State of California-Health and Human Services Agency

CERTIFIED NURSE ASSISTANT AND/OR HOME HEALTH AIDE INITIAL APPLICATION

(See instructions on the reverse)

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
(916) 327-2445 FAX (916) 552-8785
cna@cdph.ca.gov

Last name	First name	MI	Sex ☐ Male ☐ Female
Mailing address (number and street name or P.O. Box number)	City	State	ZIP code
Date of birth	*Social Security Number (SSN) ___ ___ ___ - ___ ___ - ___ ___ ___ ___	Driver's license number Number: _____ State: _____	Telephone number ( )
Height	Weight	Hair color	Eye color

** If you use an invalid Social Security Number, your application will be rejected.*

1. 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. 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 REQUEST *(See **A** or **B** on the reverse.)*

☐ Check here if you are enrolling in a Certified Nurse Assitant (CNA) training program, and complete the school portion below.

☐ Check here if you are enrolling in a Home Health Aide (HHA) training program, and complete the school portion below.

Name of school or facility where you received / will receive your CNA or HHA training			Telephone number ( )
Mailing address (number and street name or P.O. Box number)	City	State	ZIP code
California training program ID number(s) (Required) Nurse Assistant: _____ Home Health Aide: _____		Beginning date of training	End date of training

☐ Check here if you have **EQUIVALENT TRAINING**. *(See **C** on the reverse.)*

☐ Check here if you are requesting **RECIPROCITY FROM ANOTHER STATE.** State: _____ *(See **D** on the reverse.)*

NAME AND ADDRESS CHANGES: You are responsible for notifying ATCS, within sixty (60) days, whenever changes in your name, address, or telephone number occur. If you have had a name change, submit legal verification of the change. Indicate the certificate number or SSN for identification purposes. Failure to do so could result in the delay or loss of your certification.

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 _____

TO BE COMPLETED BY THE REGISTERED NURSE (RN) RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM:

I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the competency evaluation.

Print Name of RN _____

Signature of RN _____ Date _____

FOR VENDOR USE ONLY

INSTRUCTIONS

CRIMINAL RECORD CLEARANCE
Upon enrollment in a CDPH-approved training program, the applicant must be fingerprinted through the Live Scan process.

For a list of mandatory convictions (which will result in mandatory denial or revocation of certification) please visit our website at: www.cdph.ca.gov. All convictions are reviewed. If the conviction prevents certification, the applicant will be notified. Applicants will not receive a certificate until they have received a criminal record clearance.

A. CERTIFIED NURSE ASSISTANT (CNA) APPLICANTS

The applicant or training program should submit the following to ATCS upon enrollment and before patient contact:

- This completed application form; ***and***
- The second copy of the completed Request for Live Scan Services (BCIA 8016) form.

Provided the above has been submitted to ATCS by the applicant or training program, the nurse assistant may work with proof of successful completion of the competency evaluation while the criminal record review is in progress.

B. HOME HEALTH AIDE (HHA) APPLICANTS

There is no reciprocity granted for HHAs. Applicants must take HHA training from either of the following CDPH-approved training programs:

- 120 hours consisting of at least sixty-five (65) hours of classroom and fifty-five (55) hours of supervised clinical training in basic nursing and home health topics.
- Forty (40) hours supplemental HHA training consisting of twenty (20) hours classroom and twenty (20) hours supervised clinical training in home health topics. (This course is only for individuals who are already CNAs or enrolling in combined [dual] CNA/HHA training programs.)

Upon enrollment in the 120-hour and 40-hour HHA training program, the training program must submit the following to ATCS:

- The second copy of the completed Request for Live Scan Services (BCIA 8016) form (not required for 40-hour program because fingerprints would have previously been sent); ***and***
- This completed application form.

C. EQUIVALENCY-TRAINED NURSE ASSISTANT APPLICANTS

If the applicant is presently in (or completed) a Registered Nurse, Licensed Vocational Nurse, or Licensed Psychiatric Technician program or has medical training in military services; or has received the above license(s) from a foreign country or U.S. state, the applicant will not have to take further training and may qualify to take the competency evaluation. Submit the following to ATCS:

- An official, sealed transcript of training (students can substitute the transcript with a sealed letter on official school letterhead listing equivalent training in at least "fundamentals of nursing". The letter must include the completion date(s) of training). If discharged from the military, a copy of the DD-214 can substitute for the original transcript; ***and***
- Proof of work providing nursing services, for compensation in the last two (2) years (not required for nursing students or if the college degree was received in the last two (2) years); ***and***
- A copy of the completed Request for Live Scan Services (BCIA 8016) form; ***and***
- This completed application form.

If eligible, ATCS will send information regarding taking the competency evaluation.
Provided the above has been submitted to ATCS by the applicant or training program, the nurse assistant may work with proof of successful completion of the competency evaluation while the criminal record review is in progress.

D. CNA RECIPROCITY APPLICANTS FROM OTHER STATES

If the CNA certification is active and in good standing on another state's registry, the applicant may qualify for certification in the State of California without taking the CNA training or competency evaluation. Submit the following to ATCS:

- A copy of the state-issued certificate; ***and***
- Proof of work providing nursing services in the last two (2) years (not required for those who received their initial certificates from another state in the last two (2) years); ***and***
- A copy of the completed Request for Live Scan Services (BCIA 8016) form. The applicant must be fingerprinted in the State of California to obtain criminal record clearance through this method; ***and***
- A completed Verification of Current Nurse Assistant Certification (CDPH 931) form (to be completed by applicant and submitted by the endorsing state agency); ***and***
- This completed application form.

INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code, Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Health Integrity and Protection Data Bank as required by 45 CFR §61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

STATE OF CALIFORNIA
BCIA 8016
(orig. 4/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

Zip Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (AKA or Alias) Last

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City

State

Zip Code

Your Number: OCA Number (Agency Identification Number)

Level of Service: ☐ DOJ ☐ FBI

If re-submission, list ATI number:
(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City

State

Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency

STATE OF CALIFORNIA
BCIA 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City | State | Zip Code

Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First Name | Suffix

(Check one)

Sex: ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City | State | Zip Code

Your Number:

OCA Number (Agency Identification Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list ATI number:
(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City | State | Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

NOTE TO APPLICANT: *Please input your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPH accurately and timely. Failure to submit your SSN could cause delay in your certification.

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
(916) 327-2445 FAX (916) 552-8785
cna@cdph.ca.gov

VERIFICATION OF CURRENT NURSE ASSISTANT CERTIFICATION

PART I-To be completed by the applicant. Please PRINT clearly or TYPE.

Last name:	**First name:**	**MI:**

***Social Security Number:**	**Date of birth:** *(Month/Day/Year)*	**Telephone number:** ( )

Mailing address: (*Number and Street Name or P.O. Box Number)*	*City*	*State*	*ZIP code*

Originally certified under the last name of:	*First*	*MI*

Original certificate number:	**Original date of certification:**	**Date last provided certified nurse assistant duties:**

PART II-Must be completed by state agency from which applicant holds active certification and must be mailed directly by Agency to CDPH. (See address above.)

1. This individual is listed on the Nurse Aide Registry and has met all relevant Federal requirements pursuant to Title 42, Code of Federal Regulations (42 CFR), Sections 483.75, 483.150-483.156. Yes ☐ No ☐

   Certification Number: _____ Expires: _____ Date of Issue: _____

2. Method of Certification (Check all that apply):

   ☐ Certified by reciprocity from the state of: _____

   ☐ Completed a state-approved training program of (specify number of hours): _____

   ☐ Passed a state-administered competency evaluation (i.e. examination) on what date: (mm/dd/yy) _____

   ☐ Not Available (please explain): _____

3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual? (If yes, please attach explanation.) Yes ☐ No ☐

4. Is there documentation of a felony conviction in a court of law? (If yes, please attach explanation.) Yes ☐ No ☐

5. Disciplinary Status: ☐ None ☐ Revoked ☐ Denied ☐ Suspension

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It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

_____
Date

STATE SEAL

Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

INSTRUCTIONS

CERTIFIED NURSE ASSISTANT (CNA) RECIPROCITY APPLICANTS FROM OTHER STATES

If the CNA certification is active and in good standing on another state's registry, applicant may qualify for certification in California without taking the CNA training or competency evaluation. Submit the following to CDPH:

- A completed Nurse Assistant and/or Home Health Aide Initial Application (CDPH 283 B); ***and***
- A copy of your state-issued certificate; ***and***
- Proof of work providing nursing or nursing-related services within the last two years (not required for those who received their ***initial*** certificates from another state in the last two years); ***and***
- A copy of the completed Request for Live Scan form (BCIA 8016). You must wait until you move to California to obtain fingerprints through this method.
- This completed verification form (CDPH 931) needs to be completed by the state agency from which the individual currently holds an active certification.

Reciprocity applicants may work as nurse assistants (NA) while waiting for criminal clearance if the facility:

- Has verified the applicant is on the respective State's Registry in good standing and has an active status; ***and***
- Has proof that the applicant has worked providing nursing or nursing-related services in the last 24 months; ***and***
- Has proof that the NA has applied to CDPH for certification.

INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

*Social Security Number (SSN) Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code, Section 17520. subdivision (d), the California Department of Public Health (CDPH) is required to collect SSNs from all applicants for nursing assistant, home health aide, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your SSN is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR subsection 61.1 et seq. Failure to provide your SSN will result in the return of your application. Your SSN will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for examination identification, for identification purposes in national disciplinary data bases or as the basis of a disciplinary