

*New Jersey Department of Health*  
*Division of Certificate of Need & Licensing*  
**LICENSE**

**PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY**

*Pursuant to N.J.S.A. 26:2H-1 et seq.,  
which is hereby licensed to operate*

**Planned Parenthood Of Metropolitan New Jersey**

70 ADAMS STREET SUITE 13 - NEWARK, NJ 07105  
AMBULATORY CARE FACILITY - SATELLITE

*consisting of:*

Services:  
Family Planning - Satellite

Parent/License# :

*Planned Parenthood of Metropolitan New Jersey 70791*

License #: **22305**  
Effective: **September 1, 2021**  
Expires: **August 31, 2022**  
Issued: **July 28, 2021**



*Judith M. Persichilli*  
Judith M. Persichilli  
Commissioner



State of New Jersey  
DEPARTMENT OF HEALTH

PO BOX 358  
TRENTON, N.J. 08625-0358  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

July 28, 2021

Ms. ROSLYN ROGERS COLLINS  
Planned Parenthood Of Metropolitan New Jersey  
70 ADAMS STREET SUITE 13  
NEWARK, NJ 07105

RE: Facility#: NJ22305PP/ License#: 22305  
License Renewal

Dear Ms. ROSLYN ROGERS COLLINS:

Enclosed please find the official license for your health care facility, authorizing continued operation for the next twelve month period. The license must be posted in a conspicuous place in the facility. The license may not be transferred or assigned without the prior approval of the Department.

We appreciate your ongoing efforts to participate as a long term health care provider in NJ. In accordance with N.J.S.A. 26:2H-5, the Department may conduct surveys of the facility to ascertain compliance with all regulatory requirements. The renewal is valid for a one year period, unless revoked or suspended for failure to meet licensure requirements.

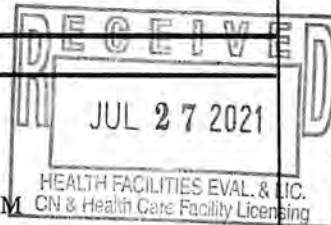
Please include the official name of the facility, the license number and contact email(s) on all correspondence if available.

If you have any questions about the license or licensure process, please call this office at (609)292-6552.

Sincerely,

**Maria P. Christensen, PhD, APN, RN, NEA-BC**  
Assistant Commissioner  
Division of Certificate of Need & Licensing

# Facility Data Sheet



## Facility Detail

**Facility:** Planned Parenthood Of Metropolitan New Jersey    **Facility ID:** NJ22305PP  
**Type:** AMBULATORY CARE FACILITY - SATELLITE    **Tracking:** LR-22305-18409  
**License#:** 22305    **License Expires:** 8/31/2021 12:00:00 AM

## Payment Information

**Renewal Fees:** \$475.00    **Inspection Fees:** \$400.00    **Other Fees:** \$0.00    **Total Due:** \$875.00

## Facility Information

**Address:** 70 ADAMS STREET SUITE 13, NEWARK, NJ, 07105    **Medicare#:** \_\_\_\_\_  
**County:** ESSEX    **Medicaid#:** \_\_\_\_\_  
**Telephone:** (973) 465-7707    **New Telephone:** \_\_\_\_\_  
**Fax:** (973) 465-5779    **New Fax:** \_\_\_\_\_  
**Email:** kisha.anderson@ppmnj.org    **New Email:** \_\_\_\_\_

## Mailing Address

**Address:** 70 ADAMS STREET    **New Address:** \_\_\_\_\_  
**City:** IRONBOUND    **New City:** \_\_\_\_\_  
**State:** \_\_\_\_\_    **New State:** \_\_\_\_\_  
**Zip:** 07105    **New Zip:** \_\_\_\_\_

## Emergency Contact

**Name:** Kisha Anderson    **New Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_    **New Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_    **New Fax:** \_\_\_\_\_  
**Email:** Kisha.Anderson@ppmnj.org    **New Email:** \_\_\_\_\_

## Administrator

**Salutation:** Ms    **New Salutation:** \_\_\_\_\_  
**First Name:** ROSLYN    **New First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_    **New Middle Name:** \_\_\_\_\_  
**Last Name:** ROGERS COLLINS    **New Last Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_    **New Title:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_    **New Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_    **New Email:** \_\_\_\_\_  
**Current Primary:** Yes    **New Current Primary:** \_\_\_\_\_  
**Start Date:** 09/01/2010    **New Start Date:** \_\_\_\_\_  
**End Date:** \_\_\_\_\_    **New End Date:** \_\_\_\_\_

## Owner Detail

**Company Name:** PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY    **Business Type:** \_\_\_\_\_  
**Type:** AMBULATORY CARE FACILITY - SATELLITE    **Company Tax ID:** \_\_\_\_\_  
**Company Tax ID:** 221 539 559    **New Address:** \_\_\_\_\_  
**Address:** 240 MULBERRY STREET    **New City:** \_\_\_\_\_  
**City:** NEWARK    **New State:** \_\_\_\_\_  
**State:** NJ    **New Zip:** \_\_\_\_\_  
**Zip:** 07102

Phone (973) 622-3900

New Phone \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

New Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

New Email: \_\_\_\_\_

**Facility Officers/Principals Name and Ownership Detail**

|                        |            |       |
|------------------------|------------|-------|
| TERRY BOOKER           | TRUSTEE    | 0.00% |
| EDWARD STUART          | TRUSTEE    | 0.00% |
| DEDE HOROWICZ          | TRUSTEE    | 0.00% |
| STUART ROSENBLATT      | TRUSTEE    | 0.00% |
| ENA MARSAN             | CHAIR      | 0.00% |
| LORITA JACKSON         | TREASURER  | 0.00% |
| DAVID ROBIN            | VICE CHAIR | 0.00% |
| JESSICA RESTAINO       | VICE CHAIR | 0.00% |
| LORITA JEFFERSON       | TREASURER  | 0.00% |
| LESLIE BROWN           | NOMI CHAIR | 0.00% |
| RUTH BEDFORD           | TRUSTEE    | 0.00% |
| ALAN GOLDMAN           | TRUSTEE    | 0.00% |
| ANGELA PANDOLFO FOY    | TRUSTEE    | 0.00% |
| SHERYL TUCKER HILLIARD | TRUSTEE    | 0.00% |

**Bed / Services / Slots**

*Facility ID: NJ22305PP*

*Tracking: LR-22305-18409*

Services & Designations:

Family Planning - Satellite

**Related Facilities**

Name

License#

**Current Accreditation**

**New Accreditation**

Accrediting Body: *Planned Parenthood Federation of America*

Accrediting Body: \_\_\_\_\_

Effective Date:

Effective Date: \_\_\_\_\_

Expiration Date: *6/2*

Expiration Date: \_\_\_\_\_

Hospital Attestation :

Hospital Attestation (Yes/No): \_\_\_\_\_

Hospital Attestation

Hospital Attestation Letter

Letter Date:

Date: \_\_\_\_\_

Deem :

Deem (Yes/No): \_\_\_\_\_

**Note:** Please include the accreditation certificate(s) and hospital attestation letter, if applicable.

LICENSE RENEWAL QUESTIONNAIRE

AMBULATORY CARE FACILITY - SATELLITE

License#: 22305

Expires: NJ22305PP

Ref#: LR-22305-18409

Please answer the following questions (attach additional sheets if necessary)

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/No) If Yes, indicate whom and give details:

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/No) If Yes, explain the nature of the interest and give name and address of each facility :

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 indicted for the same charge? NO (Yes/No) If Yes, explain in detail:

4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime? NO (Yes/No) If Yes, indicate whom and give details

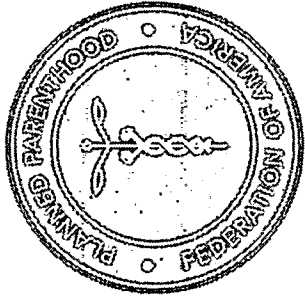
CERTIFICATION

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.

Name of authorized individual completing form (print or type):
Print Name: Roslyn Y. Rogers Collins
Signature: [Handwritten Signature]
Title: President and CEO
Date: 7/13/21

# Certificate of Affiliation



## Planned Parenthood of Metropolitan New Jersey, Inc.

is in compliance with the evidence-based medical protocols and key quality standards of the Planned Parenthood Federation of America. Planned Parenthood of Metropolitan New Jersey, Inc. is an affiliate in good standing and is accredited by Planned Parenthood Federation of America through June 2022.



Planned Parenthood Federation of America

Alexis McGill Johnson  
President & CEO,  
Planned Parenthood Federation of America

Dr. Kulleni Gebreyes  
Board Chair,  
Planned Parenthood Federation of America

Payee Treasurer State of NJ  
Vendor ID Treasurer1

Account #:

6354  
7/20/2021

| Invoice | Description                 | Discount | Amount     |
|---------|-----------------------------|----------|------------|
| 210713T | NJ Ambulatory Care Licenses | \$0.00   | \$3,900.00 |

Total : \$0.00 \$3,900.0

**PLANNED PARENTHOOD OF METROPOLITAN  
NEW JERSEY, INC.**  
238 MULBERRY STREET, 1ST FLOOR  
NEWARK, NJ 07102

**PNC BANK**  
PNC Bank, N.A.  
New Jersey 060  
55-760/312



635  
635

\*\*\*\*Three Thousand Nine Hundred and 00/100 Dollars

DATE 7/20/2021 AMOUNT \$3,900.00

PAY TO THE ORDER OF  
Treasurer State of NJ  
PO Box 358  
Trenton, NJ 08625-0358



  
AUTHORIZED SIGNATURE

