

How to Submit a License Renewal Application on the Portal

Visit the portal at <https://dohlicensing.nj.gov/> and navigate to the top of the homepage.

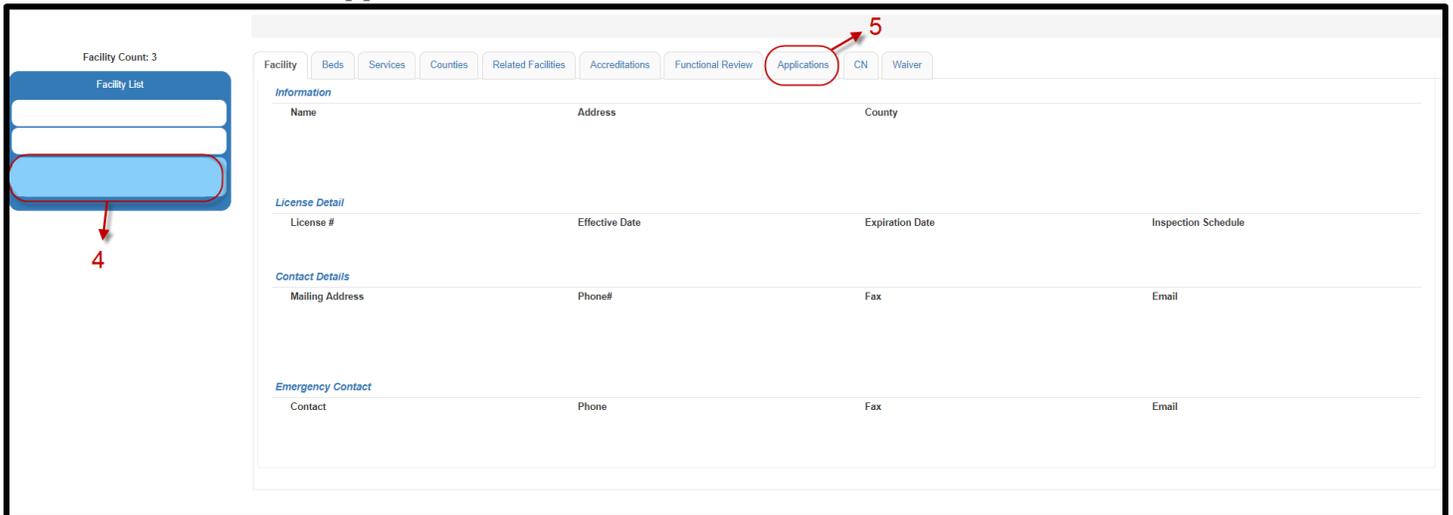


Please follow the instructions provided below in order to submit the license renewal application on the portal.

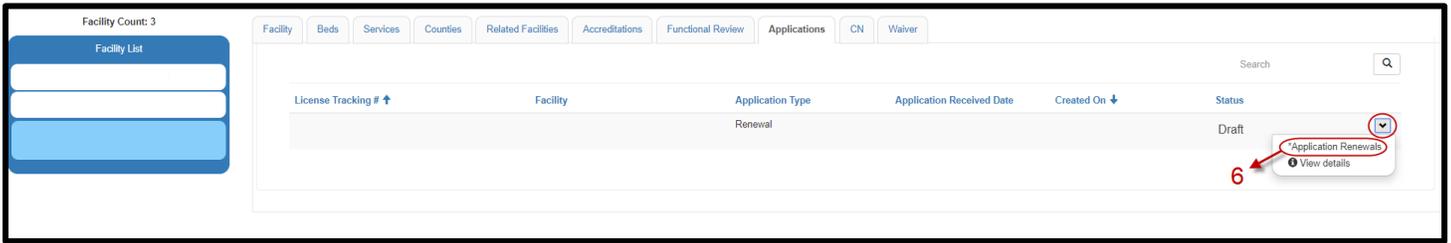
1. Please create an account on the portal. For instructions on how to create an account, please [click here](#).
2. Once the account is created, please sign in. For instructions on how to sign in, please [click here](#).
3. After signing into the portal, navigate to the menu bar and click on **My Facilities** to access the list of facilities that have been assigned to you.
4. Navigate to the left side of your screen to see the list of facilities that have been assigned to you. Click on the facility you would like to submit the renewal application for.

NOTE: If you are unable to see the facility you are assigned to, please call us at (609) 292-6552 or email us at HFSPortal@doh.nj.gov

5. Now click on the applications tab.



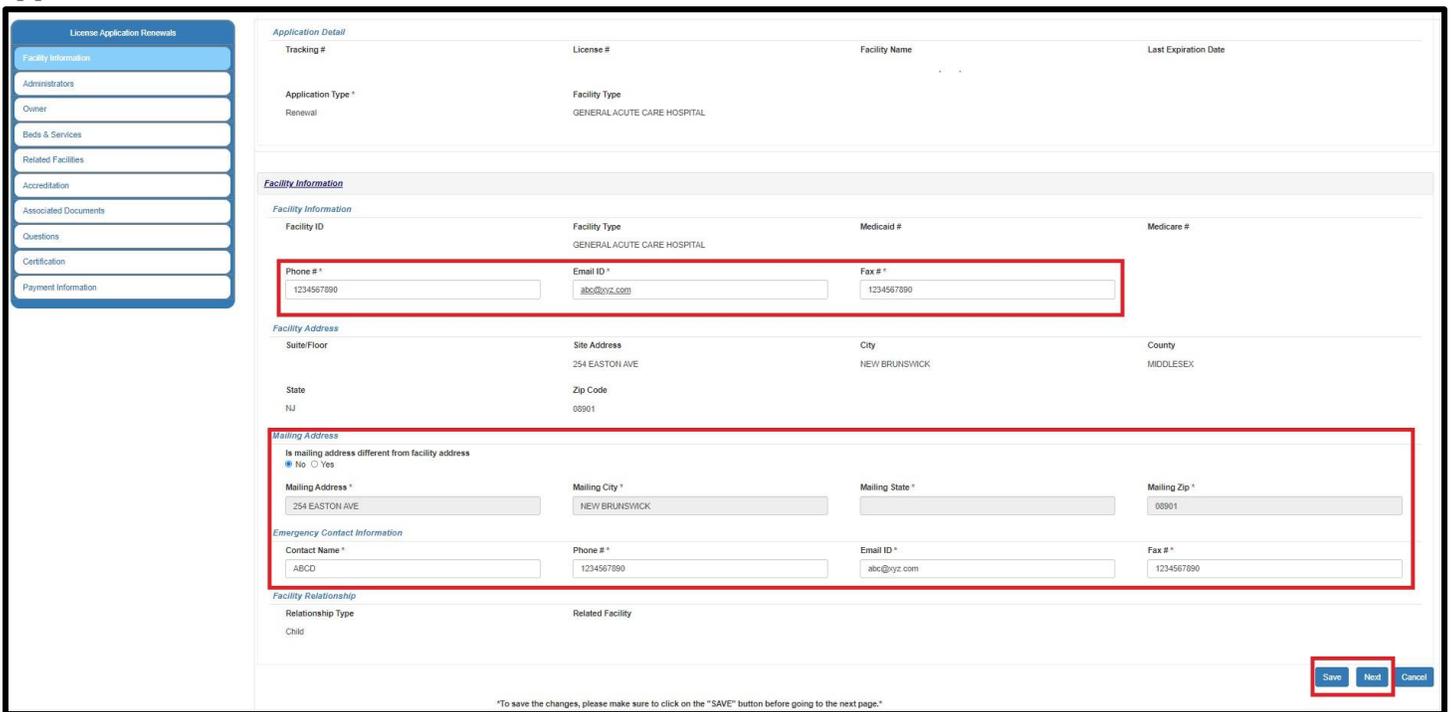
6. Next, click on the  button and then click on Application Renewals.



7. After clicking on application renewals, facility information will be displayed. Please review the facility information on the page and make appropriate corrections as needed.

Please note any field with an *asterisk is required for a final submission of the application.**

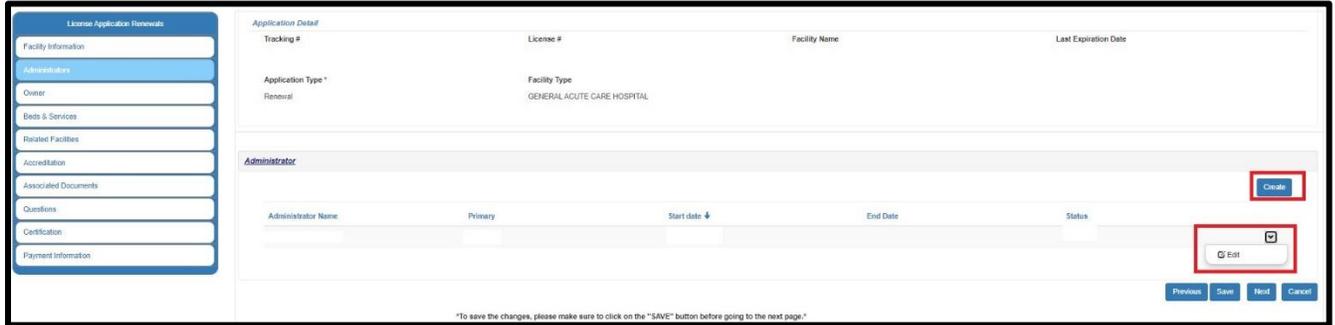
Finally, click on **Save** to update the facility information page and then click on **Next** to proceed to the next part of the application.



NOTE: Only some fields are editable on this page. If you want to edit anything else, an amendment application will be required to be submitted separately.

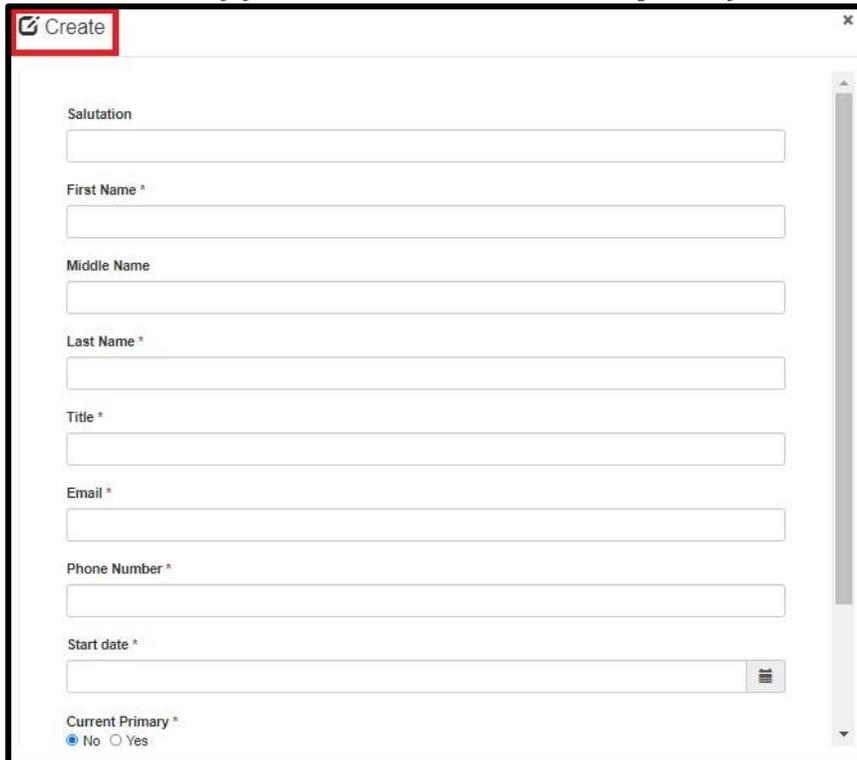
NOTE: Do not forget to click **Save**. If the page is refreshed or the browser back button is clicked prior to saving, the updated information will be lost, and you will need to re-enter it.

8. On the administrator page, you can create an administrator by clicking on the **Create** button or you can edit an existing administrator by clicking on the  button and clicking edit. Do not forget to submit the form after creating or editing an administrator.



The screenshot shows a web application interface for "License Application Renewals". On the left is a sidebar menu with options: Facility Information, Administrators, Owner, Beds & Services, Related Facilities, Accreditation, Associated Documents, Questions, Certification, and Payment Information. The main content area is titled "Application Detail" and contains fields for Tracking #, License #, Facility Name, and Last Expiration Date. Below these are fields for Application Type* (Renewal) and Facility Type (GENERAL ACUTE CARE HOSPITAL). The "Administrator" section features a table with columns for Administrator Name, Primary, Start date, End Date, and Status. A "Create" button is highlighted with a red box in the top right of this section. Below the table, an "Edit" button is also highlighted with a red box. At the bottom right are "Previous", "Save", "Next", and "Cancel" buttons. A footer note reads: "To save the changes, please make sure to click on the 'SAVE' button before going to the next page."

- 8.1 Fill out the form and click on **Submit** at the end of the form to create a new administrator. *Please note any field with an **asterisk*** is required for submission.*

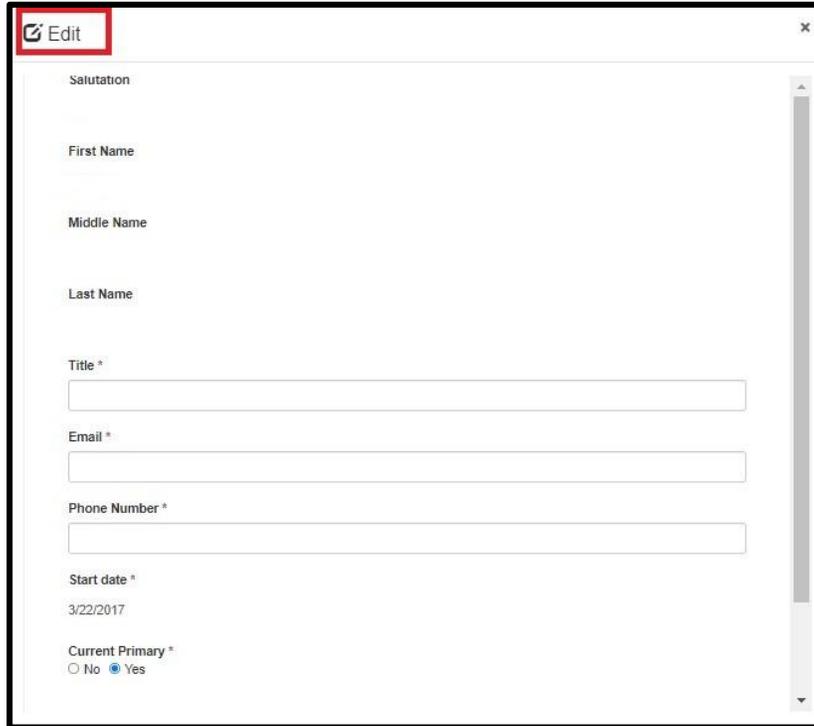


The screenshot shows a "Create" modal window for adding a new administrator. The "Create" button in the top left is highlighted with a red box. The form contains the following fields: Salutation, First Name*, Middle Name, Last Name*, Title*, Email*, Phone Number*, and Start date*. At the bottom, there is a "Current Primary*" section with radio buttons for "No" (selected) and "Yes". A vertical scrollbar is visible on the right side of the form.

8.2 To edit an existing administrator, click on  button and then click on edit. Whenever editing an administrator, if you select current primary as no, end date will need to be provided.

Fill out the form and click on  at the end of the form to submit the changes.

Please note any field with an asterisk* is required for submission.



 Edit

Salutation

First Name

Middle Name

Last Name

Title *

Email *

Phone Number *

Start date *

3/22/2017

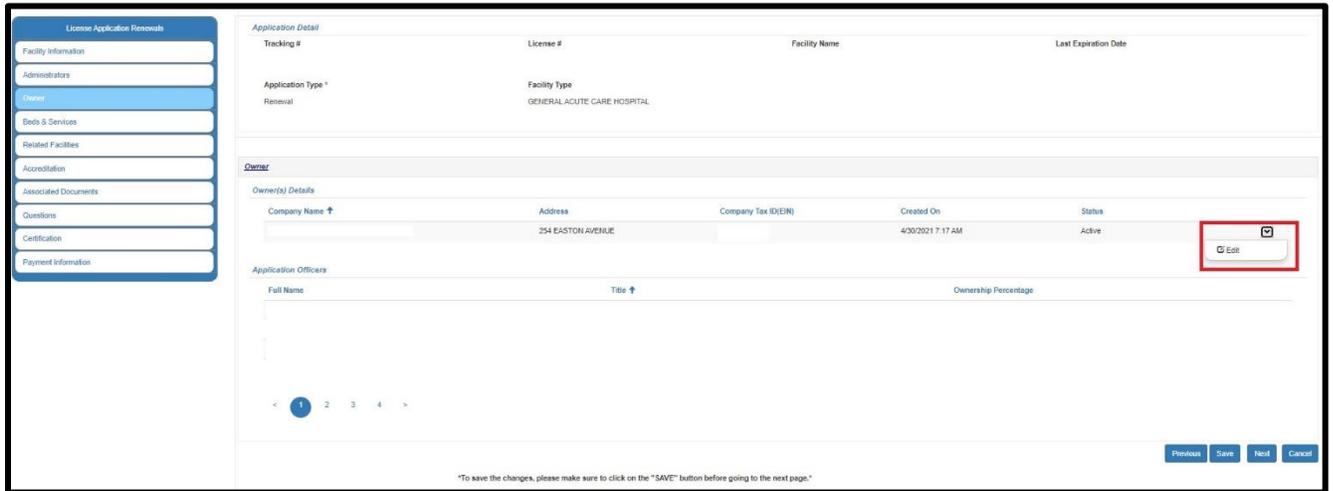
Current Primary *

No Yes

NOTE: You need to have one primary administrator to final submit the application. You cannot have multiple primary administrators.

NOTE: Do not forget to click . If the page is refreshed or the browser back button is clicked prior to saving, the updated information will be lost, and you will need to re-enter it.

9. Clicking on **Next** will take you to the owner page of the application process. On this page you can edit some of the owner details by clicking on the  button.

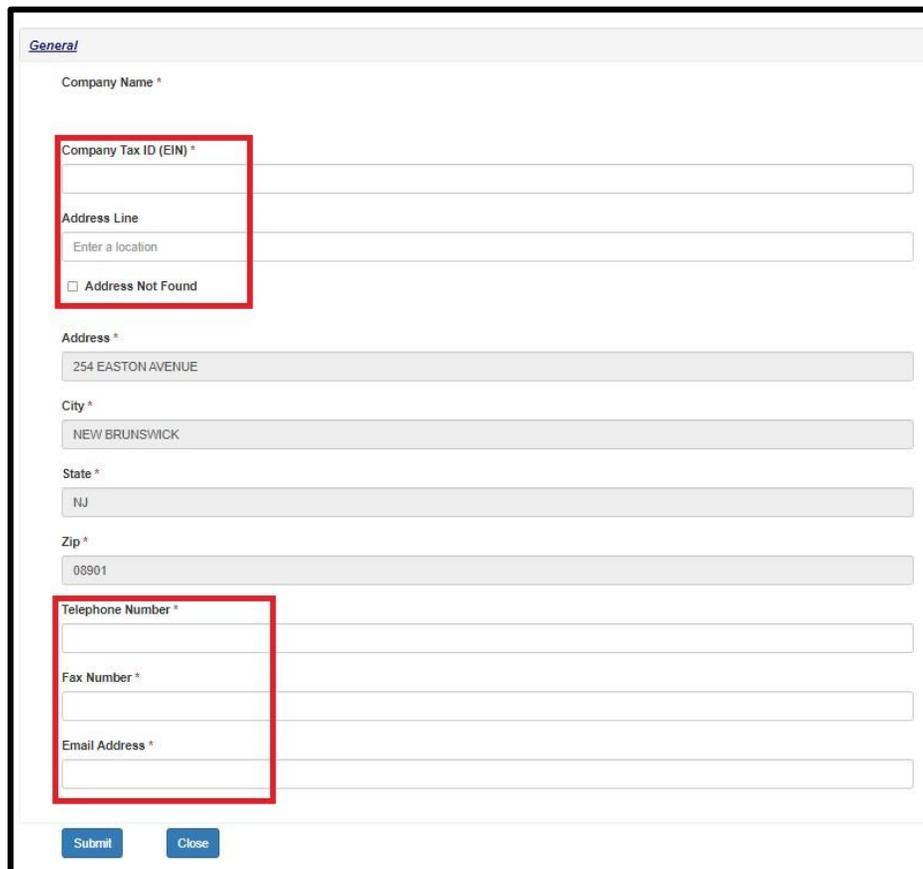


The screenshot shows a web application interface for 'License Application Renewals'. On the left is a navigation menu with options like Facility Information, Administrators, Owner, Beds & Services, Related Facilities, Accreditation, Associated Documents, Questions, Certification, and Payment Information. The main content area is titled 'Application Detail' and shows fields for Tracking #, License #, Facility Name, and Last Expiration Date. Below this, the 'Application Type' is 'Renewal' and the 'Facility Type' is 'GENERAL ACUTE CARE HOSPITAL'. The 'Owner' section is expanded, showing a table with columns for Company Name, Address, Company Tax ID (EIN), Created On, and Status. The first row contains '254 EASTON AVENUE', '4/30/2021 7:17 AM', and 'Active'. An 'Edit' button is circled in red. At the bottom right are 'Previous', 'Save', 'Next', and 'Cancel' buttons. A footer note says: '*To save the changes, please make sure to click on the "SAVE" button before going to the next page.*'

- 9.1 Verify the Company Name and Company Tax ID (EIN). If Company Tax ID (EIN) is blank, please fill in the information. Then fill in the other fields and click on **Submit** to save.

Then click on **Close** to go back to the application. You will get a pop-up asking for confirmation to close the window. Select OK to close the window and get redirected back to the application.

Please note any field with an *asterisk is required for a final submission of the application.**



The screenshot shows a 'General' form section with the following fields: Company Name *, Company Tax ID (EIN) *, Address Line (with a placeholder 'Enter a location' and an 'Address Not Found' checkbox), Address *, City *, State *, Zip *, Telephone Number *, Fax Number *, and Email Address *. The 'Company Tax ID (EIN)', 'Telephone Number', 'Fax Number', and 'Email Address' fields are circled in red. At the bottom are 'Submit' and 'Close' buttons.

NOTE: Click on **Address Not Found** checkbox to enter the address manually.

NOTE: Do not forget to click **Save**. If the page is refreshed or the browser back button is clicked prior to saving, the updated information will be lost, and you will need to re-enter it.

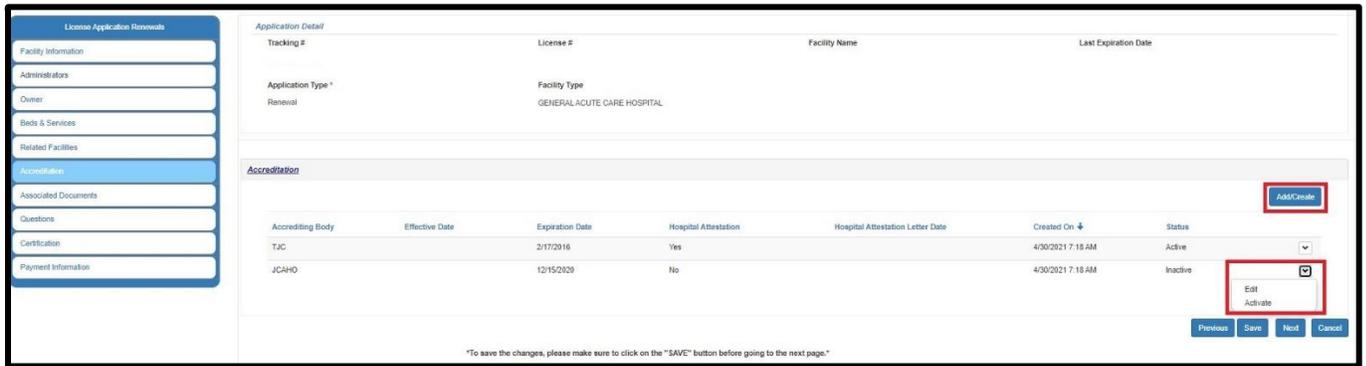
10. Clicking on next will bring you to the **“Beds & Services”** page.

NOTE: This is a view-only page!

11. Clicking next once more will take you the **“Related Facility”** page.

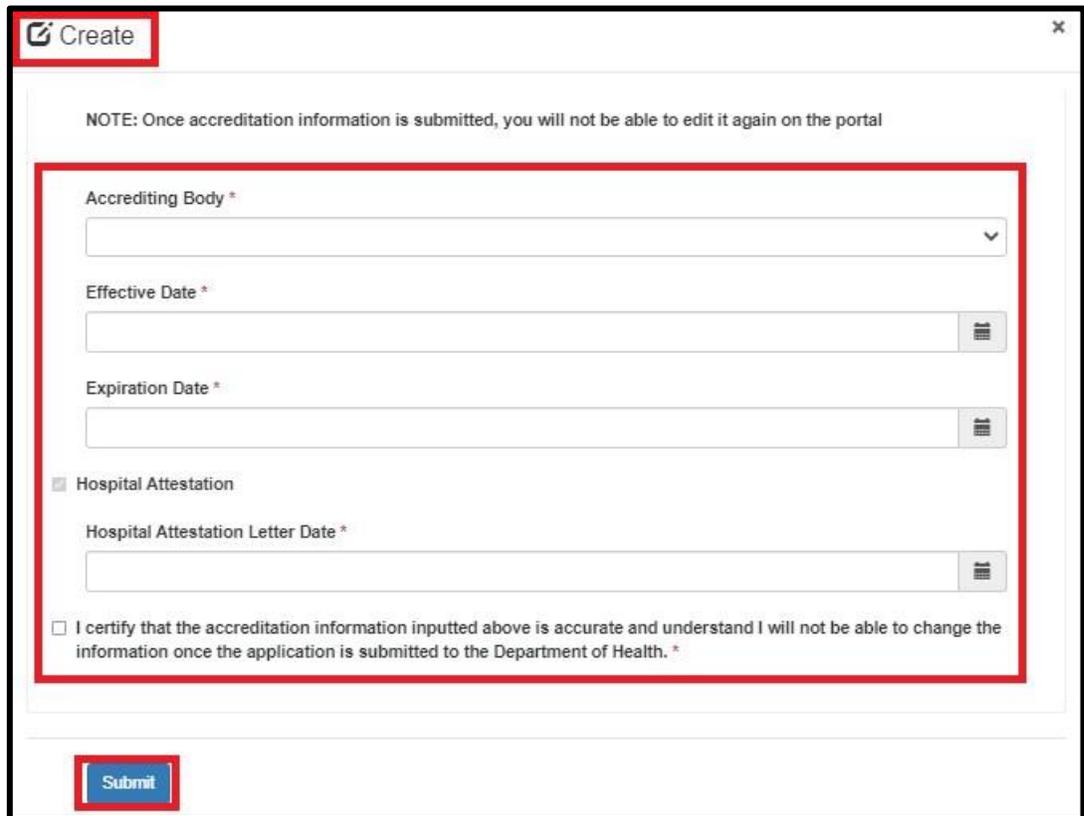
NOTE: This is a view-only page!

12. Clicking on next again will take you to "Accreditations" page. Here you can click "Add/Create" "Edit/Activate".



12.1 **Adding Accreditation**

- 12.1.1 Upon clicking on "Add/Create" button, create form will open. Here you can input the accreditation information of the facility. Hospital Attestation field will be "Checked" by default, showing Hospital Attestation Letter Date field as mandatory. User needs to check off the "I certify that the..." sentence before moving to save/submit the record. Once all data entry is done, please click on "Submit" to save the information and go back to the portal renewal application.



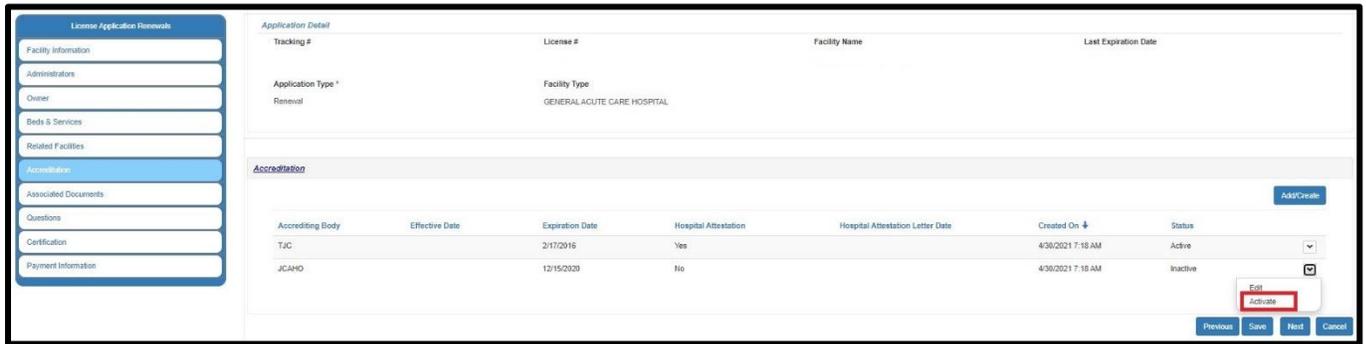
NOTE:

- Only one record can be created for each accrediting body.
For example: If “TJC” is already added as the accrediting body, system will not display TJC as part of the accreditation list in the dropdown.
- Hospital Attestation & Hospital Attestation Letter Date fields are only shown for facility types that are classified as a hospital.

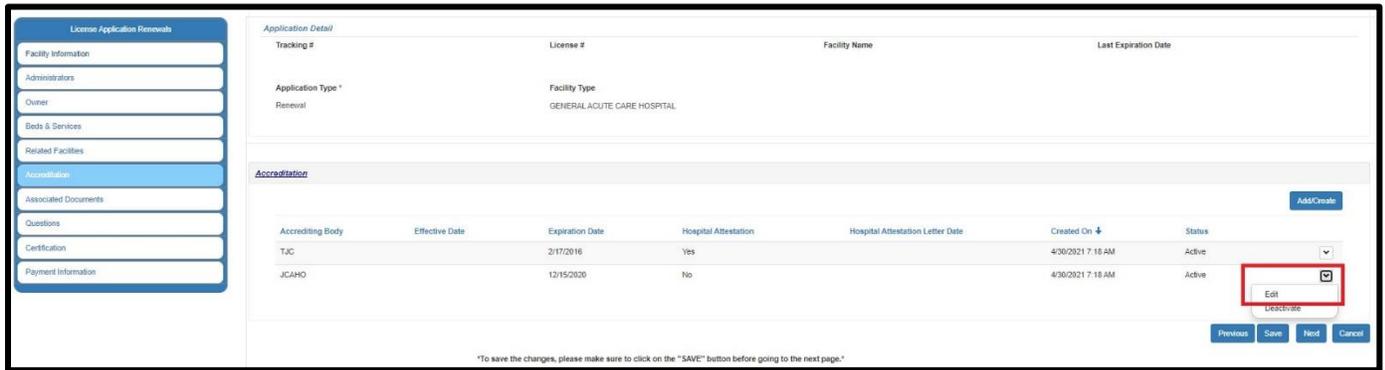
12.2 Editing Accreditation

12.2.1 Check whether the record is “Active” or “Inactive” under the status column.

If the record is inactive, you first need to activate it by clicking on the down arrow and then clicking on “Activate” before trying to edit the record.



If record is already active/once record is activated, you will be able to **edit/update** the information by clicking on the “Edit” button



Once “Edit” button is clicked, user can update the effective date, expiration date and hospital attestation letter date on the edit form.

Once all data entry is done, please click on “Submit” to save the information and go back to the portal renewal application.

Edit

Accrediting Body *
JCAHO

Effective Date

Expiration Date *
12/15/2020

Hospital Attestation

Hospital Attestation Letter Date

Submit

NOTE:

Hospital Attestation Letter Date field is mandatory to submit the updated information.

13. After viewing the information on Related Facility page, next step in the application is to add supporting documents, if needed. To add files, click on **Add Files** button.

License Application Renewals

Facility Information

Administrators

Owner

Beds & Services

Related Facilities

Accreditation

Associated Documents

Questions

Certification

Payment Information

Application Detail

Tracking # License # Facility Name Last Expiration Date

Application Type * Facility Type
Renewal GENERAL ACUTE CARE HOSPITAL

Documents

Supported Documents

Add Files

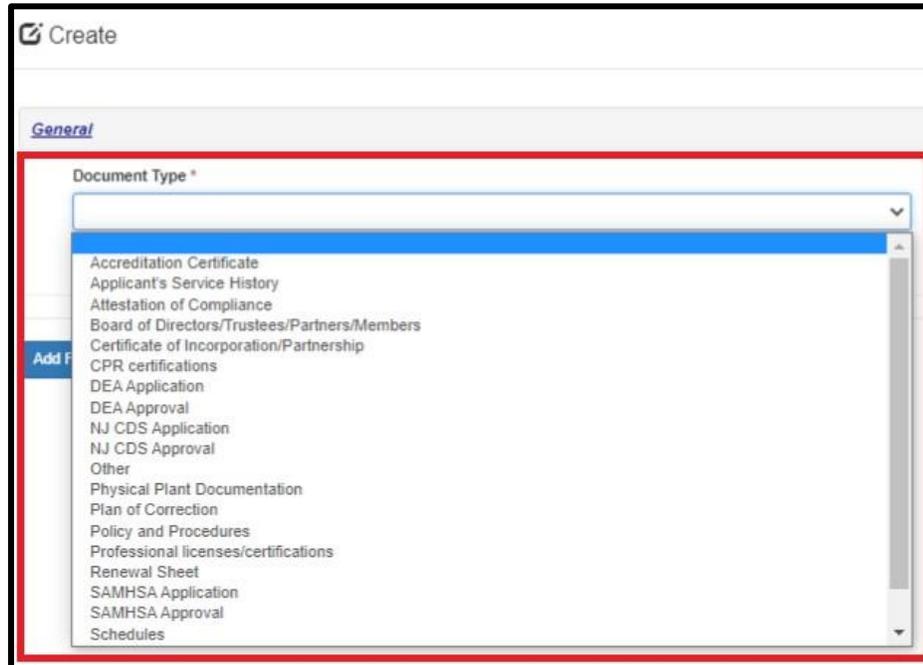
Document Type Status Created On ↓

There are no records to display.

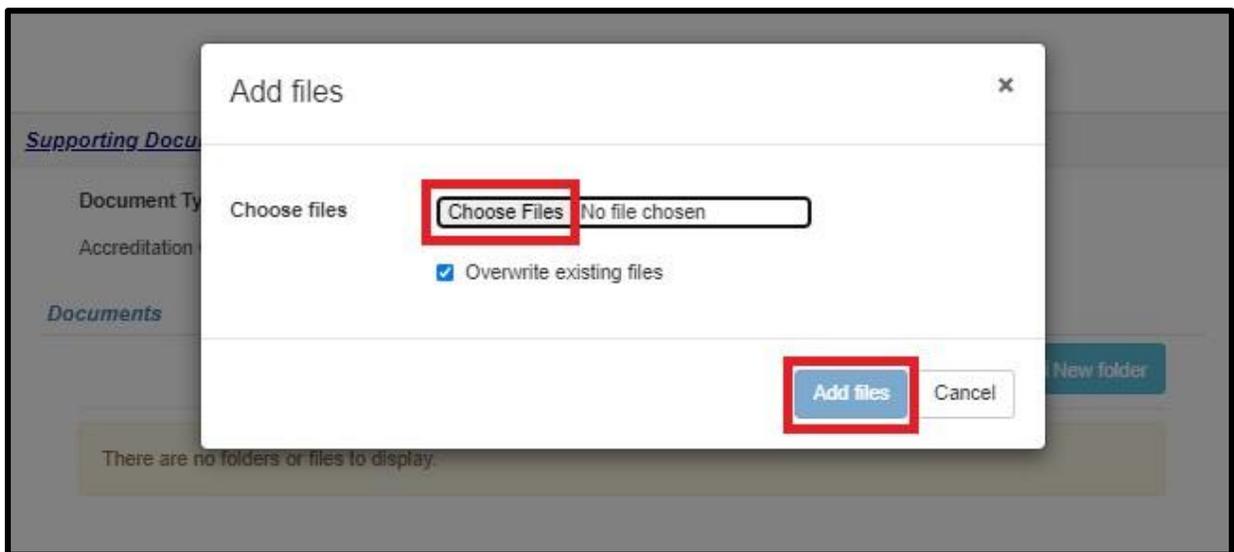
Previous Save Next Cancel

To save the changes, please make sure to click on the "SAVE" button before going to the next page.

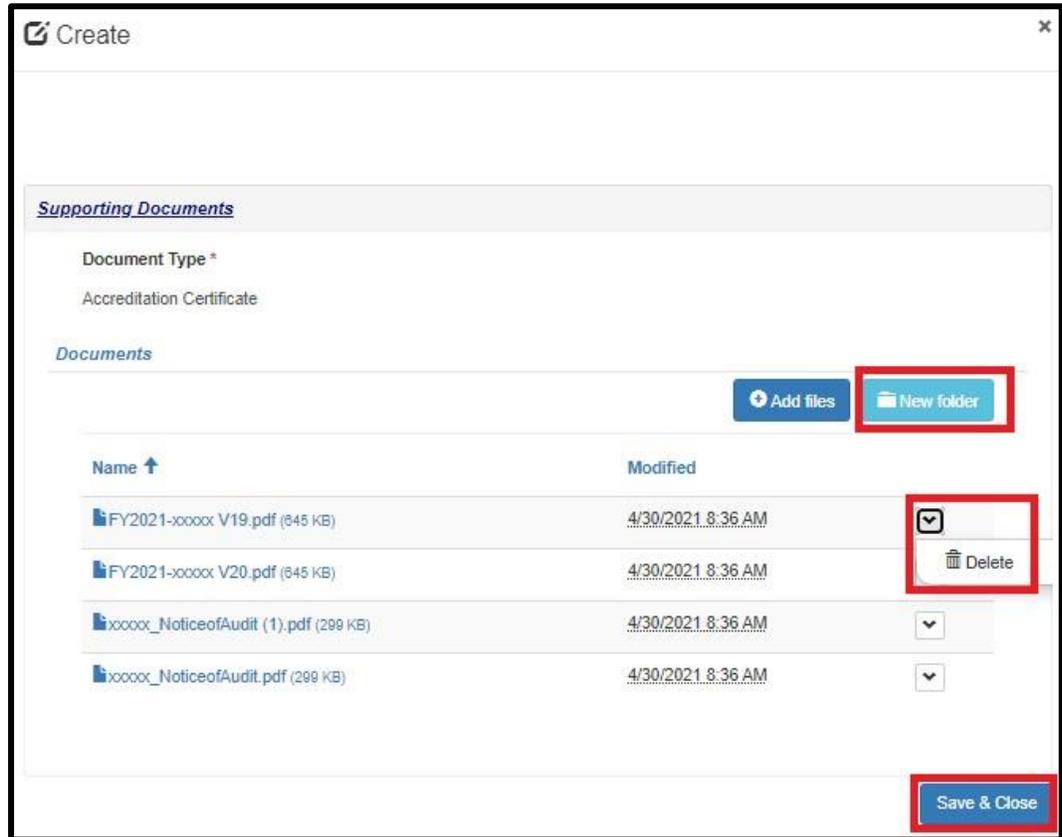
- 13.1 Then select the document type and click on **Add File** button to proceed.



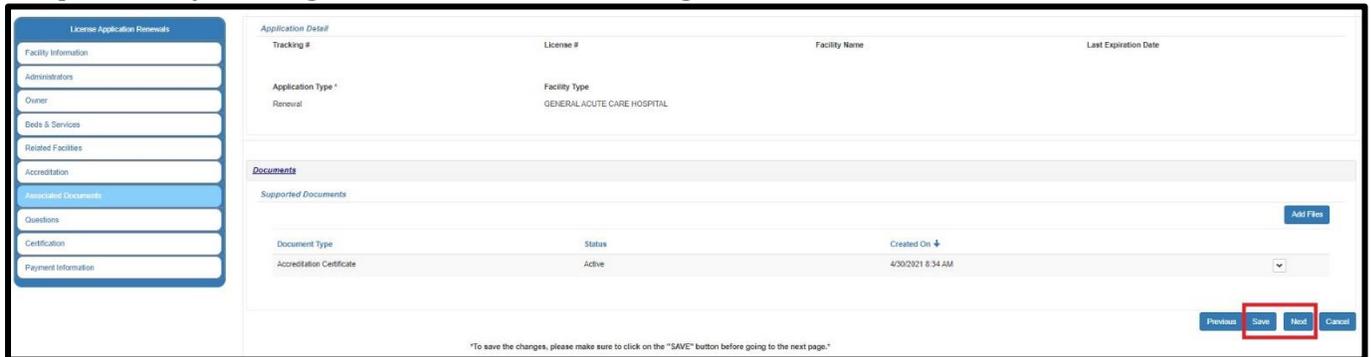
13.2 Next click on **Choose Files** button and select one or more files from your computer. After selecting the file(s), click on **Add Files** button to upload them to the selected document type.



13.3 After selecting the files, you can click on **Save & Close** button to proceed. You can also add a new folder by clicking on **New folder** button and add files within that folder. Lastly, you can also delete a file if it was uploaded accidentally.



13.4 Repeat Step 13.3 for each document type as needed. After adding all the required documents, you can proceed by clicking on **Save** and then clicking on **Next**.



NOTE:

- Each document type requires **at least one file** to be uploaded within it to do a final submission of the application.
- A document type cannot be deleted when there are files/folders within that document type. You will need to delete the content inside first and then retry deleting the document type.

NOTE: Do not forget to click **Save**. If the page is refreshed or the browser back button is clicked prior to saving, the updated information will be lost, and you will need to re-enter it.

14. After uploading and saving the supporting documents, clicking **Next** will take you to a list of questions. Please select the appropriate response for each question and provide details, if answered **Yes** to any question.

The screenshot shows the 'License Application Renewals' interface. On the left is a navigation menu with options: Facility Information, Administrators, Owner, Beds & Services, Related Facilities, Accreditation, Associated Documents, Questions, Certification, and Payment Information. The main content area is titled 'Application Detail' and contains the following information:

Tracking #	License #	Facility Name	Last Expiration Date

Below this is the 'Application Type *' section:

Application Type *	Facility Type
Renewal	GENERAL ACUTE CARE HOSPITAL

The 'Questions' section contains four questions:

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey or any other state, which was denied or revoked?
 No Yes
 If Yes, indicate whom and give details (attach additional sheet if necessary):
2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state?
 No Yes
3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicated for the same charge?
 No Yes
4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime?
 No Yes

At the bottom right, there are four buttons: Previous, Save, Next, and Cancel. The 'Next' button is highlighted with a red box. A note at the bottom center reads: "To save the changes, please make sure to click on the 'SAVE' button before going to the next page."

15. After answering the questions, the next step is to certify the application by clicking the checkbox shown in the image below. The checkbox will auto-fill your name and title.

NOTE: Telephone number is required to proceed.

The screenshot shows the 'License Application Renewals' interface, similar to the previous one. The 'Certification' section is highlighted with a red box and contains the following text:

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 6032 of the Federal Deficit Reduction Act.

Below this are three input fields:

Certified By	Certified By Title	Certified By Telephone Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>

The 'Certified By Telephone Number *' field is highlighted with a red box. At the bottom right, there are four buttons: Previous, Save, Next, and Cancel.

16. Next step in the renewal application process is the payment information page. On this page, please review the Total Due, Total Paid, Balance Due, Total Pending Payment, and Pending Balance Due. Refer below for more information.

- **Total Due:** Total amount that is due calculated by adding application fee, inspection fee, and beds fee.
- **Total Paid:** Total amount that has already been paid and posted to the application.
- **Balance Due:** This is the amount that is currently due for the application. This amount **does not** include payments that are in transit and yet to be received, verified, and posted to the application.

- Total Pending Payment: This is the total of payments that are in transit. Ex. Checks/Money Orders (refer to step 15.1 for more information)
- Pending Balance Due: This is amount that needs to be paid to submit the application.

NOTE: If Pending Balance Due is 0 or less than 0, **Pay now** button will not be displayed, and E-Pay method will not be available.

Payments

Payment Information

Total Application Fee	Inspection Fee	Total Beds Fee
\$1,500.00	\$1,500.00	\$1,800.00
Total Fee	Total Due	Total Paid
\$4,800.00	\$4,800.00	\$0.00
Balance Due	Total Pending Payment	Pending Balance Due
\$4,800.00	\$0.00	\$4,800.00

Pending Payments

ADD

Type of Payment	Amount	Date ↓	Reference Number	Status Reason
There are no records to display.				

Posted Payments

Pay Type	Amount Received	Received Date ↓	Reference Number	Status Reason
There are no records to display.				

Pay now **Previous** **Save** **Preview** **Cancel**

To save the changes, please make sure to click on the "SAVE" button before going to the next page.

16.1 To pay, you can either pay “Pending Balance Due” through **Pay now** button or click **ADD** button to add a pending payment that will be sent, or to notify us of a payment that is in transit and needs to be linked to this application .

Payments

Payment Information

Total Application Fee	Inspection Fee	Total Beds Fee
\$1,500.00	\$1,500.00	\$1,800.00
Total Fee	Total Due	Total Paid
\$4,800.00	\$4,800.00	\$0.00
Balance Due	Total Pending Payment	Pending Balance Due
\$4,800.00	\$0.00	\$4,800.00

Pending Payments

Type of Payment	Amount	Date ↓	Reference Number	Status Reason
There are no records to display.				

Posted Payments

Pay Type	Amount Received	Received Date ↓	Reference Number	Status Reason
There are no records to display.				

Buttons: **Pay now**, Previous, Save, Preview, Cancel

To save the changes, please make sure to click on the "SAVE" button before going to the next page.

Clicking **Pay now** will pop up a message to verify the amount. Click on **Pay now** again to be redirected to the E-Pay website. Once the payment process is complete on the E-Pay website, you will be redirected back to the portal application to verify and final submit the application.

For more information on how to navigate E-Pay website please refer to E-Pay guide below.

Pending Balance Due

\$4,800.00

Buttons: Close, **Pay now**

On the License Renewal Holding Payment form, please select your **Pay Type** (Check/Money Order, Wire, E-Pay etc.), provide the **Amount**, the **Payment Date** (date that is on the check/money order/E-Pay transactions), and a **Reference Number** to help link/track the payment (Check #, E-Pay confirmation # or tracking #) and then click on the **Submit** button to submit the form and create a record.

Create
✕

License Renewals Holding Payments

Pay Type *

Amount *

Payment Date *

Reference Number *

After submitting the form, a record should be created under Pending Payments section. Once the Pending Balance Due is 0 or less than 0 then only will you be able to final submit the application.

You can also edit the record by clicking on the  button and clicking edit. You can edit the Pay Type, the Amount, Payment Date, and the Reference Number. The record can also be deleted by clicking on delete.

Payments

Payment Information

Total Application Fee	Inspection Fee	Total Beds Fee
\$1,500.00	\$1,500.00	\$1,800.00
Total Fee	Total Due	Total Paid
\$4,800.00	\$4,800.00	\$0.00
Balance Due	Total Pending Payment	Pending Balance Due
\$4,800.00	\$4,800.00	\$0.00

Pending Payments

Type of Payment	Amount	Date ↓	Reference Number	Status Reason
Check/Money Order	\$4,800.00	2/5/2020	011	Pending

▼
Edit
Delete

Posted Payments

Pay Type	Amount Received	Received Date ↓	Reference Number	Status Reason
There are no records to display.				

To save the changes, please make sure to click on the "SAVE" button before going to the next page.

After verifying the **Pending Balance Due is 0 or less than 0**, click on **Save** and then **Preview** to review the completed application.

NOTE: Once the pending payment is verified by NJ DOH, the payment record will be shown under the Posted Payments section instead of Pending Payments section.

- 17. After reviewing the information on the preview page, please click on **Submit** to do a final submit of the license renewal application.

NOTE: If there are any errors in the application, you will not be allowed to submit the application. Please fix the errors and proceed to submit again.

Payment Information

Total Application Fee	Inspection Fee	Total Beds Fee
\$1,500.00	\$1,500.00	\$1,800.00
Total Fee	Total Due	Total Paid
\$4,800.00	\$4,800.00	\$0.00
Balance Due	Total Pending Payment	Pending Balance Due
\$4,800.00	\$4,800.00	\$0.00

Pending Payments

Type of Payment	Amount	Date ↓	Reference Number	Status Reason
Check/Money Order	\$4,800.00	2/5/2020	011	Pending

Posted Payments

Pay Type	Amount Received	Received Date ↓	Reference Number	Status Reason
There are no records to display.				

Back Submit Cancel