

**HOW TO RENEW YOUR  
CERTIFIED NURSE ASSISTANT (CNA)  
HOME HEALTH AIDE (HHA)  
CERTIFICATE**



# PRESENTATION OBJECTIVES

- ★ Getting to know State and Federal regulations
- ★ Familiarizing yourself with renewal requirements
- ★ Understanding the Renewal Application (CDPH 283C)



# STATE AND FEDERAL REQUIREMENTS

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## **CALIFORNIA HEALTH AND SAFETY CODE (H&S CODE):**

The code of California law covering the subject areas of health and safety.



## **CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 22:**

The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA).

## **CODE OF FEDERAL REGULATIONS (CFR), TITLE 42:**

The code of general and permanent rules and regulations published in the Federal Register by the executive departments and agencies of the federal government of the United States.

# CNA RENEWAL

- ★ Certificates shall be renewed every two (2) years.
- ★ Must obtain and submit documentation showing the completion of forty-eight (48) hours of In-Service Training/Continuing Education Units (CEUs). 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) hours may be obtained only through a CDPH-approved online computer training program.
- ★ Must work at least one (1) day for compensation providing nursing or nursing-related services to residents in a facility under the supervision of a licensed health professional.

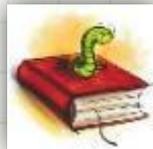
**H&S CODE, SECTION 1337.6**  
**CFR, TITLE 42, SECTION 483.75**



# IN-SERVICE TRAINING/CEUs

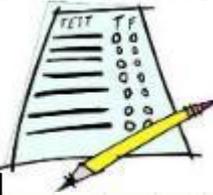
## CNAs

- ★ All CDPH-approved In-Service Training classes are accepted. Please visit <http://www.cdph.ca.gov/services/training/Pages/HealthProfessionals.aspx> for a complete listing of CDPH-approved In-Service Training/CEU providers.
- ★ Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician Programs: CNA certificate holders will be given credit for time 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.
- ★ The orientation program in a nursing facility and the certification training program shall not be claimed by the CNA as In-Service Training or Continuing Education credit.



# **DID NOT MEET RENEWAL REQUIREMENTS**

## **REACTIVATION**



**CNAs:** If you are unable to meet renewal requirements, you may reactivate the certificate by taking the Competency Evaluation. To reactivate your CNA certificate, you must submit a Renewal Application (CDPH 283C), making sure to check the “yes” box in the “Reactivation” section indicating that you did not meet renewal requirements. If approved, you will be sent the information needed to schedule the evaluation. You must complete the evaluation within two (2) years from your certificates 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.

# HHHA RENEWAL

- ★ Certificates shall be renewed every two (2) years.
- ★ Must obtain twenty-four (24) hours of In-Service Training/CEUs. A minimum of twelve (12) of the twenty-four (24) hours shall be completed in each year of the two (2) year certification period.



**H&S CODE, SECTION 1736.2**  
**CFR, TITLE 42, SECTION 484.36**

# IN-SERVICE TRAINING/CEUs

## HHAs

- ★ The HHA must complete a performance review no less frequently than every twelve (12) months.
- ★ The HHA must receive at least twelve (12) hours of In-Service Training during each twelve (12) month period. The In-Service Training may be furnished while the aide is furnishing care to the patient.



# DID NOT MEET RENEWAL REQUIREMENTS

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**HHAs:** If you do not meet renewal requirements you must retrain at a CDPH-approved HHA training program.



# RENEWAL APPLICATION (CDPH 283C)

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Applications are sent out four (4) months prior to the CNA/HHA certificates expiration date. The applications are sent to the current address on file. Certificate holders must notify CDPH within sixty (60) days of any change of address. If you have had 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.



**CERTIFIED NURSE ASSISTANT (CNA)  
AND/OR HOME HEALTH AIDE (HHA)  
RENEWAL APPLICATION**  
*(See instructions on the reverse)*

MAIL OR FAX APPLICATION TO:  
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) 562-8785  
EMAIL: cna@cdph.ca.gov

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**You must answer all questions and information requested on CDPH 283C in order to renew your certificate. Incomplete applications will not be processed, and may delay the renewal of your certificate.**

**THERE IS NO FEE TO PROCESS THIS APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED IF ALL APPLICABLE QUESTIONS ARE NOT ANSWERED.**

**SECTION I (REQUIRED)**

**TYPE OF REQUEST**

- CNA Renewal (complete sections I, II, III, V, and VII) Certificate number:
- HHA Renewal (complete sections I, II, III, IV, and VII) Certificate number:
- CNA Reactivation (complete sections I, II, III, V, VI, and VII) Certificate number:

**SECTION II (REQUIRED)**

Last Name		First Name		MI	Sex
Mailing Address (Number and Street or P.O. Box Number)		City		State	Zip Code
Date of Birth	*Social Security Number (SSN)	Driver's License or State ID Number		Telephone Number	
<small>If you use an invalid SSN, your application process may be delayed.</small>		Number: _____ State: _____			

**SECTION III (REQUIRED)**

- Subsequent to 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

 - If yes, list conviction:  Court of conviction:  Date:
- Subsequent to your last renewal, has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
 

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

 - If yes, indicate the type and number of license/certificate:

**SECTION IV (IF APPLICABLE)**

**HHA APPLICANTS ONLY:**

- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECTION V (IF APPLICABLE)**

**CNA APPLICANTS ONLY: If you answered "No" to either question number 4 or 5, please go to question 6.**

- 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 (24) online CEUs**).
 

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Have you worked as a CNA 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. If you have not, check the "No" box and you may continue to Section VI.
 

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Facility Name	Telephone Number	Employment Dates	
		From:	To:
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code

**SECTION VI (IF APPLICABLE)**

**CNA APPLICANTS WHO DID NOT MEET RENEWAL REQUIREMENTS ONLY:**

- REACTIVATION:** I have not completed one (1) or both of the renewal requirements listed above in questions 4 and 5 and wish to reactivate my CNA certificate by taking the Competency Evaluation (see C on the reverse). If approved, a Competency Evaluation approval letter will be sent to you, along with information to schedule the evaluation.
 

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECTION VII (REQUIRED)**

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Applicant Date

**SAMPLE RENEWAL APPLICATION**

**CERTIFIED NURSE ASSISTANT (CNA)  
AND/OR HOME HEALTH AIDE (HHA)  
RENEWAL APPLICATION**  
(See instructions on the reverse)

MAIL OR FAX APPLICATION TO:  
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) 562-8785  
EMAIL: cna@cdph.ca.gov

**THERE IS NO FEE TO PROCESS THIS APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED IF ALL APPLICABLE QUESTIONS ARE NOT ANSWERED.**

**SECTION I (REQUIRED)**

<b>TYPE OF REQUEST</b>	
<input type="checkbox"/> CNA Renewal (complete sections I, II, III, V, and VII)	Certificate number: <b>Your CNA certificate number</b>
<input type="checkbox"/> HHA Renewal (complete sections I, II, III, IV, and VII)	Certificate number: <b>Your HHA certificate number</b>
<input type="checkbox"/> CNA Reactivation (complete sections I, II, III, V, VI, and VII)	Certificate number: <b>Your CNA certificate number</b>

**SECTION II (REQUIRED)**

Last Name <b>Your last name</b>		First Name <b>Your first name</b>		MI <b>Middle Initial</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (Number and Street or P.O. Box Number) <b>Your mailing address</b>		City <b>Your mailing city</b>		State <b>State</b>	Zip Code <b>Zip Code</b>
Date of Birth <b>Date of Birth</b>	*Social Security Number (SSN) <b>Your Social Security Number</b>	Driver's License or State ID Number <b>Driver's License Number: or ID Number</b> State: <b>State</b>		Telephone Number <b>Your telephone number</b>	

**SECTION III (REQUIRED)**

1) Subsequent to 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: **Your conviction if applicable** Court of conviction: **Court of conviction** Date: **Date of conviction**

2) Subsequent to your last renewal, has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? Yes  No   
- If yes, indicate the type and number of license/certificate: **Type of license/certificate and license number**

**SECTION IV (IF APPLICABLE)**

**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

**SECTION V (IF APPLICABLE)**

**CNA APPLICANTS ONLY: If you answered "No" to either question number 4 or 5, please go to question 6.**

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 (24) online CEUs**). Yes  No

5) Have you worked as a CNA 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. If you have not, check the "No" box and you may continue to Section VI. Yes  No

Facility Name <b>Name of facility</b>	Telephone Number <b>Telephone number of facility</b>	Employment Dates From: <b>Start date of employment</b> To: <b>Last date you provided nursing services</b>	
Mailing Address (Number and Street or P.O. Box Number) <b>Address of facility</b>	City <b>Address of facility</b>	State <b>State</b>	Zip Code <b>Zip code</b>

**SECTION VI (IF APPLICABLE)**

**CNA APPLICANTS WHO DID NOT MEET RENEWAL REQUIREMENTS ONLY:**

6) **REACTIVATION:** I have not completed one (1) or both of the renewal requirements listed above in questions 4 and 5 and wish to reactivate my CNA certificate by taking the Competency Evaluation (see **C on the reverse**). If approved, a Competency Evaluation approval letter will be sent to you, along with information to schedule the evaluation. Yes  No

**SECTION VII (REQUIRED)**

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

<b>Your signature</b> Signature of Applicant	<b>Today's Date</b> Date
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# CDPH CONTACT INFORMATION

**California Department of Public Health  
Licensing and Certification Program  
Aide and Technician Certification Section  
P.O. BOX 997416, MS 3301  
Sacramento, CA 95899-7416**



**PHONE: (916) 327-2445  
FAX: (916) 552-8785  
EMAIL: [cna@cdph.ca.gov](mailto:cna@cdph.ca.gov)**



# CDPH WEBSITE INFORMATION



## HELPFUL LINKS:



**Homepage**

<http://www.cdph.ca.gov/Pages/DEFAULT.aspx>

**L&C All Forms Page**

<http://www.cdph.ca.gov/pubsforms/forms/Pages/LC-AllForms.aspx>

**CDPH-approved CEU providers**

<http://www.cdph.ca.gov/services/training/Pages/HealthProfessionals.aspx>

**Request for Name/Address Change and/or  
Duplicate Request Form (CDPH 0929)**

<http://www.cdph.ca.gov/pubsforms/forms/CtrlIdForms/cdph0929.pdf>