

Mail or submit application Online:
 California Department of Public Health
 (CDPH) Healthcare Workforce Branch (HWB)
 MS 3301, P.O. Box 997416
 Sacramento, CA 95899-7416
Phone: (916) 327-2445
Submit application Online:
cdph.ca.gov/Programs/CHCQ/LCP/Pages/Online-Submission-Page.aspx#

Certified Nurse Assistant (CNA) and/or Home Health Aide (HHA) Renewal Application

(See instructions on the reverse)

Your application will not be processed if all applicable questions are not answered.

Section I (Required)

Type of Request

- | | |
|--|---------------------------|
| <input type="checkbox"/> CNA Renewal (complete sections I, II, III, IV, V, and VII) | Certificate number: _____ |
| <input type="checkbox"/> HHA Renewal (complete sections I, II, III, IV, and VII) | Certificate number: _____ |
| <input type="checkbox"/> CNA Reactivation (complete sections I, II, III, V, VI, and VII) | Certificate number: _____ |

Section II (Required)

Last Name	First Name	MI	
Public Address (Required) – <i>Subject to Public Records Act Request release*</i>	City	State	Zip Code
Confidential Address (Optional)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>	City	State	Zip Code
Date of Birth (mm/dd/yy)	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)- <i>If you use an invalid SSN, your application process may be delayed **</i> _____ - _____ - _____		
Phone Number *** _____	Email Address*** _____		
<input type="checkbox"/> By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per year. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy ****. Reply “STOP” to opt-out, and “HELP” for help.			

Section III (Required)

- 1) Since your last renewal, have you been CONVICTED, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).
- Yes No
- If yes, list conviction: _____
- Court of conviction: _____ Date: _____
- 2) Since your last renewal, has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
- Yes No
- Type of License/Certificate: _____
- License/Certificate Number: _____
- Type of Action: _____

Section IV– If applying for dual certification you must complete questions 3 and 4

HHA Applicants Only:

- 3) I have successfully completed and **included documentation** of twenty-four (24) hours of In-Service Training/Continuing Education Units (CEUs) during my most recent certification period. Twelve (12) of the twenty-four (24) hours were completed in each year of my two (2) year certification period (**HHAs may not complete online CEUs**).
- Yes No

CNA Applicants Only:

- 4) I have successfully completed and **included documentation** of forty-eight (48) hours of In-Service Training/CEUs during my most recent certification period. Twelve (12) of the forty-eight (48) hours were completed in each year of my two (2) year certification period (**CNAs may complete a maximum of twenty-four online CEUs**).
- Yes No

Section V (Required for CNA; if applicable for HHA in-service hours verification)

- 5) Have you worked as a CNA/HHA in a **facility** for compensation (under the supervision of a licensed health professional) within your two (2) year certification period? If you have, check the “Yes” box and provide the facility information below, as well as list the dates of employment. **All places of employment during the most recent certification period must be listed on the application. Please use a blank sheet of paper if you had more than two employers and provide the facility information below as well as list the dates of employment.** If you have not, check the “No” box and you may continue to Section VI.

Yes No

Employer One (1):

Facility Name	Telephone Number	Employment Dates (mm/dd/yy)		
		From:	To:	Currently Working <input type="checkbox"/>
Mailing Address (Number and Street Or P.O. Box Number)	City	State	Zip Code	

Employer Two (2):

Facility Name	Telephone Number	Employment Dates (mm/dd/yy)		
		From:	To:	Currently Working <input type="checkbox"/>
Mailing Address (Number and Street Or P.O. Box Number)	City	State	Zip Code	

Section VI (If applicable)

CNA applicants who do not meet the renewal requirements only.

- 6) **Reactivation:** I have not completed one (1) or both of the renewal requirements listed above in question four (4) and question five (5) and wish to reactivate my CNA certificate by re-taking both the skills and written portion of the Competency Evaluation (*exam*).
If approved, a Competency Evaluation approval letter will be sent to you, along with information to schedule the examination.

Yes No

Section VII (Required)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law.

Signature of Applicant

Date

**Certified Nurse Assistant (CNA) and/or
Home Health Aide (HHA) Renewal
Information**

A) CNA Renewals (complete sections I, II, III, IV, V, and VII)

- 1) CNA certificates must be renewed every two (2) years. You may renew your certificate any time within two (2) years after the expiration date of your certificate, if by the time your certificate expires, you will have completed the following:
 - a) You have previously received and maintained criminal record clearance for CNA, HHA, Intermediate Care Facility-Developmentally Disabled (ICF-DD), DD Habilitative, or DD Nursing; **and**
 - b) You have provided nursing or nursing-related services in a health care facility to residents for compensation (under the supervision of a licensed health professional) within your most recent certification period; **and**
 - c) You have successfully obtained and submitted documentation of forty-eight (48) hours of In-Service Training (provided by the Skilled Nursing Facility-SNF or Home Health Agency employer) or Continuing Education Units (CEUs) (provided by a non-SNF employer) within your most recent certification period. The SNF in-service documentation must be submitted on the CDPH 283A form, including the signature of the instructor responsible for the training. **Only CDPH-approved CEU Providers with a Nurse Assistant Certification Number (NAC#) may provide CEUs for CNAs.**
 - d) Online CEU certificates must be submitted with the renewal application. A minimum of twelve (12) of the forty-eight (48) hours shall be completed in each year of the two (2) year certification period. **A maximum of twenty-four (24) of the forty-eight(48)hours may be obtained only through a CDPH-approved online computer training program listed on our website.** Please visit cdph.ca.gov for a complete listing of CDPH-approved online computer training programs.

B) HHA Renewals (complete sections I, II, III, IV, and VII)

- 1) HHA certificates may be renewed any time within four (4) years after the expiration date of your certificate. If by the time your certificate expires you will have completed the following:
 - a) You have previously received and maintained criminal record clearance for CNA, HHA, Intermediate Care Facility-Developmentally Disabled (ICF-DD), DD Habilitative, or DD Nursing; **and**
 - b) You have successfully obtained and submitted documentation of twenty-four (24) hours of In-Service Training/CEUs within your most recent certification period. The documentation must include a signature of the instructor who was responsible for the training. Twelve (12) of the twenty-four (24) hours must be completed in each year of the two (2) year certification period(**HHAs may not complete online CEUs**).
- 2) If you do not meet the renewal requirement, you must retrain through a CDPH-approved HHA training program to receive an active HHA certificate.
- 3) If you have an active CNA certificate that expires on the same date as you HHA certificate, you may renew your HHA certificate at the same time. Renewing the CNA and HHA certificates together require the completion of both CNA and HHA renewal requirements, as indicated above on Section A: CNA RENEWALS and Section B: HHA RENEWALS

C) CNA Reactivation (complete sections I, II, III, V, VI, and VII)

1) If you are unable to meet renewal requirements and your certificate has not been expired for more than two (2) years, you may reactivate the certificate by taking the Competency Evaluation. To apply for reactivation, please submit this completed Renewal Application (CDPH 283 C), making sure to check the “yes” box for question number six (6) in section VI. If approved, a Competency Evaluation approval letter will be sent to you, along with information needed to schedule the evaluation. You must successfully pass the evaluation within two (2) years from your certificate’s expiration date. Once you have successfully passed the evaluation, maintained criminal record clearance, and the results from the testing vendor have been received, CDPH will issue a current CNA certificate.

D) In-service Training/CEUS

- 1) All **CDPH-approved** In-Service Training (SNF, Hospice, ICF, and Home Health Agency employers) classes are accepted.
- 2) Continuing education classes must be taken with **CDPH-approved providers only. CDPH-approved CEU providers have a NAC# noted on the CEU certificate.** Approved courses are designed to enhance the knowledge and skills of the CNA/HHA and enhance the skills in the employer-based healthcare settings.
- 3) Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician Programs: CNA certificate holders will be given credit for participation in these programs by listing the courses taken and converting the units to hours as follows: semester unit = 15 hours, quarter unit = 10 hours. **You must submit a copy of your school transcript to verify your enrollment and completion of training.**
- 4) HHA Training Program (40-hour program): Twenty-six (26) of the forty (40-hour) training program may count towards CEUs.

E) Failure to renew prior to the expiration date on the certificate

- 1) Certificate holders who fail to renew prior to the expiration date on the certificate will be placed in a delinquent status. These individuals will not be verifiable online until the applicant meets all the renewal requirements within the most recent two-year certification period. Individuals in a delinquent status may not hold himself or herself out to be a certified nurse assistant and/or home health aide until the certificate is renewed and in active status.
- 2) **Due to the lapse in certification the effective date will be changed to the date the application was renewed.**

F) Name and address changes

- 1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change may result in the delay or loss of your certification.

Information Collection and access-privacy statement

*Pursuant to a court order, the California Department of Public Health will be required 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. (Government Code starting at section 6250.) Court Order: Service Employees 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**** Terms and Conditions and Privacy Policy are available on our website at : cdph.ca.gov/Pages/privacy-policy.aspx
