Click on “Preview/ PayNow” button to start the payment process.

Screenshots 21- *Payment Information*

The screenshot shows a web application interface for 'Payment Information'. On the left is a vertical navigation menu with items: Facility Information, Administrators, Licensed Operator Information, Beds & Services, Accreditation, Associated Documents, Questionnaire, Certification, and Payment Information (highlighted in blue). The main content area is titled 'Application Detail' and contains a table with columns: Facility, License Number, Last Expiration Date, and Applications Number. Below this is a 'Payments' section with a sub-section 'Payment Information' containing a table with columns: Application Fee, Inspection Fee, Beds Fee, and Service Fee. Below that is a 'Payments In-Progress' section with a table header: Epay Transaction Number, Type of Payment, Is Credit Card, Reference Number, Amount, Payment submitted, Payment Processing, and Date. A message 'There are no records to display' is shown below the table. Below that is a 'Payments History' section with a table header: Epay Transaction Number, Type of Payment, Is Credit Card, Reference Number, Amount, and Status Reason. A message 'There are no records to display' is shown below the table. At the bottom right are three buttons: 'Previous', 'Preview / Pay' (highlighted with a red box and callout 14.1), and 'Cancel'. A callout box with the number '14' has arrows pointing to the 'Payment Information' table, the 'Payments In-Progress' table, and the 'Payments History' table. A red-bordered box highlights the 'Payment Information' table. A red-bordered box highlights the 'Preview / Pay' button. At the bottom left, there is a disclaimer: 'You MUST "SAVE" before going to "NEXT" page wherever "Save" button is available. On Final Payment Page you must "SAVE" then "PREVIEW & PAY" and confirm all information is accurate then "SUBMIT". No changes can be made once the Application is submitted.'

Note: This is a read only screen

# Application Preview

**14. Preview Screen** – Here user can preview & validate [All] application details.

**Note:** This screen is a **Read only screen**. If any information is missed or is incorrect, please navigate by using the “**Back**” button to the respective tabs. Please validate edit, enter & save all missing information.

**Note:** User will not be allowed to proceed further until all mandatory information is entered & supporting associated documents have been uploaded.

Once all information is validated user can navigate to the bottom of the screen to **Click on [14.2] “PAY Now”** to complete the payment process and submit the application

Screenshots 22- Portal – Preview Screen [a]

<u>Facility Information</u>			
<i>Application Details</i>			
Facility	License Number	Last Expiration Date	Applications Number
<i>Facility Information</i>			
Facility ID	Facility Type	Medicaid #	Medicare #
Facility Type Group Class	Facility Official Phone *	Facility Official Email *	Facility Official Fax
<i>Facility Address</i>			
Site Address	Suite/Floor	City	County
State	Zip Code		
<i>Mailing Address</i>			
Is mailing address different from facility address			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<i>Emergency Contact Information</i>			
Emergency Contact Name	Emergency Phone *	Emergency Email *	Emergency Fax

Payment Information

Application Fees	Inspection Fee	Beds Fee	Service Fee
Balance Due	Pending Balance Due		

Payments In-Progress

Epay Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
-------------------------	-----------------	----------------	------------------	--------	-------------------	--------------------	--------

There are no records to display.

Payments History

Epay Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Status Reason	Date ↓
-------------------------	-----------------	----------------	------------------	--------	---------------	--------

There are no records to display.

14.2

Pay now

Back

Cancel



## Payment process - Via E-Check/E-pay and Submit Application

**Note:** E pay transactions are typically cleared within 3 to 5 business days and funds moved to Payee's Account

Payment Information/ E-pay section:

[14.2] Clicking on **Pay now** in the preview screen, this action will open a pop-up window providing user information on the

[14.2] **Pending balance**, this field is auto populated.

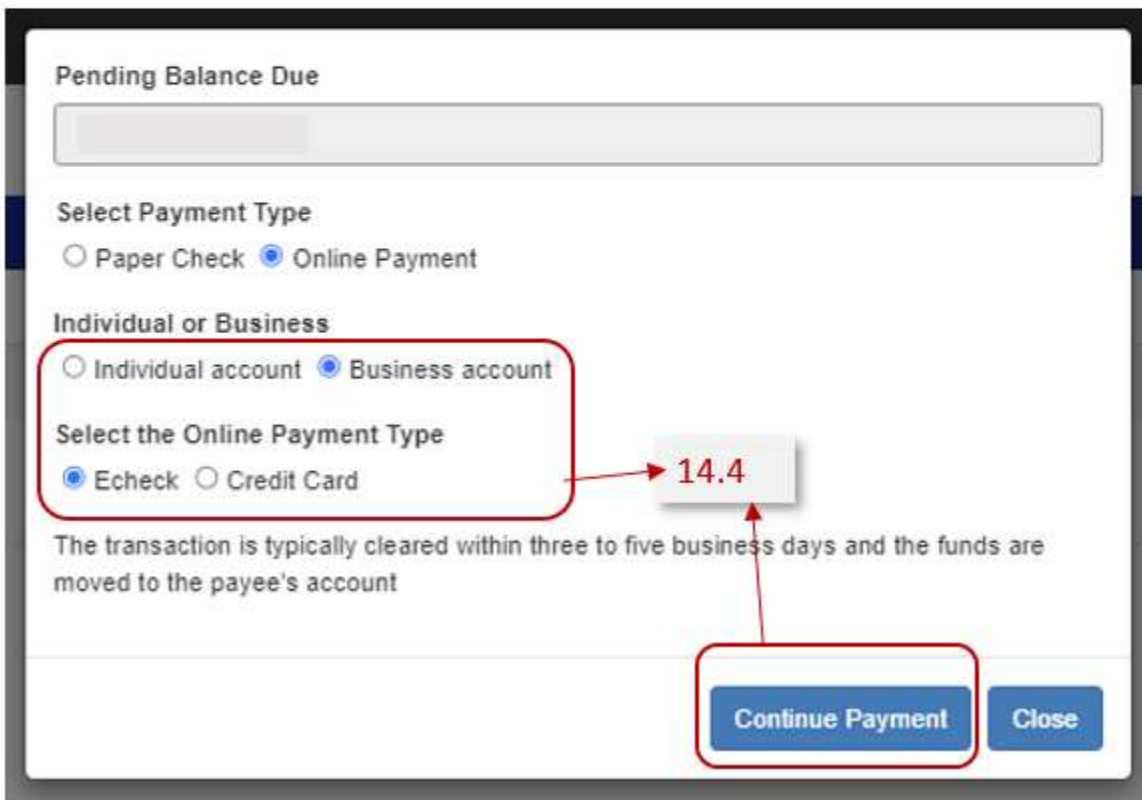
[14.3] **Select Payment Type** choose option "Online Payment".

[14.4] The user is required to **choose their account type, either "Individual or business account"** and **online method of payment as Echeck**. Then **Click** on '**Continue Payment**' to proceed with the Echeck payment.

Screenshots 23- *Payment Information via ECheck*



This screenshot shows the first step of the payment process. It features a text input field labeled "Pending Balance Due" with a red box around it and an arrow pointing to a callout box labeled "14.2". Below this is a "Select Payment Type" section with two radio buttons: "Paper Check" and "Online Payment". The "Online Payment" option is selected and highlighted with a red box and an arrow pointing to a callout box labeled "14.3". At the bottom right, there are two blue buttons: "Continue Payment" (highlighted with a red box and arrow) and "Close".



This screenshot shows the second step of the payment process. It features a text input field labeled "Pending Balance Due". Below it is the "Select Payment Type" section with "Paper Check" and "Online Payment" radio buttons. The "Online Payment" option is selected. Underneath is the "Individual or Business" section with two radio buttons: "Individual account" and "Business account". The "Business account" option is selected and highlighted with a red box and an arrow pointing to a callout box labeled "14.4". Below this is the "Select the Online Payment Type" section with two radio buttons: "Echeck" and "Credit Card". The "Echeck" option is selected and highlighted with a red box and an arrow pointing to the same callout box labeled "14.4". At the bottom, there is a paragraph of text: "The transaction is typically cleared within three to five business days and the funds are moved to the payee's account". At the bottom right, there are two blue buttons: "Continue Payment" (highlighted with a red box and arrow) and "Close".

## Payer Details

[14.5] On this screen user is required to enter all mandatory [\*] information. User has an option to search company address in the 'Address Line' search bar or user can click on the check box  Address Not Found and enter address manually.

[14.6] Here user has an option to switch the payment type by clicking on the 'Switch Payment Type' button.

Screenshots 24- *Payment Information – Payer Details*

The screenshot shows the 'Payer Information' section of a 'License Application Details' form. The form includes fields for 'Trade/Individual Name', 'Address Line', 'Address Line 2', 'City', 'State', 'Zip', 'Phone', 'Fax', 'Email address', 'First Name', and 'Last Name'. There are also radio buttons for 'Address not found?' and 'Individual or Business?' (with options for 'Individual' and 'Business'). A red box highlights the entire form area, with a callout '14.5' pointing to it. Below the form, a red box highlights the 'Switch Payment Type' button, with a callout '14.6' pointing to it.

[14.7] Here user is required to validate the amount and provide authorization for payment by clicking on the check box.

Screenshots 25- *Payment Information – Payment Certification*

The screenshot shows the 'Payment Certification' section of a 'License Application Details' form. It includes a checkbox for 'I authorize the State of New Jersey to debit the bank account listed above for the amount of'. Below this is a 'NOTE' and 'Important EFT Files Information'. A red box highlights the certification checkbox and the 'Next' button, with a callout '14.7' pointing to the checkbox.

Click on  to proceed with the payment process.

# Review and Pay

[14.8] On this screen user is required to review all Payer Information.

Screenshots 26a - *Payment Information – Review and Pay*

**License Application Details**

Tracking #	License #	Facility Name	Application Type *
------------	-----------	---------------	--------------------

3 Review and Pay | 4 Preview and Submit

**Payer Information**

Trade/Individual Name 14.8

Address Line 1 | Address Line 2 | State

City | Zip

Phone | Fax | Email address

**Responsible Party Information**

First Name | Last Name

**Payment type information**

Type of Payment | Individual or Business

# Payment Certification

[14.9] Validate auto populated amount. Enter Routing number, Account Number & Choose account type. Then click on continue payment [14.10] to complete payment.

Screenshots 26b- *Payment Information – Review and Pay*

**Certification**

I authorize the State of New Jersey to debit the bank account listed above for the amount of [REDACTED]

**NOTE:** A return and/or payment is accepted and confirmed for processing on or before 11:59 PM on the due date, or legally extended due date, will be deemed timely filed and paid even though the actual Settlement Date assigned by the ACH Banking System may be after the due date or legally extended due date. If the due date falls on a weekend or a legal holiday, the due date is legally extended to the following business day.

**Important EFT Filer Information:** You have designed a bank account that differs from the bank account information currently on file with the New Jersey Division of Revenue EFT Unit. This information must be updated using an account revision request form and submitted to the EFT Unit for future EFT payments to be credited to your account. Any questions about updating your EFT banking information, call the EFT Unit @:(609) 292-6292

---

**Payment Information**

**Electronic Check Payment**

Will the funds for the payment come from an account outside of the United States ?  
 No  Yes

Amount **14.9**  
\$ [REDACTED]

Routing number [REDACTED]

Account number [REDACTED]

Account Type  
Choose...

[Click here for sample check with bank routing number and your bank account number](#)

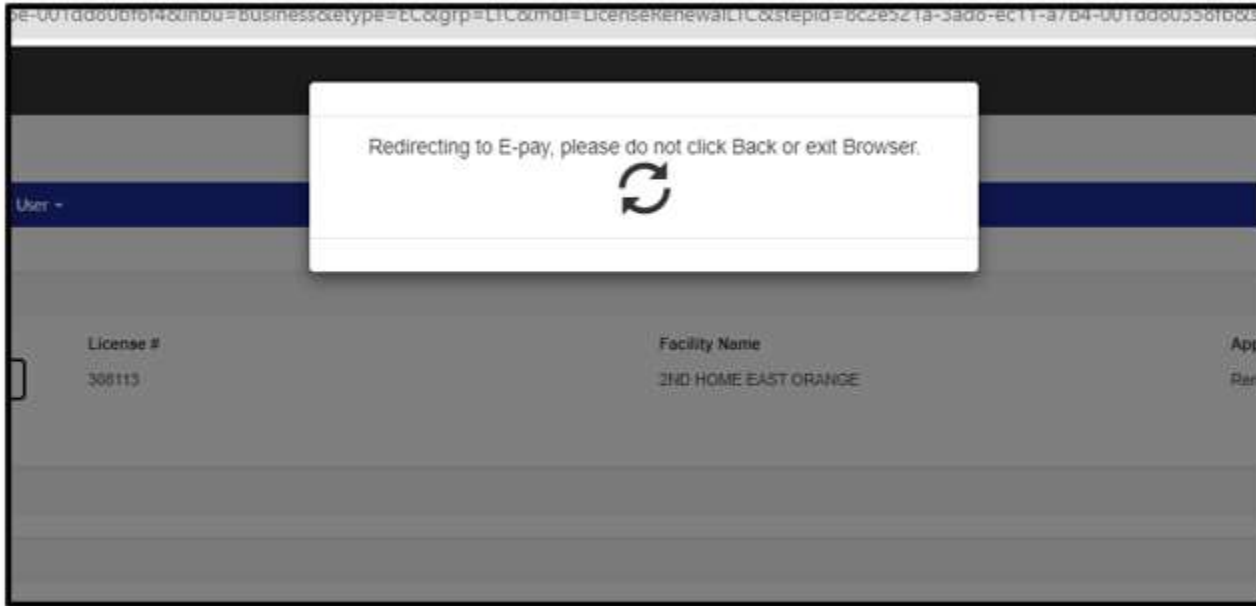
**14.10**



## Payment Processing & Submit Application

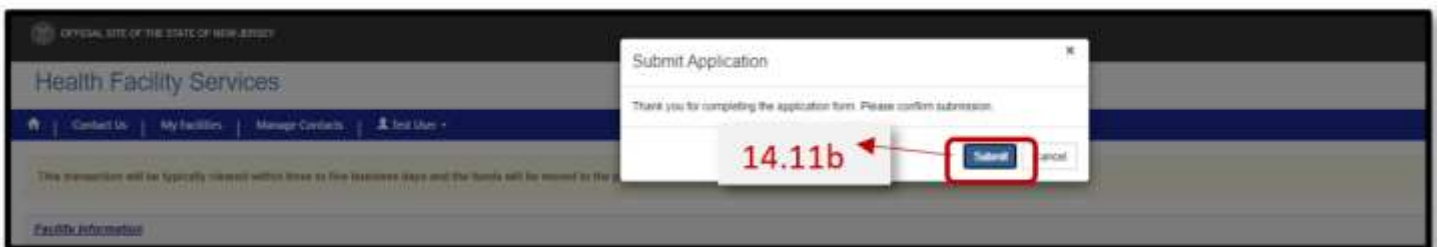
**Note:** This message shows Payment is being Processed. Please make sure **not** to click or exit the browser. Please wait for the user to be directed to the application preview screen [14.11a]

Screenshots 27- Payment processing



[14.11a] Once payment is processed user will be directed to the application preview screen with a yellow bar up top and a pop-up window. Click "Ok" to confirm application is complete. [14.11b] Click "Submit" to submit Application.

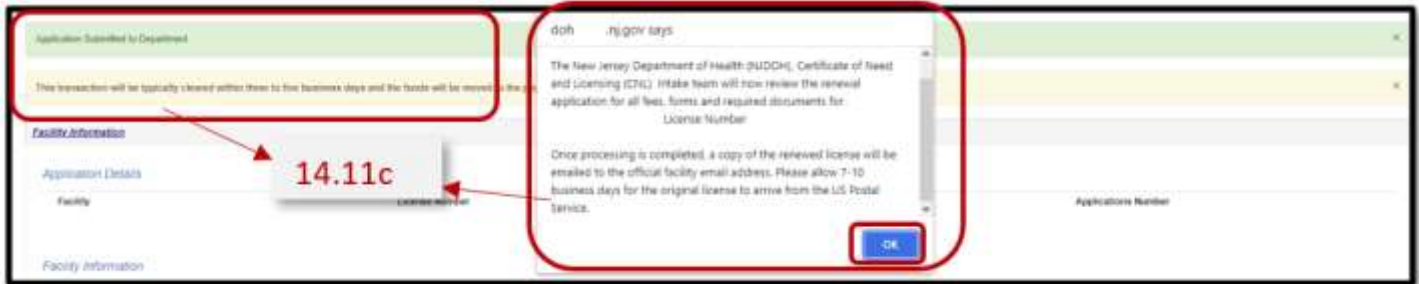
Screenshots 28a & b- Payment Complete & Submit Application



## Submit Application

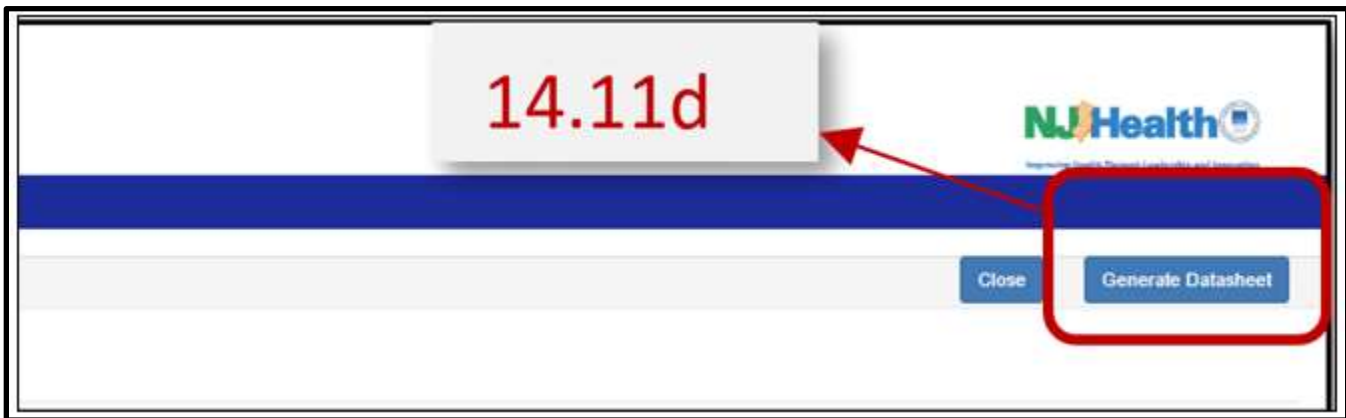
[14.11c] This brings user to the final step for Application submission. Here user will see a green bar acknowledging submission of application.

Screenshots 28c- *Application Submission Confirmation*



[14.11d] Once application submission is completed for records user can generate download Data sheet, save, or print by clicking on the 'Generate datasheet' button.

Screenshots 28d- *Generate Datasheet*



## Payment Process – Via Credit Card & Submit Application

### How to submit payment via Credit Card

**NOTE:** There is a service charge/convenience fee for facilities that choose the credit card payment option. Customer credit card information is not retained by State of New Jersey (Department of Health).

[14.2] Clicking on **Pay now** in the preview screen, this action will open a pop-up window providing user information on

[15] **Pending balance**, this field is auto populated.

[15.1] Select Payment Type as **“Online Payment”**. The user is required to **choose their account type**, either **“Individual or business account”** and the **online method of payment as [Credit Card]**.

[15.2] Then **Click** on **“Continue Payment”** to proceed with the Credit Card payment.

Screenshots 29- *Payment Information via Credit Card*

The screenshot shows a web form for payment information. At the top, there is a field labeled "Pending Balance Due" with a value of "15" displayed next to it. Below this, the "Select Payment Type" section has two radio buttons: "Paper Check" (unselected) and "Online Payment" (selected). Underneath, the "Individual or Business" section has two radio buttons: "Individual account" (unselected) and "Business account" (unselected). The "Select the Online Payment Type" section has two radio buttons: "Echeck" (unselected) and "Credit Card" (selected). A red box highlights the "Online Payment" and "Credit Card" options, with a callout "15.1" pointing to it. Below the form, there is a disclaimer: "There is an additional charge / convenience fee for credit card payments. The State of New Jersey (Dept. of Health) will not retain credit card information." At the bottom right, there are two buttons: "Continue Payment" and "Close". A red box highlights the "Continue Payment" button, with a callout "15.2" pointing to it.

## Payer Information

[15.3] On this Screen user is required to enter all mandatory [\*] information. User has an option to search company address in the 'Address Line' search bar or user can click on the check box

Address Not Found and enter address manually.

[15.4] Here user has an option to switch payment type by clicking 'Switch Payment Type' button.

Screenshots 30- *Payment Information – Payer Details*

License Application Details

Tracking #	License #	Facility Name	Application Type *
------------	-----------	---------------	--------------------

1 Payer details   2 Payment Certification   3 Review and Pay   4 Preview and Submit

Payer Information

Trade/Individual Name \* 15.3

Address Line

Address not found ?

Address Line 1 \*   Address Line 2   State \*

City \*   Zip \*

Phone \*   Fax   Email address \*

Responsible Party Information

First Name \*   Last Name \*

Payment type information

Type of Payment \*   Individual or Business \*

Echeck    Individual

Credit card    Business

Previous   Next   Switch Payment Type 15.4

Click on **Next** to proceed with the payment process.



## Payment Certification

[15.5] On this screen user is required to acknowledge the terms & Conditions by **clicking** on the check box and click on “Next” button to proceed further.

Screenshots 31- *Payment Information – Payment Certification*

**License Application Details**

Tracking #	License #	Facility Name	Application Type *
------------	-----------	---------------	--------------------

2 **Payment Certification** 3 Review and Pay 4 Preview and Submit

**Credit Card Disclaimer**

Please note that New Jersey Information Division of NICUSA, Inc. (NICUSA-NJ), an electronic government partner with the State, will process your payment through an upgraded and secure payment gateway. NICUSA-NJ will remit to the State of New Jersey all payments and amounts owed to the State.

The online charge processed through NICUSA-NJ includes funds in excess of payments owed. NICUSA-NJ uses the excess funds solely to develop, run, maintain, enhance, and expand the State's electronic service offerings. NICUSA-NJ does not share any excess funds with the State of New Jersey.

I Agree to the terms

15.5

Previous **Next** Cancel Payment

Click on **Next** to proceed with the payment process.

## Review and Pay

[15.6] On this screen, the user is required to review all Payer Information. Navigate to bottom of the screen and **click** on 'Next' to proceed with payment.

Screenshots 32- *Payment Information – Review & Pay*

The screenshot displays a web form titled "Review and Pay" with a progress indicator showing "3 Review and Pay" and "4 Preview and Submit". The form is divided into several sections:

- License Application Details**: A header section.
- Payer Information**: Fields for Trade/Individual Name, Address Line 1, Address Line 2, State, City, Zip, Phone, Fax, and Email address.
- Responsible Party Information**: Fields for First Name and Last Name.
- Payment type information**: Fields for Type of Payment (Credit card) and Individual or Business (Individual).
- Certification**: A section containing two paragraphs of text and a checkbox labeled "I Agree to the terms".
- Payment Information**: A field for Amount with a dollar sign icon and a text input box. Below this is a red note: "Note: There is an additional charge / convenience fee for credit card payments. The State of New Jersey (Dept. of Health) will not retain credit card information." A callout box with the number "15.6" and an arrow points to the "Next" button.
- Navigation**: Buttons for "Previous", "Next", and "Cancel Payment".

## Customer Info

[15.7] On this screen user is required to verify the prepopulated Payer / Customer information.

Screenshots 33- *Payment Information – CC Payment Type*

The screenshot displays the NIC (New Jersey Department of Health) payment interface. At the top, there is a navigation bar with the NIC logo and links for 'FAQ' and 'Contact'. Below this is a progress indicator with four steps: 1. Payment Type, 2. Customer Info, 3. Payment, and 4. Submit Payment. The 'Customer Info' step is currently active.

The main content area is titled 'Payment' and includes a 'Payment Type' dropdown menu set to 'Credit/Debit Card'. Below this is the 'Customer Information' section, which is highlighted with a red rounded rectangle. This section contains several input fields: 'Country \*' (United States), 'First Name \*' (John), 'Last Name \*' (Garry), 'Company Name' (John Garry), 'Address \*' (50, Millstone Road), 'Address 2', 'City \*' (East Windsor), 'State \*' (NJ - New Jersey), 'ZIP/Postal Code \*' (08512), 'Phone Number \*' (524-675-3214), and 'Email \*' (Shalini.Hans@doh.nj.com). A red arrow labeled '15.7' points to the 'Next >' button at the bottom right of the form.

On the right side of the screen, there is a 'Transaction Summary' section with a 'License Registration' entry and a 'Pay now with New Jersey Government Services' button. Below this is a 'Need Help?' section with the text 'Please complete the Customer Information Section.'

Click on [Next](#) to proceed with the payment process.

## Credit Card Information

[15.7] On this screen user is required to verify the prepopulated Payer/Customer information and provide credit card details [15.8], user can also edit information by using the edit button if needed.

Screenshots 34- *Payment Information – CC Customer Info*

The screenshot displays the NiC payment interface. At the top, there is a navigation bar with the NiC logo and links for FAQ and Contact. Below this is a progress indicator with four steps: 1. Payment Type, 2. Customer Info, 3. Payment, and 4. Submit Payment. The main content area is titled "Payment" and includes sections for "Payment Type" (with a green checkmark), "Credit/Debit Card", and "Customer Information" (also with a green checkmark). The "Customer Information" section contains fields for Address, Phone Number, Country, and Email Address. An "Edit" button is located to the right of the "Customer Information" section. Below this is the "Payment Information" section, which is highlighted with a red box. It contains fields for "Credit Card Number \*", "Credit Card Type" (with icons for Visa, Discover, and American Express), "Expiration Month \*", "Expiration Year \*", "Security Code \*", and "Name on Credit Card \*". A "Next >" button is located at the bottom right of the "Payment Information" section, also highlighted with a red box. To the right of the main form, there is a "Transaction Summary" section with a red box around the text "License Registration" and "Pay now with New Jersey Government Services". Below that is a "Need Help?" section with a message: "You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information." A red box labeled "15.8" has arrows pointing to the "Edit" button and the "Next >" button.

Click on **Next** to proceed with the payment process.

## Submit Credit Card Payment

On this screen user is required to validate entered Payer/Customer information and Credit Card details.

[15.9] User can use these edit buttons to modify respective information if needed.

[15.10] If all information entered is correct **Click** on 'Submit Payment' to complete the payment.

**Note:** The system might take some time to process the payment

Screenshots 35- *Payment Information – CC Payment*

The screenshot displays the 'Submit Credit Card Payment' interface. At the top, the NIC logo is visible on the left, and 'FAQ' and 'Contact' links are on the right. A progress bar indicates the current step is '3 Payment'. The main form area is titled 'Payment' and includes sections for 'Payment Type' (Credit/Debit Card), 'Customer Information' (Address, Phone Number, Email Address), and 'Payment Information' (Credit Card, Name on Credit Card). Each section has a green checkmark and an 'Edit' button. The 'Submit Payment' button is highlighted with a red box and labeled '15.10'. The 'Edit' buttons for Customer Information and Payment Information are also highlighted with red boxes and labeled '15.9'. On the right, there is a 'Transaction Summary' section showing 'License Registration' and 'Pay now with New Jersey Government Services', and a 'Need Help?' section with a link to review payment information. The footer includes '© NIC 2023 Terms of Use | Privacy Policy'.

### Application Submission

**Note:** Once Credit Card payment is processed the system will redirect you back to the Portal application preview and submit page [Page30]. Follow the steps to submit application.

## Payment Process – Paper Check

### How to submit payment Paper Check

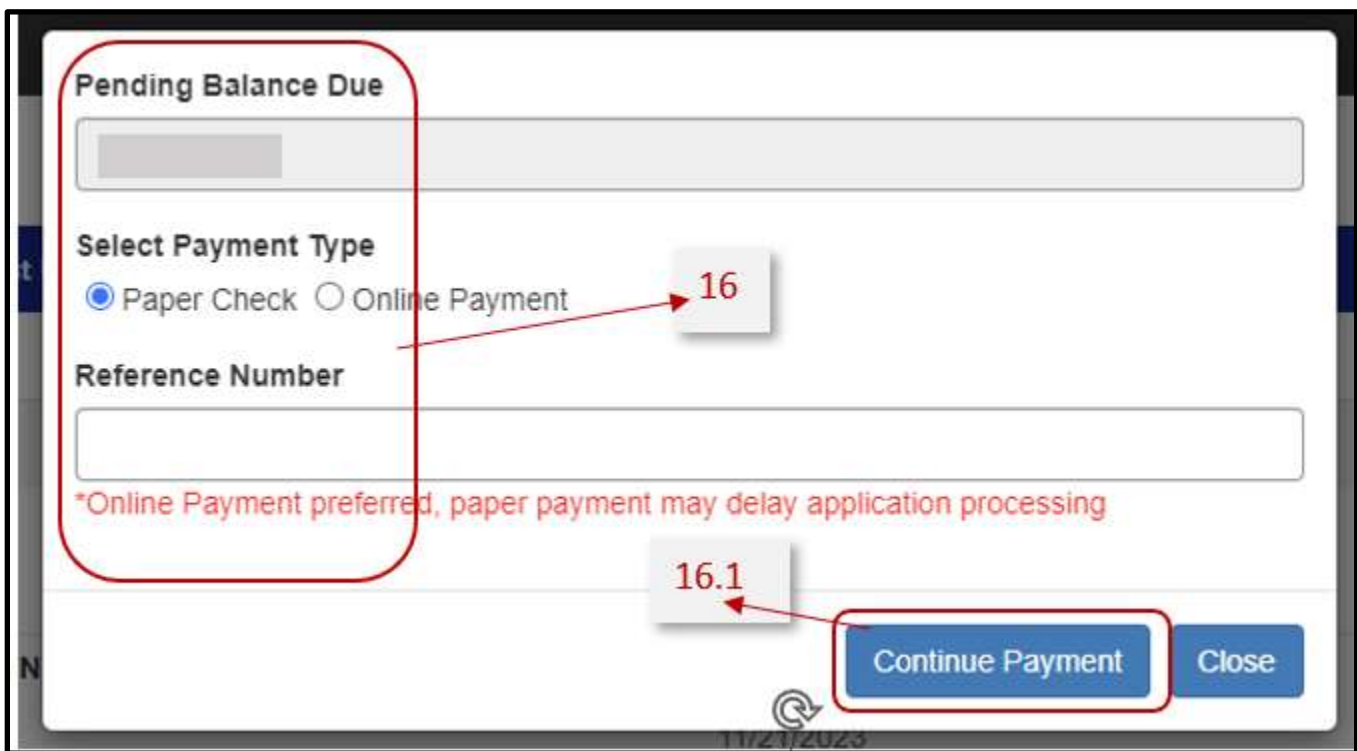
**NOTE:** Department of Health Prefers “**Online Payment**, Paper payment **May** delay application Processing”

**NOTE:** Paper payment **MUST** have facility datasheet attached. Paper payment without attachment will significantly delay processing.

[14.2] Clicking on **Pay now** in the preview screen, this action will open a pop-up window providing user information on the **Pending balance**, this field is auto populated.

[16] **Select Payment Type**, choose option “Paper Check”. User is encouraged to enter the check number. Then **Click** on “**Continue Payment**”.

Screenshots 36- *Payment Information via Paper Check*

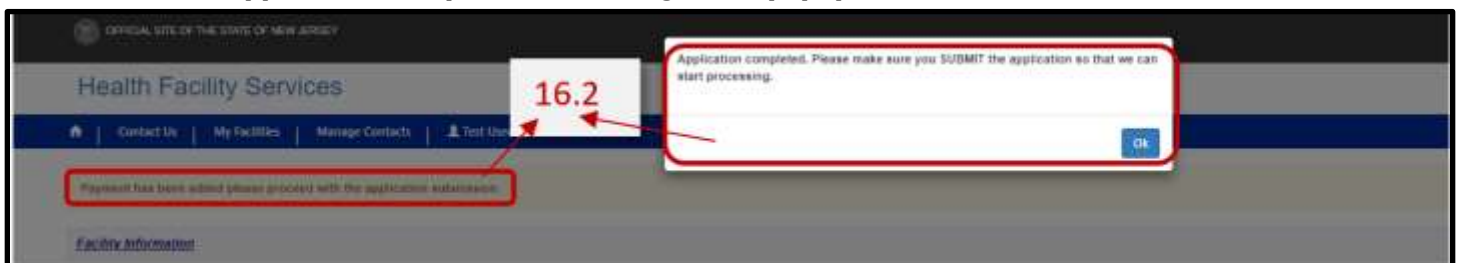


The screenshot shows a web form titled "Payment Information via Paper Check". At the top, there is a section labeled "Pending Balance Due" with a text input field. Below this is the "Select Payment Type" section, which has two radio buttons: "Paper Check" (selected) and "Online Payment". A red callout box labeled "16" points to the "Paper Check" option. Underneath is the "Reference Number" section with a text input field. A red message below the input field reads: "\*Online Payment preferred, paper payment may delay application processing". At the bottom right, there are two buttons: "Continue Payment" and "Close". A red callout box labeled "16.1" points to the "Continue Payment" button. The date "11/21/2023" is visible at the bottom of the form.

[16.2] User will be directed to the application preview screen with a yellow bar up top [Payment has been added please proceed with the application submission] and a pop-up window [Application completed. Please make sure you **SUBMIT** the application so that we can start processing]

**Click “Ok”** to acknowledge reading the message.

Screenshots 37- *Application Complete acknowledgement popup*



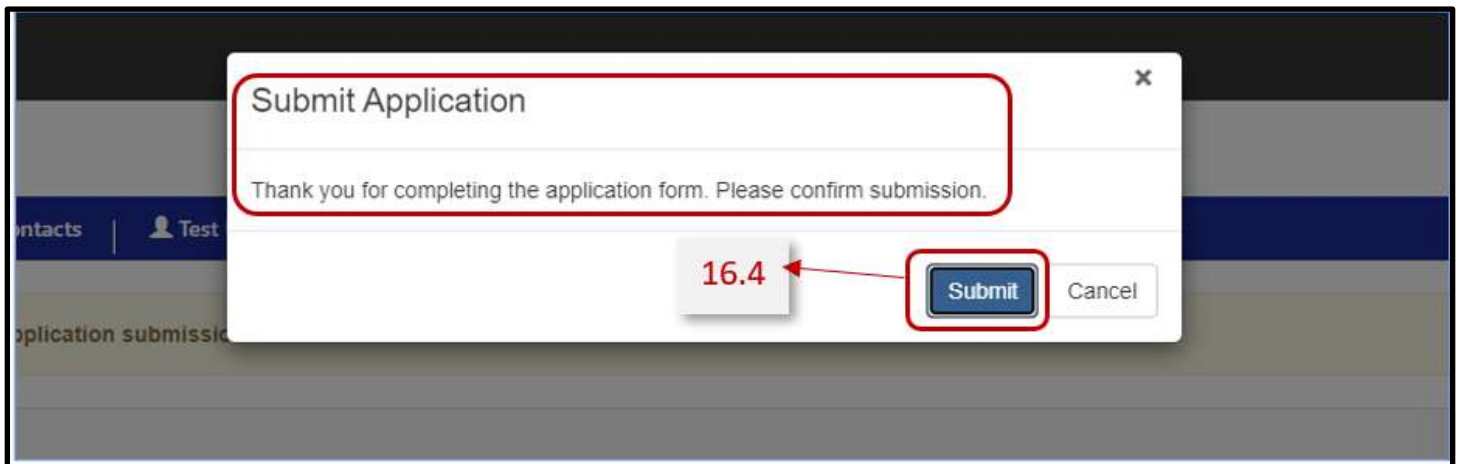
The screenshot shows a web page for "Health Facility Services" with a navigation bar. A yellow bar at the top of the page contains the message: "Payment has been added please proceed with the application submission". A red callout box labeled "16.2" points to this message. A pop-up window is displayed in the foreground with the text: "Application completed. Please make sure you **SUBMIT** the application so that we can start processing." and an "Ok" button. A red callout box labeled "16.2" also points to the "Ok" button. The date "11/21/2023" is visible at the bottom of the page.

[16.3] Click "OK" to acknowledge the message and [16.4] click on "Submit" to confirm application submission.

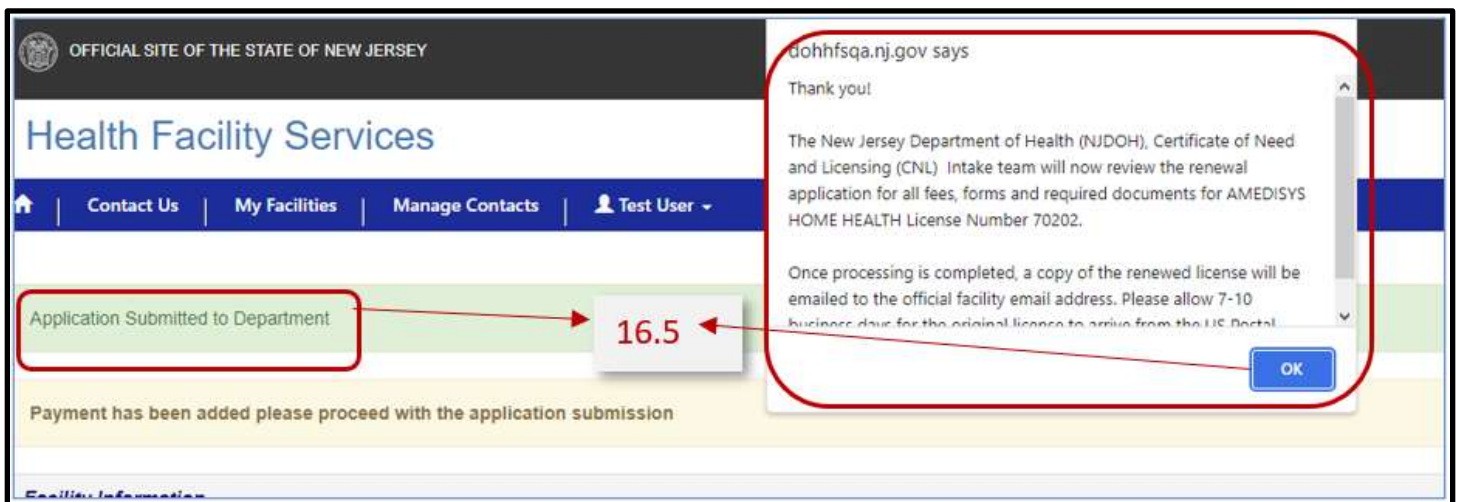
Screenshots 38- *Import message acknowledgement popup*



Screenshots 39- *Application Submission Popup*



Screenshots 40- *Submission acknowledgement popup*



**[16.6] Note:** For user convenience data sheet is automatically downloaded. Please print the data sheet and send it along with the paper check. Paper check without a data sheet attachment may significantly delay application processing.

Screenshots 41: *Download Data Sheet*

