

Portal User Guide

Module: TeleMedicine Amendments

Version 2.0 Health Facilities Services

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Portal Login

Step 1: Click here https://dohlicensing.nj.gov/ for portal Landing Page

Step 2 : Click on "Sign in" on the main menu as highlighted below



Sign In

Username: Use the registered Username

Password: Use the same password used during the registration

OFFICIAL SITE OF THE STATE OF NEW JERSEY									
Health Facility Services									
↑ Contact Us	Sign in								
Sign in Redeem invitation									
Facility User Login	Facility User Login								
* User name									
* Password									
	Remember me?								
	Sign in Forgot your Username/Password?								

New Account Creation

Please create an account on the portal if you don't have one. For instructions on how to create an account, please <u>click here</u>.

Forget Password

Please Click on "Forgot your Username/Password" button to reset the password.

Accessing Facilities

After Successful login, you can see "My Facilities" option on the main menu as highlighted below



Applications

Clicking on My Facilities, User can see respective facility name on the left Menu. Click on Applications Tab which second tab beside Facility as highlighted below

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Health Faci	ility Services			NJ Health ®
A Contact Us	My Facilities 📕 👤 Portal User 🗸			ingenetig skath Through Ladership and Innovation
Facility Count: 1 Facility List	Facility Name Bobs DBA		License Number 22634	
Bobs DBA	Facility Applications Beds S	ervices Counties Related Facilities Accreditations	Functional Review CN Walver	
	Name	Address	County	
	Bobs DBA	1100 WAYSIDE ROAD TINTON FALLS NJ 07712	ATLANTIC	
	License Detail	5% vite 2 vit	Surjetic Dat	
	22634	Effective Date 3/1/2019	Expiration Date 11/26/2021	inspection schedule
	Facility Status ACTIVE	License Type License		
	Contact Details			
	Mailing Address	Phone# (732) 493-2220	Fax	Email

Access Application

Under the Application Tab, you would see the **Create Amendment application** button to initiate Amendment application.

											Search		C
Tracking # 🕇	Status	Status Reason	Application Type	Amendment Type	Application Received Date	Created On 🕇	Status	Total Due	Total Paid	Balance Due	Payment Status	Facility	
RA-TH7490- 17917	Active	Draft	Amendment	Change in Entity Mailing Address		10/28/2022	Draft	\$0.00	\$0.00	\$0.00		Bobs Test DAB1	
RR-TH7490- 17913	Active	Finished	Renewal		10/21/2022	10/21/2022	Completed	\$1,500.00	\$1,500.00	\$0.00	Payment Completed	Bobs Test DAB1	
17313											Complexed	DABT	

Click on the "Create Amendment Application" Button, below pop-up will appear to select the right amendment type.

Please Select the Amendment Type	×
 Discontinue Registration Other 	
	Close Submit

- Default selection will be with the option: Discontinue Registration
- Second option: Other contains.
 - Change in Entity Mailing Address
 - Change in Entity Representative information.
 - Change in Registered Agent information.

Please Select the Amendment Type	×
Discontinue Registration Other	
Select all	
Change in Entity Mailing Address Change in Entity Representative information	Close Submit
Change in Registered Agent information	

Discontinue Registration

To discontinue registration and make DBA Inactive for Telemedicine Telehealth applications in NJDOH. Portal user can submit amendment application with the option "Discontinue Registration." Which submits application to department.

Below tabs are visible to view all the information.

- o Application Information
- o Add/Remove Owner/Management
- o Services
- Associated Documents
- o Contact Information
- \circ Certification

System allows portal users to edit only Application information for Discontinue registration amendment type. Once the application approved from the department. DBA will be inactive, and account will be discontinued and the portal access will be revoked.

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Telemedicine Amendments							
Application Information	Telemedicine Application Details						
Add/Remove Owner/Management Company	Tracking #	Facility Name		Last Expiration Date		Facility Type	
Services	RA-TH7490-19293	Bobs Test DAB1		4/14/2023		Telemedicine and Telehealth	
Associated Documents	Amendment Type			Registration Number			
Context Information	Discontinue Registration			R-TH7490-0486			
Contact Information	Change Amenoment Type						
Certification							
	Facility Information Email Address *		Phone Number *		Fax Number *		
	test@test.com		(123) 456-7890		(123) 456-7890		
	Mailing Address						
	Mailing Address	Mailing Suite/Floor		Mailing City		Mailing State	
	213 Miller Street			Trenton		NJ	
	Mailing Zip						
	08638						
							Save Next Cancel
		To save the changes, plea	se make sure to click on the "SAVE" but	ton before going to the next page.			Save Next Cancel

<u>NOTE:</u> If you make any changes make sure to click on Save and continue with Next Button

Preview Button

Note: Click on Preview Button to see/make sure all the details entered are accurate

Submit Button: A Mandatory step to complete and successfully submit your application.

On the Preview page, to the bottom of all the details, there is a Submit button as highlighted below to submit the

Back Submit Cancel

application.

Amendment type: Change in Entity Representative Information

Select Change in Entity Representative Information, to make changes on Representative level details.

Portal users creating amendment type "Change in Entity Representative Information" enables Entity Representative Information only to edit and the other details will be locked.

Portal displays below tabs for this amendment type:

- Representative Information
- Add/Remove Owner/Management
- Add/Remove Service
- Contact Information
- Associated Documents
- \circ Certification

Telemedicine Amendments						
Application Information	Telemedicine Application Details					
Add/Remove Owner/Management Company	Tracking #	Facility Name		Last Expiration Date	1	Facility Type
Senices	RA-TH7490-19296	Bobs Test DAB1		4/14/2023	٢	Telemedicine and Telehealth
	Amendment Type			Registration Number		
Associated Documents	Change in Entity Representative information			R-TH7490-0486		
Contact Information	Change Amendment Type					
Certification						
	Contract Information					
	Contact minimation					
	Entity Representative Information					
	First name *		Middle Name		Last name *	
	Test				ER	
	Title		Phone *		Email address *	
	ER		(123) 456-7890		test@gmail.com	
	Registered Agent					
	Name		Email address		Phone	
	KA Name		test@test.com		(123) 456-7890	
	Street address		Floor/Suite		City	
	213 Miller Street				Trenton	
	State		Zip code			
	NJ		08638			
						Previous Save Next Cancel

Amendment type: Change in Registered Agent Information

Portal users selecting "Change in Registered Agent Information" edit only Registered Agent Information

• Registered agent state should always be NJ

Portal display below tabs:

- Representative Information
- Add/Remove Owner/Management
- Add/Remove Service
- Contact Information
- Associated Documents
- \circ Certification

• Portal Users editing Registered Agent Information will submit the application to department and On Approving the application from department Registered Agent details will be updated at the DBA level/ Facility level

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Health Facility S	Services				
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Telemedicine Amendments					
Application Information	Telemedicine Application Details				
Add/Remove Owner/Management Company	Tracking #	Facility Name		Last Expiration Date	Facility Type
Services	RA-TH7490-19296	Bobs Test DAB1		4/14/2023	Telemedicine and Telehealth
Associated Documents	Amendment Type Change in Registered Agent information			Registration Number R-TH7490-0486	
Contact Information	Change Amendment Type				
Certification					
	Contact Information				
	Entity Representative Information				
	First Name		Middle Name		Last Name
	Test				ER
	50. 50.		(422) 450 7800		
	ER		(123) 430-7080		lesegginai.com
	Registered Agent				
	Name RA Name		Email address		Phone (123) 455.7890
	Street arkinese		Floor/Suite		City
	213 Miller Street				Trenton
	State		Zip code		
	NJ		08638		
					Dravieue Save Next Canvel

Amendment type: Change in Entity Mailing Address

Select Change in Entity Mailing Address, to make changes on mailing details.

• Portal users can edit only entity mailing address section and can update latest mailing address.

Portal displays below tabs for this amendment type:

- Representative Information
- Add/Remove Owner/Management
- Add/Remove Service
- Contact Information
- Associated Documents
- \circ Certification

Health Facility	y Services			N Health
1 Contact Us Mi	y Facilities LINHA Applications CNA Applications	rishna Jakkampudi 🔸		
Telemedicine Amendments Application Information	Telemedicine Application Details			
Add/Remove Owner/Management Company Services	Tracking # RA-TH7490-19296	Facility Name Bobs Test DAB1	Last Expiration Date 4/14/2023	Facility Type Telemedicine and Telehealth
Associated Documents Contact Information	Amendment Type Change in Entity Mailing Address Change Amendment Type		Registration Number R-TH7490-0486	
Certification				
	Application Information			
	Facility Information Email Address * test@test@test@test@test@test@test@test	Phone Number * (123) 456-7890		Fax Number * (123) 456-7860
	Mailing Address 213 Miler Street Mailing Zip 06536	Mailing Suite/Floor	Mailing City Trenton	Mailing State NJ
		"To save the changes, please make sure to click on the "SAVE" button before p	going to the next page.*	Save Next Cancel