Portal User Guide

Module: TeleMedicine Renewals

Contents

Portal Login

Step 1: Click here https://dohlicensing.nj.gov/ for portal Landing Page
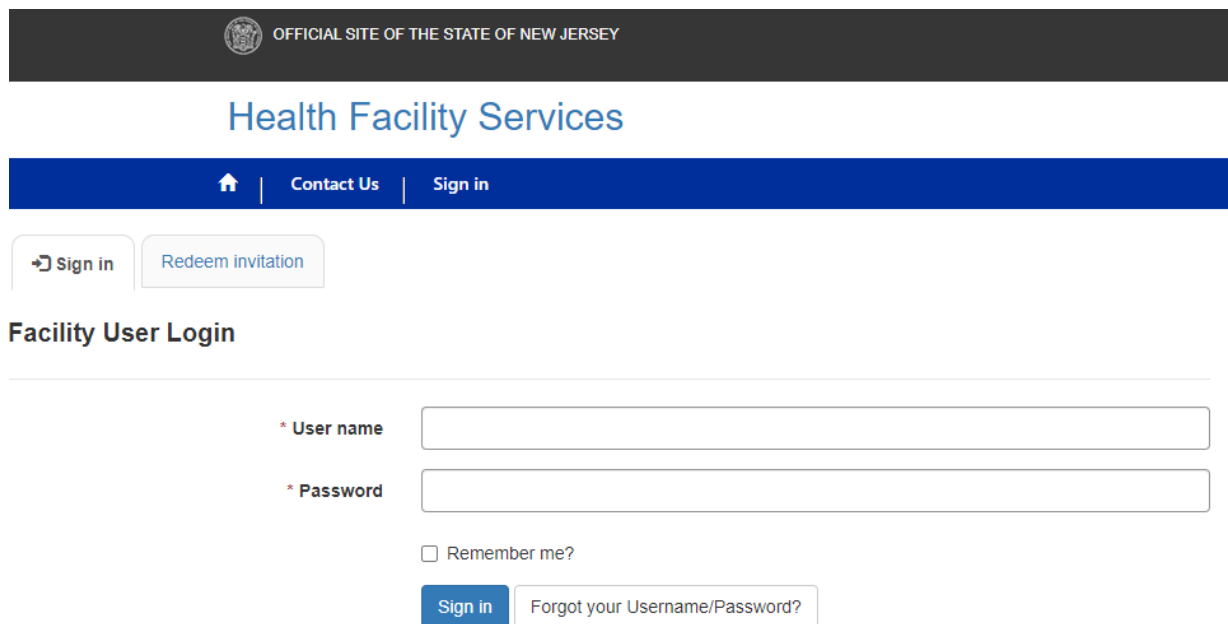
Step 2 : Click on "**Sign in**" on the main menu as highlighted below

Sign In

Username: Use the registered Username

Password: Use the same password used during the registration

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 click here.

Forget Password

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

Accessing Facilities

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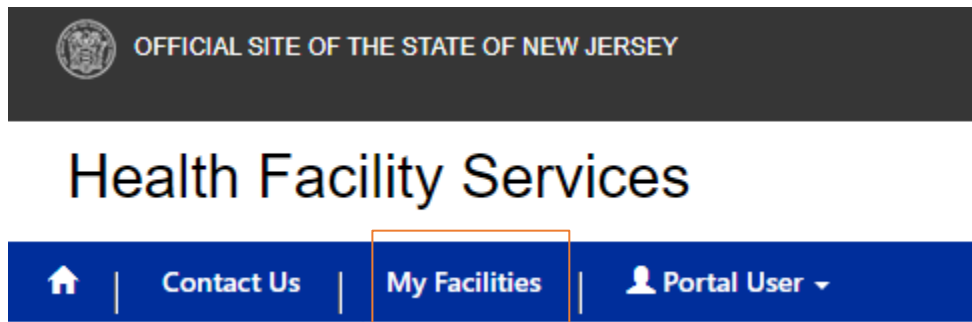
Applications

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

Access Application

Under the Application Tab, you would see the Renewal application in the Draft stage.

Facility Name

Bobs DBA

License Number

TH7489

Facility	Applications	Beds	Services	Counties	Related Facilities	Accreditations	Functional Review	CN	Waiver	Contact Information

Search 🔍

Tracking # ↑	Application Type	Amendment Type	Application Received Date	Status	Holding Balance Due	Facility Types	Created On ↓	
RR-TH7489-17934	Renewal			Draft	$1,500.00	Telemedicine and Telehealth	11/1/2022	⌄

Click on the carat (V) icon to edit the application

Tracking # ↑	Application Type	Amendment Type	Application Received Date	Status	Holding Balance Due	Facility Types	Created On ↓	
RR-TH7489-17934	Renewal			Draft	$1,500.00	Telemedicine and Telehealth	11/1/2022	⌄
								*Edit Application
RR-TH7489-17911	Renewal		10/21/2022	Completed	$0.00	Telemedicine and	10/21/2022	

Application Information Tab

Under the **Application Information**: Facility Information and Mailing Address are Editable.

Telemedicine Renewals

- Application Information
- Add/Remove Owner/Management Company
- Services
- Associated Documents
- Contact Information
- Certification
- Payment Information

Telemedicine Application Details

Tracking #	Facility Name	Last Expiration Date	Facility Type
RR-TH7489-17934	Bobs DBA	11/2/2022	Telemedicine and Telehealth

Registration Number

R-TH7489-0485

Application Information

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]

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

Contact Information

Entity Representative and Registered Agent Information sections are Editable for Renewals

Telemedicine Renewals

- Application Information
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Telemedicine Application Details

Tracking #	Facility Name	Last Expiration Date	Facility Type
RR-TH7489-17934	Bobs DBA	11/2/2022	Telemedicine and Telehealth

Registration Number
R-TH7489-0485

Contact Information

Entity Representative Information

First name *	Middle name	Last name *
Bob		Test

Title	Phone *	Email address *
Entity Reprentative	(123) 456-7890	Bobstest@test.com

Registered Agent

Name	Email address	Phone
Test Registered Agent	Bobstest@test.com	(123) 456-7890

Street address	Floor/Suite	City
213 Miller Street		Trenton

State	Zip code	
NJ	08638	

Previous   Save   Next   Cance

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

Certification

Make sure to click on check box as below to certify the application and details submitted

Certification

☑ I, Portal User of full age, hereby certify that I am employed with Bobs Demo Entity in the capacity of BA and am duly authorized to make the representations contained within this registration on behalf of the applicant and to bind the applicant there to on 01-04-2023;

1. That the applicant (Entity) will operate in accordance with all applicable laws, rules and regulations, both state and federal;
2. That all information supplied in this registration, are true, accurate and correct to the best of my knowledge.
3. I am aware that if any of the information contained in this registration is willfully false or misleading, then I may be subject to civil and/or criminal penalties.

Previous   Save   Next   Cancel

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

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

Payment Information

Click on **Pay Now** button to proceed with the payment

Posted Payments

Epay Transaction Number	Payment Type	Is Credit Card	Reference Number	Amount Received	Status Reason	Payment Date ↓
There are no records to display.						

[Pay now] [Previous] [Save] [Preview] [Cancel]

Once the Payment is successfully done, page will redirect back to Payment information tab with updated posted payment values / records

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 application

[Back] [Submit] [Cancel]