



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6th Floor, P.O. Box 45010  
Newark, New Jersey 07101  
(973) 504-6430  
[www.njconsumeraffairs.gov/nur](http://www.njconsumeraffairs.gov/nur)

**Applicant for HHA Certification Request to be Heard**

**Instructions:** You may fill in the information using a computer and save the completed form, or print a blank form and fill it in by hand. Either way, **the completed form must be emailed to the Board at:**

[nursinghearings@dca.njoag.gov](mailto:nursinghearings@dca.njoag.gov)

Applicant No.: \_\_\_\_\_

I, \_\_\_\_\_, request an opportunity to be heard before the New Jersey Board of Nursing, or before an authorized committee of the Board, to petition that the Board reconsider its preliminary decision disqualifying me from homemaker-home health aide certification. I understand that my appearance will be scheduled within forty-five (45) days of this request, unless the Board and I mutually agree to an extension.

I understand it is my responsibility to notify the Board of any change(s) to my address and/or other contact information. I also understand that if I fail to appear as scheduled, the Board may finalize its decision to disqualify me from certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailing Address: \_\_\_\_\_

Address of Record (if different from Mailing Address): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

***After the Board receives a completed Request to be Heard form, you will receive notice of the scheduled appearance date and other instructions.***