State of California- Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
PHONE: (916) 327-2445 FAX: (916) 324-0901

# 40 HOUR HOME HEALTH AIDE (HHA)
# TRAINING PROGRAM FACULTY APPLICATION

| Name of School/Facility/Training Agency | | | | Date |
|---|---|---|---|---|
| Address (Number and Street or P.O. Box Number) | City | County | State | Zip Code |
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| NAME | CALIFORNIA REGISTERED NURSE LICENSE NUMBER | LICENSE EXPIRATION DATE | Signature |
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## PARTICIPATING CONSULTANTS

| NAME | PROFESSION | CERTIFICATION, REGISTRATION, LICENSE NUMBER | SUBJECT | NUMBER OF HOURS |
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