

HOME HEALTH AIDE (HHA) CERTIFICATION LIST

HHA Training Programs must use this form to submit student data to the Aide and Technician Certification Section (ATCS) for certification UPON COMPLETION of the HHA Training Program. DO NOT SEND ANY OTHER FORMS WITH THIS FORM.

*All data fields are required fields. If all data is not provided the form will **not** be processed.*

Name of school or agency presenting program		<input type="checkbox"/> 40-hour program <input type="checkbox"/> 120-hour program		Date program began	Date program completed
Mailing address (number and street name or P.O. Box)	City	State	ZIP code	HHA School code	

I certify that the students listed below have successfully completed an approved HHA Training Program, and qualify for HHA certification.

Signature of Registered Nurse (RN) responsible for HHA training program		Date	Telephone Number		
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1. Last Name	First Name	MI	Date of birth		
Public Address (Required) - Subject to Public Records Act request release*		City	State	ZIP Code	
Confidential Address (For CDPH use only. If left blank all departmental mail will be sent to address above)		City	State	ZIP Code	
Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)		Phone Number***			Check if this is a cell phone

2. Last Name	First Name	MI	Date of birth		
Public Address (Required) - Subject to Public Records Act request release*		City	State	ZIP Code	
Confidential Address (For CDPH use only. If left blank all departmental mail will be sent to address above)		City	State	ZIP Code	
Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)		Phone Number***			Check if this is a cell phone

3. Last Name	First Name	MI	Date of birth		
Public Address (Required) - Subject to Public Records Act request release*		City	State	ZIP Code	
Confidential Address (For CDPH use only. If left blank all departmental mail will be sent to address above)		City	State	ZIP Code	
Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)		Phone Number***			Check if this is a cell phone

4. Last Name	First Name	MI	Date of birth		
Public Address (Required) - Subject to Public Records Act request release*		City	State	ZIP Code	
Confidential Address (For CDPH use only. If left blank all departmental mail will be sent to address above)		City	State	ZIP Code	
Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)		Phone Number***			Check if this is a cell phone

5. Last Name		First Name		MI	Date of birth	
Public Address (Required) - <i>Subject to Public Records Act request release*</i>			City		State	ZIP Code
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Social Security Number** (SSN) <u>or</u> Individual Taxpayer Identification Number (ITIN)			Phone Number*** Check if this is a cell phone			
6. Last Name		First Name		MI	Date of birth	
Public Address (Required) - <i>Subject to Public Records Act request release*</i>			City		State	ZIP Code
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Social Security Number** (SSN) <u>or</u> Individual Taxpayer Identification Number (ITIN)			Phone Number*** Check if this is a cell phone			
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Social Security Number** (SSN) <u>or</u> Individual Taxpayer Identification Number (ITIN)			Phone Number*** Check if this is a cell phone			
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Social Security Number** (SSN) <u>or</u> Individual Taxpayer Identification Number (ITIN)			Phone Number*** Check if this is a cell phone			

*Effective May 22, 2018, the California Department of Public Health will be required under a court order to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. Court Order: Service Employee International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636. **If you use an invalid SSN, your application process may be delayed ***Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online.