State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

To: Nurse Assistant Training Program Applicants (NATP)

From: Licensing and Certificate Program
Training Program Review Unit

Subject: Nurse Assistant Training Program Application

Thank you for your interest in establishing a nurse assistant training program in California. The California Department of Public Health (Department), Aide and Technician Certification Section (ATCS), Training Program Review Unit (TPRU) oversees the NATPs. In this package you will find an application, documents, samples and instructions for completing a Nurse Assistant Certification Training Program Application. Training program requirements are found in Title 42, Federal Code of Regulations (42 CFR), Part 483.75 and Subpart D, 483.150 to 483.158 at http://www.gpoaccess.gov/cfr/index.html, California Health and Safety Code (CHSC), Section 1337 to 1338.5 at http://www.leginfo.ca.gov and California Code of Regulations (CCR), Title 22, Division 5, Chapter 2.5 at www.calregs.com.

Your application will be reviewed by one of our Training Program Unit Representatives. The TPRU Representative is assigned to applicants according to the county where the training program is going to be offered. Los Angeles County is divided among five (5) Representatives by alphabetical designation according to the name of the facility or school (see page titled TPRU Training Program Assignments).

Applications are date stamped when received in the unit's mailroom and are processed in date order by the TPRU Representative. Starting from the date an application is received the Department will make a decision whether to approve or disapprove it within ninety (90) days. After ninety (90) days an incomplete application will be disapproved. The applicant will be notified in writing the reason for disapproval.

Please review the document titled Approval Guidelines. These guidelines are intended to help you get through the approval process.

Aide and Technician Certification Section (ATCS), MS 3301, P.O. Box 997416, Sacramento, CA 95899-7416
(916) 327-2445 Fax (916) 552-8785
E-mail Address: cna@cdph.ca.gov

A thoroughly completed application accompanied by the required documents is essential for program approval. Faxed and emailed documents will not be accepted for any part of the program application. The NATP must be approved by the Representative before training can commence.

When completed, mail your application for a NATP to:

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

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

APPLICATION PACKAGE

The Nurse Assistant Training Program Application Package contains the following:

1. Approval Guidelines
2. Nurse Assistant Certification Training Program Application for Schools (CDPH 276S)
3. Nurse Assistant Certification Training Program Application for Skilled Nursing Facilities (CDPH 276F)
4. Nurse Assistant Training Program Skills Check List (CDPH 276A) (Sample may be copied and used by the training program.)
5. Daily Nurse Assistant Training Program Schedule (CDPH 276 B) Information Document
   - Daily Nurse Assistant Training Program Schedule (CDPH 276B New Form)
   - Daily Nurse Assistant Training Program Schedule (CDPH 276B)
6. Nurse Assistant Certification Training Program Individual Student Record (CDPH 276C) Sample may be copied and used by the training program.
7. Disclosure of Ownership and Control Interest Statement (CDPH 276D)
8. Director of Staff Development/Instructor Application (CDPH 279)
9. Resource Packet

Please assemble all the required documents and submit together in the following order:

☐ Nurse Assistant Certification Training Program Application (CDPH 276S **or** the CDPH 276F)

☐ Four (4) sample lesson plans s elected from different modules, one (1) of which shall be “Patient Care Skills from module eight (8).

☐ Nurse Assistant Training Program Skills Check List (CDPH 276A) Sample may be copied and used by the training program.

☐ Daily Nurse Assistant Training Program Schedule (CDPH 276B) for the entire training program (ensuring that the minimum 150 hours are completed). The Training Program Schedule is implemented for every class session (start to end date).

☐ Nurse Assistant Certification Training Program Individual Student Record (CDPH 276C).Sample may be copied and used by the training program.

California Department of Public Health (CDPH)
Licensing and Certification Program
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APPLICATION PACKAGE

- ☐ Disclosure of Ownership and Control Interest Statement (CDPH 276D), for proprietary training programs only.
- ☐ Director of Staff Development/Instructor Application (CDPH 279)
- ☐ Clinical site agreement with a Skilled Nursing Facility (validation period - 2 years only).
- ☐ Administrative policies and procedures which will be reviewed and approved prior to the onsite physical visit.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)
1. APPROVAL GUIDELINES

Nurse Assistant Certification Training Program Application (CDPHS 276S or CDPH 276F)

If you are a proprietary school or an educational institution submit a completed CDPH 276S, or if you are a Skilled Nursing Facility submit the CDPH 276F form (including all the required supporting documentation listed on the back of the form). The provider identification training number will be assigned once the program is approved. The provider identification number assigned to the program will correlate to the Training Program Schedule (sequence and hours of classroom and clinical training). All proprietary schools are required to submit the Disclosure of Ownership and Control Interest Statement (CDPH 276D).

Director of Staff Development or Instructor

The Director of Staff Development (DSD) and Instructor are terms that are synonymous. The Director of Staff Development (DSD) title is used in Skilled Nursing Facilities (SNF). A Registered Nurse that meets a DSD/Instructor qualifications must be designated as having the responsibility for the general supervision of the nurse assistant training program.

In a facility based Nurse Assistant Certification Training Program, the DSD may be a licensed vocational nurse if he/she meets the qualifications below (and is approved by the Department) while working under the Director of Nurses (DON), who is a Registered Nurse. SNF's must designate a licensed nurse to perform the duties of a DSD (or contract with a Department approved DSD) to provide orientation and in-service to its certified nurse assistants, and also provide a precertification nurse assistant training program in the facility, if the facility chooses to hire nurse assistants.

An Instructor is found in Adult Schools (AS), Regional Occupational Programs (ROP) proprietary schools and community colleges. A DSD or Instructor must meet the same requirement for approval. The RN Program Director title is utilized in schools as the registered nurse who is designated as having the responsibility for the general supervision of the nurse aide training, and the person who signs the CDPH 283B at the completion of the training program (attesting that all state and federal training requirements are met).

The nursing facility (SNF), agency or public educational institution is responsible for assuring that the DSD or Instructor who teaches the certification training program meets either of the following qualification requirements:

(1) One (1) year nursing experience as a licensed nurse **providing direct patient care in a long term care facility** in addition to one (1) year of experience planning, implementing and evaluating educational programs in nursing or

(2) Two (2) years of **full time** experience as a licensed nurse, at least one (1) year of which must be in the **provision of direct patient care in a nursing facility (also long term care facility)**. Within six (6) months of employment and prior to teaching a certification program the DSD or Instructor shall obtain a minimum of twenty-four (24) hours of continuing education courses in planning, implementing and evaluation education programs in nursing. These must be courses approved by the Board of Nursing or courses administered by an accredited educational institution. A transcript of successfully completed course(s) shall be sent to the Department and shall be used as a basis for approval of the qualifications of the DSD or Instructor. A copy of the transcript shall be kept on file at the nursing facility, agency, or public education institution.

Note: **The following situations do not meet these regulatory requirements:**

1) Employment in a skilled nursing facility holding administrative titles such as a Director of Nurses or Assistant Director of Nurses (for the provision of direct patient care).
2) Employment with registry agencies that serve long-term care facilities.
3) Hospital employment with nursing experience providing care for geriatric patients, unless the experience is in a Distinct Part/SNF as designated on the hospital license.
4) Part-time experience in long-term care.

Copies of these documents must be kept in the training program's files. Submit and retain copies of the following:

1) Application for Director of Staff Development/Instructor (CDPH 279).
2) A copy of an active nursing license.
3) A resume that documents:
    a. Nursing work experience with time frames from mm/dd/yy to mm/dd/yy.
    b. Name of employer (noting if the health care facility is a skilled nursing facility, hospital, clinic, etc.)
    c. Address of employer.
    d. Name of the immediate supervisor that the applicant reported to while working for the employer.
    e. Contact telephone number of HR or administration to validate the work experience.
4) A minimum of twenty-four (24) hours of continuing education courses in planning, implementing and evaluation of educational programs in nursing. These courses must be approved by the Board of Registered Nursing or courses administered by an accredited educational institution.
5) If the applicant has a **nursing teaching credential**, then submit a copy of the credential for Department review. If the credential is approved, then the twenty-four (24 hours of CEU) DSD course is not required.

Written Clinical Site Agreement and School Contracts

Clinical Site Agreement:

The training program applicant must have a written agreement with a long term care clinical facility in order to provide the 100 hours of clinical training for students. The 100 hours of clinical must be obtained in the skilled nursing facility site and not in a lab setting. The school may have lab practice in the curriculum, but it may not be replaced within the 100 clinical hours or the 50 classroom hours. The clinical hours may only be between the hours of 6:00 a.m. and 8 p.m.

The facility must be in good standing with the Centers for Medicare and Medicaid Services (CMS) and not have any training enforcement restrictions. Training programs should consider having more than one (1) clinical site training agreement; in the event the facility comes under sanctions by CMS they would have an alternate site available. This agreement must be developed jointly with the clinical facility and signed by both parties. The agreement period is for a (**two) 2 year period only**. The agreement shall include:

Provision for adequate notice of termination.
State the responsibility of the training program to the facility and the facility to the training program.
The training program is responsible for all training and will provide immediate and direct supervision of students.
Facility staff may not be used to proctor, shadow, or teach the training program students.
Facility nursing staff will not be decreased because students are training in the facility.
The student to instructor ratio shall not exceed fifteen (15) to one (1).
Clinical training shall take place at specific dates, times and at the approved clinical site.
Facilities shall have a list of names of all students with their training schedule.
The training program shall give the facility notice that all students have had a physical examination, test for tuberculosis and criminal screening.
Both entities must agree to comply with all local, state and federal laws and regulations.
Names, addresses of both parties, including signatures and dates.

School Contract with a Skilled Nursing Facility:

When a school (propriety or educational institution) provides Nurse Aide Training Program (NATP) within a Skilled Nursing Facility, the schools is responsible for classroom and clinical training, and therefore a contract is required with the SNF. The elements of a contract are similar to the

components of the clinical site agreement (as noted above). The contract shall be **valid for a 2 year period only** and is signed by both parties.

Also, the school contract with a SNF must specify which area of the facility will be used for classroom instruction. The area must not be licensed as resident space. Classroom must have a separate entrance and egress for students and must not infringe on resident privacy. The Department will determine if the classroom space can be approved for student use.

In addition, the NATP School must state that the school will be responsible for training in its entirety. The School shall not use facility personnel as preceptors or instructors. Instructors must not be employees of the facility while teaching. The SNF Director of Staff Development may teach an evening or weekend class for the NATP School if not employed during those hours with the SNF. The Director of Nursing in the SNF may not be an Instructor, nor a RN Program Director of the training program since the DON of a facility is employed full-time and has a 24 hour responsibility to the skilled nursing facility.

Health Examination

Each student enrolled in the certification program shall have a health examination which includes a medical history and physical examination, a purified protein derivative, intermediate strength intradermal skin test for tuberculosis, unless medically contraindicated. If a positive reaction is obtained, a chest x-ray shall be taken, unless medically contraindicated. A report signed by the examiner shall indicate that the student does not have any health condition that would create a hazard to himself, fellow employees, or patients. This examination shall be completed and documented prior to the students having direct patient care contact in the clinical setting. This information shall be provided to the nursing facility prior to patient contact.

Application and Live Scan

Upon enrollment in a training program for nurse assistant certification, **and** prior to direct patient contact with residents, a candidate for training shall submit a training and examination application and proof of Live Scan fingerprinting to the Department.

Policies and Procedures

All training programs are required to develop and implement policies and procedures to govern the administration and management of the training program, the Director of Staff Development and Instructors. Such polices shall be reviewed annually and revised as often as the nursing facility, agency or public educational institution determines necessary.

A copy of these written policies shall be submitted to the Department during the initial application review and prior to the onsite visit. Policies and procedures shall also be available to the Department upon request at any time for review.

Policies and procedures must include at least, but not be limited to the following:

Job descriptions detailing qualifications of the instructors/licensed nurses and RN Program Director. Policies need to include the specific duties of the Instructors and RN Director within the program, including aspects related to teaching assignments, clinical oversight, record keeping responsibilities, etc.

If it is a school's desire to have a RN function as a program director at more than one location (multiple NATPs), then the duties in the job description need to detail how the RN will provide the oversight for multiple schools.

The request for approval for more than one RN Program Director per NATP School will be reviewed on a case by case basis by the Department.

Organizational chart showing the person in charge of the program, the lines of authority, responsibility, communication, staff assignments and schedules.

The method of monitoring instructors by the individual responsible for the training program (the DSD or the RN Program Director).

Ratio of students not to exceed fifteen (15) students to one (1) Instructor.

How student absenteeism and makeup class will be handled. All makeup must be hour for hour with the instructor present.

All students will submit an application and Live Scan fingerprinting upon enrollment. The training program shall submit an application and Live Scan to the California Department of Public Health within one (1) week of enrollment.

The training program shall not make any false or misleading claims or advertisement regarding training provided.

Training program schedule.

Health exam and screening requirements/documents.

Record keeping within the training program, including persons responsible for timesheets, student records, timeframe for keeping records, location where records are stored, etc.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

2. NURSE ASSISTANT TRAINING PROGRAM APPLICATION

CDPH 276S for Schools
or
CDPH 276F for Skilled Nursing Facilities

California Code of Regulations (CCR) Title 22, Section 71835(n) specifies the mandatory theory and suggested clinical hours for each module. The CDPH 276S and CDPH 276F is a two (2) sided form. Enter the theory and clinical hours in your training schedule on page two (2) which requires the total number of hours for each of the sixteen (16) modules. California requires one hundred-fifty hours (150) of training to complete the program. The minimum total number of hours is fifty (50) hours of theory and one hundred (100) hours of supervised clinical training.

You may choose to provide additional hours of training in which case you must show how you are using the additional hours on your training program schedule discussed later in this guidance. Lab hours may be used in the curriculum, but it may not be counted in the classroom or clinical hour (150 hour) requirement. Return skill demonstration by the students shall be under the immediate supervision of the approved Instructor. Immediate supervision is defined as the instructor "not only being in the same building, but present while the person being supervised demonstrates the clinical skills".

Required materials with the application:

1. The applicant is required to submit four (4) sample lesson plans selected from different modules, one (1) of which shall be from module eight (8), "Patient Care Skills," which shall include:
   a.) The student behavioral objective(s).
   b.) Descriptive topic content with adequate detail (method, technique, procedure) to discern what is being taught.
   c.) The method of teaching.
   d.) The method of evaluating knowledge and demonstrable skills.

*You will be required to show lesson plans for all the topics noted in CCR, Title 22, Section 71835(n), during the initial survey.

2. A sample of the skills return demonstration record used for each trainee which shall include:
   a.) A listing of the duties and skill the nurse assistant must learn.

b.) Space to record the date when the nurse assistant performs each duty/skill.
c.) Spaces to note satisfactory or unsatisfactory performance.
d.) Signature of the approved Director of Staff Development/Instructor.

*See Sample form Nurse Assistant Training Program Skills Checklist (CDPH 276A). This form may be copied and used by the training program for its students. If the training program chooses to create its own skills return demonstration checklist it must contain the minimum skills contained in the CDPH 276A.

3. A sample of the individual student record used for documenting theory and clinical training.

*See sample Nurse Assistant Training Program Individual Student Record (CDPH 276C). This form may be copied and used by the training program for its students.

4. A day to day schedule of training which lists theory topic and hours and clinical objectives and hours for the entire course. It is recommended that lab hours be added to the curriculum so that skill demonstration and practice may occur prior to the clinical setting; however, the skill demonstration for competency must be performed in the clinical setting on residents/patients and signed by the Department approved instructors.

   Once the training schedule is approved by the Department, this is the **only** schedule that the training program can use. If the training program desires to change the schedule (sequence of modules or provide the training at a different time (weekend vs. days), then the training program must submit the new training schedule to the Department for approval prior to implementing the change in the schedule.

   During any onsite visits, the Department will make a determination if the school is implementing the approved training schedule. There is only one approved training schedule for each provider identification number assigned to each Nurse Aide Training Program.

*See Sample Daily Nurse Assistant Training Program Schedule (CDPH 276B).

Please give considerable attention to the required training program schedule. The schedule must be in detail for the Unit Representative to determine what is being taught on a specific date and time. The sample schedule included in this package will provide an example of theory and clinical training.

Once the Unit Representative has determined that the application is complete, he/she will arrange an initial survey of the training program site. During the onsite survey, interviews with the school staff (including administrator, RN program director and instructors) will be conducted, as well as review of training materials, remaining lesson plans and lab equipment will be reviewed.

Based upon observations of the physical site and interviews with key training program personnel, a determination will be made whether the training program will be approved or disapproved. Key program personnel must have operational and regulatory knowledge regarding all components related to the Nurse Assistant Training Program.

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 EMAIL: cna@cdph.ca.gov

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

For CDPH Use Only

School Name and Address:

Provider Identification Training Number: ☐ ☐ ☐ ☐ ☐

Phone: _____

County: _____

School Training Site Address (if different): _____

_____

_____

Registered Nurse responsible for program and CDPH 283 B signage (certifying completion of 150 Hour Nurse Aide Training Program):

_____ _____

Printed Name **Signature**

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a Skilled Nursing Facility or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check/circle one): DAYS AM PM WEEKENDS

Training Schedule – Hours: _____

Clinical Hours: _____

Name of Curriculum Used: _____ Student Fees: _____

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

_____ _____

Signature of Applicant - Owner Date

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

		A	B
Module I:	INTRODUCTION	Theory _____	Clinical _____
Module II:	Patient's Rights	Theory _____	Clinical _____
Module III:	Interpersonal Skills	Theory _____	Clinical _____
Module IV:	Prevention Management of Catastrophe and Unusual Occurrence	Theory _____	Clinical _____
Module V:	Body Mechanics	Theory _____	Clinical _____
Module VI:	Medical and Surgical Asepsis	Theory _____	Clinical _____
Module VII:	Weights and Measures	Theory _____	Clinical _____
Module VIII:	Patient Care Skills	Theory _____	Clinical _____
Module IX:	Patient Care Procedures	Theory _____	Clinical _____
Module X:	Vital Signs	Theory _____	Clinical _____
Module XI:	Nutrition	Theory _____	Clinical _____
Module XII:	Emergency Procedures	Theory _____	Clinical _____
Module XIII:	Long – Term Care Patient	Theory _____	Clinical _____
Module XIV:	Rehabilitative Nursing	Theory _____	Clinical _____
Module XV:	Observation and Charting	Theory _____	Clinical _____
Module XVI:	Death and Dying	Theory _____	Clinical _____
	TOTAL HOURS:	_____	_____

A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REIVEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:

1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall inclu
de:
   a) The student behavioral objective(s)
   b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
   c) The method of teaching
   d) The method of evaluating knowledge and demonstrable skills

2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
   a) A listing of the duties and skills the nurse assistant must learn
   b) Space to record the date when the nurse assistant performs each duty/skill
   c) Spaces to note satisfactory or unsatisfactory performance
   d) Signature of the approved Director of Staff Development / Instructor

3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.

4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.

5) Clinical site agreement.

6) Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

California Department of Public Health Use Only

Training Schedule Approved: DAYS AM PM WEEKEND

Class Schedule – Hours: _____ Clinical Schedule – Hours: _____

☐ Approved By: _____ Date:_____

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 EMAIL: cna@cdph.ca.gov

SKILLED NURSING FACILITY (SNF) NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

For CDPH Use Only

Facility Name and Address:

Provider Identification Training Number: ☐ ☐ ☐ ☐ ☐

Phone: _____

_____

SNF / Director of Staff Development / Instructor: _____ ☐ RN ☐ LVN

Signature

SNF / Director of Nursing / Registered Nurse Director: _____

Signature

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the Certification Training Program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a SNF or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

All students must be full time employees who are not charged for Nurse Assistant Certification Training.

Training Schedule (check/circle one): DAYS AM PM WEEKENDS

Training Schedule – Hours: _____

Clinical Hours: _____

Name of Curriculum Used: _____

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

_____ _____

Signature of Applicant – Owner Date

SKILLED NURSE FACILITY (SNF) NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

		A	B
Module I:	INTRODUCTION	Theory _____	Clinical _____
Module II:	Patient's Rights	Theory _____	Clinical _____
Module III:	Interpersonal Skills	Theory _____	Clinical _____
Module IV:	Prevention Management of Catastrophe and Unusual Occurrence	Theory _____	Clinical _____
Module V:	Body Mechanics	Theory _____	Clinical _____
Module VI:	Medical and Surgical Asepsis	Theory _____	Clinical _____
Module VII:	Weights and Measures	Theory _____	Clinical _____
Module VIII:	Patient Care Skills	Theory _____	Clinical _____
Module IX:	Patient Care Procedures	Theory _____	Clinical _____
Module X:	Vital Signs	Theory _____	Clinical _____
Module XI:	Nutrition	Theory _____	Clinical _____
Module XII:	Emergency Procedures	Theory _____	Clinical _____
Module XIII:	Long – Term Care Patient	Theory _____	Clinical _____
Module XIV:	Rehabilitative Nursing	Theory _____	Clinical _____
Module XV:	Observation and Charting	Theory _____	Clinical _____
Module XVI:	Death and Dying	Theory _____	Clinical _____
	TOTAL HOURS:	_____	_____

A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR APPROVAL OF THE CERTIFICATION TRAINING PROGRAM:

1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall inclu
de:
   a) The student behavioral objective(s)
   b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
   c) The method of teaching
   d) The method of evaluating knowledge and demonstrable skills

2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
   a) A listing of the duties and skills the nurse assistant must learn
   b) Space to record the date when the nurse assistant performs each duty/skill
   c) Spaces to note satisfactory or unsatisfactory performance
   d) Signature of the approved Director of Staff Development / Instructor

3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.

4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.

California Department of Public Health Use Only

Training Schedule Approved: DAYS AM PM WEEKEND

Class Schedule – Hours: _____ Clinical Schedule – Hours: _____

☐ Approved By: _____ Date:_____

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

3. NURSE ASSISTANT TRAINING PROGRAM CHECK LIST (CDPH 276A)

The Nurse Assistant Training Program is required to have one hundred (100) hours of clinical training under the immediate supervision of the Director of Staff Development (DSD)/ Instructor. The training shall include demonstration by the Instructor or DSD of basic patient care skills based upon the theory and clinical instruction presented in the classroom. Return demonstrations by the student are also required and shall be under the **immediate supervision** (present when student is performing the skill) of the DSD or Instructor and shall be done in the clinical setting with patients/residents.

The CDPH 276A form is a sample which you may copy and use one (1) for each student in your training program. Using this form will ensure that your program will meet the requirements for documentation of clinical skills training. You may develop your own skills check list. In the event you do create your own check list please insure that your check list has the minimum skills that are contained on the Department's CDPH 276A.

Also, the Nurse Assistant Training Program (NATP) Check List shall include a listing of the duties and skills the nurse assistant must learn, space to record the date when the nurse assistant performs this duty or skill, space to note satisfactory or unsatisfactory performance, space to record the initial and title of the Department approved instructor (providing the immediate supervision).

This record serves as the **primary** documentation for the clinical hours and skills that must be implemented in the NATP, and is the fundamental resource that the RN Program Director uses to ensure that the 100 hours and skill performance has been met for each individual student. Failure of the school to keep accurate, complete and ethical documents will result in program regulatory violations

A note of importance, since the RN Program Director must attest on the 283B completion signature that the student has met all the clinical and classroom training requirements, when the training program fails to keep complete/accurate student records, and the RN Program Director signs the 283 B upon student completion/graduation of the program, the RN Program Director could be in possible jeopardy of fraudulent activity against his/her nursing license.

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

SAMPLE FORM
(May be used by provider)

NURSE ASSISTANT TRAINING PROGRAM
SKILLS CHECK LIST

Student name	Enroll date	*Social security number	
Training program	Completion date	Clinical site name	
Instructor's name	Title		Initials
Signature			

Clinical Date Hours																					
Clinical Date Hours																					

S = Satisfactory *U = Unsatisfactory*

NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED	S/U	Comments Date	Performed	Licensed Nurse Initials
Module 6, Medical and Surgical Asepsis (8 Hours Clinical)				
1. Hand washing				
2. Proper handling of linen				
3. Universal precautions				
☞ Gloving				
☞ Gowning				
☞ Apply mask				
4. Double bagging trash/waste				
Module 5, Body Mechanics (4 Hours Clinical)				
1. Use of gait belt				
2. Helping the helpless resident up to the head of the bed with two assistants				
3. Turning and positioning the resident				
☞ Supine				
☞ Side-lying				
☞ Use of lift sheet				
4. Assisting transfer from bed to chair or wheelchair				
5. Assisting transfer from chair or wheelchair to bed				
6. Mechanical lift				
Module 2, Resident's Rights (1 Hour Clinical)				
1. Knocks on door before entering				
2. Pulls privacy curtains during personal care				
3. Keeps resident information confidential				
4. Treats resident with respect and dignity				
5. Encourages resident to make choices				
6. Explains procedure to resident				

NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED	S/U	Comments Date	Performed	Licensed Nurse Initials
Module 14, Rehabilitative/Restorative Care (4 Hours Clinical)				
1. Range of motion exercises				
2. Assisting the resident to ambulate with gait belt				
3. Assisting the resident to ambulate with walker				
4. Assisting the resident to ambulate with cane				
5. Rehabilitative devices		Type:		
Modules 4/12, Emergency Procedures and Prevention of Catastrophe (2 Hours Clinical)				
1. Applying postural supports (safety devices)				
2. Applying soft wrist/ankle restraint as safety device				
3. Heimlich maneuver for the conscious resident				
4. Heimlich maneuver for the unconscious resident				
5. Positioning of call light				
6. Demonstrates fire/disaster procedures				
7. Handles O_2 safely				
8. Use of fire extinguisher				
Module 8, Patient Care Skills (44 Hours Clinical)				
1. Back rub				
2. Bed bath/partial bath				
3. Tub bath				
4. Shower				
5. Assisting with oral hygiene				
6. Mouth care of the unconscious resident				
7. Denture care				
8. Nail care				
9. Combing the resident's hair				
10. Shampoo of bedridden resident				
11. Shampoo with shower or tub bath				
12. Medicinal shampoo				
13. Shaving—electrical shaver				
14. Shaving—razor blade				
15. Dressing and undressing the resident				
16. Changing the clothes of resident with IV				
17. Assist in the use of urinal				
18. Assist in the use of the bedpan				
19. Assisting resident to commode/toilet				
20. Bladder retraining				
21. Bowel retraining				
22. Perineal care				
23. Artificial limbs				
24. Splints				
25. Applying a behind-the-ear hearing aid				
26. Removing a behind-the-ear hearing aid				

NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED	S/U	Comments Date	Performed	Licensed Nurse Initials
27. Removing, cleaning, and reinserting an artificial eye				
Module 10, Vital Signs (6 Hours Clinical)				
Measure and Record Vital Signs 1 Temperature				
. Oral				
Axillary				
Rectal				
Electronic				
Pulse: radial				
2 Pulse: apical				
. Respiration				
3 4. Blood pressure				
Module 9, Resident Care Procedures (20 Hours Clinical)				
1. Collect and identify specimen Sputum specimen				
Urine specimen: clean catch				
Urine specimen: routine UA				
Stool specimen				
2. Occupied bed making				
3. Unoccupied bed making				
4. Administering the commercially prepared cleansing enema				
5. Administering enemas—tap water, soap suds				
6. Administering laxative suppository				
7. Empty urinary bags				
8. Care of resident with tubing				
Oxygen				
IV				
Gastrostomy				
Nasogastric				
Urinary catheter				
9. Antiembolic hose, elastic stockings (TED Hose)				
10. Admitting the resident				
11. Transferring the resident				
12. Discharging the resident				
13. Application of nonsterile dressing				
14. Application of nonlegend topical ointments				
Module 7, Weights and Measures (1 Hour Clinical)				
1. Measuring oral intake				
2. Measuring urinary output				
3. Measuring the height of resident in bed				
4. Weighing the resident in bed				
5. Measuring and weighing the resident using an upright scale				

NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED	S/U	Comments Date	Performed	Licensed Nurse Initials
6. Documents in military time				
Module 11, Nutrition (6 Hours Clinical)				
1. Feeding the helpless resident				
2. Assisting the resident who can feed self				
3. Verifying that resident has been given correct diet tray				
4. Use of feeding assistance devices				
Module 15, Observation and Charting (4 Hours Clinical)				
1. Reports appropriate information to charge nurse				
2. Documents V/S, ADLs timely/correctly				
3. Documents changes in resident's body functions/behavior				
4. Participates in resident care planning				

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.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

4. DAILY NURSE ASSISTANT TRAINING PROGRAM SCHEDULE (CDPH 276B) INFORMATION DOCUMENT

Please give considerable attention to the required training program schedule. The schedule must be detailed enough for the Unit Representative to determine what is being taught and on what day and time. The sample schedule (CDPH 276B) included in this package will provide you with the detail for classroom & clinical modules days. The schedule sent to us must be complete for your entire training program. This schedule must reflect the Nurse Assistant Training Program Skills Check List (CDPH 276A) and the Nurse Assistant Certification Training Program Individual Student Record (CDPH 276C) classroom modules.

Theory topics must be taught prior to having the skills for that topic. For example, theory for infection control and hand washing must be taught prior to giving a demonstration and observing a return demonstration.

Please note that lunch and break times are not included in training time and should be subtracted from total program hours.

The training program schedule must contain all the required content areas listed in CCR, Title 22, Division 5, Chapter 2.5, Section 71835(n). There are sixteen (16) hours of state and federal required training in the following areas prior any direct contact with a resident:

1. Communication and interpersonal skills.
2. Infection control.
3. Safety and emergency procedures including the Heimlich maneuver.
4. Promoting the independence of patients/residents.
5. Respecting the rights of patients/residents.

This information is also noted at the top of the CDPH276C (Individual Student Record) form. If a training program were to provide all the theory components of Modules: 1, 2, 3, 4, 5, 6, 12, 14 (which totals 15 hours) and then includes <u>one</u> additional hour (any one of the following: Module 15A, or 15C, or 8E, or 8H, or 16C), then the training program would have provided the required sixteen (16) hours prior to clinical training and direct resident contact. The students may then begin the clinical portion of the Nurse Assistant Training Program. The remainder of the classroom/theory modules are taught concurrently (at this same time, occurring together) with the clinical training.

The training program may teach all fifty (50) hours of theory at the beginning of the program if they use significant school laboratory skill time during the theory training. The next one hundred (100) hours of clinical may follow. Laboratory time does not count as part of the required one hundred fifty (150) hours.

The training program schedule must reflect that all required theory sub-topics in the sixteen (16) modules are taught. The CDPH 276C and CDPH 276A may be used to develop your training schedule. Please see the CDPH 276B SAMPLE regarding the format in the process of developing your training schedule.

When you complete the training program schedule you should have addressed all the topics and subtopics on the CDPH 276C and all the skills on the CDPH 276A.

If you have any questions you may call your assigned TPRU Representative (located in the Resource Packet).

SAMPLE DAILY NURSE ASSISTANT TRAINING PROGRAM SCHEDULE

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

LUNCH 11:00AM-11:30AM
THEORY HOURS: 7:00AM-3:30PM - 1/2 HR. LUNCH
CLINICAL HOURS: 7:00AM-3:30PM - 1/2 HR. LUNCH

CLINICAL SITE: ABC Skilled Nursing Facility

DAY 1 (DATE)	DAY 2 (DATE)	DAY 3 (DATE)	DAY 4 (DATE)	DAY 5 (DATE)
THEORY 7:00AM-3:30PM Time-7:00AM-9:00AM (2 hrs) MODULE (1) Introduction (A)(B)(C)(D)(E)-*Components of the modules per CDPH 276C* Time-9:00AM-11:00AM (2 hrs) MODULE (2) Resident Rights (A)(B)(C) Time-11:30AM-1:30PM (2 hrs) MODULE (3) (A)(B)(C)(D) Time-1:30PM-3:30PM (2 hrs) MODULE (5) (A)(B)(C)(D) THEORY 8 HOURS	THEORY 7:00AM-3:30PM Time-7:00AM-9:00AM (2 hrs) MODULE (6) (A)(B)(C) Time-9:00AM-11:00AM (2hrs) MODULE (12) (A)(B)(C) Time-11:30AM -12:30PM (1 hr) MODULE (4) (A)(B)(C)(D)(E) Time-12:30PM-2:30PM (2 hrs) MODULE (14) (A)(B)(C)(D)(E)(F)(G) Time-2:30PM-3:30PM (1 hr) MODULE (15) (A)(C) End of 2ndday meets federal requirement that prescribed topics (see CDPH276C) are taught prior to clinical and the topics meet a total of 16 hours. THEORY 8 HOURS	*LAB SKILL PRACTICE regarding Theory Day 1 and Day 2 Curriculum Time: 7:00 AM - 3:30 PM* Hand Washing, proper linen handling, gloving, gowning, applying mask, doubling bagging. Demonstrates fire-disaster procedures. Handles oxygen safely. Uses of fire extinguishers. Demonstrates Heimlich maneuver on conscious and unconscious resident. Transfer / positioning in bed and use of life sheet. Assisting resident from bed to chair to bed. Use of gait belt. Feeding assistance. LAB 8 HOURS (LAB hours do NOT count toward theory or clinical hours)	CLINICAL: 7:00 AM - 3:30 PM Skills as listed on CDPH276A Module (2): Res. Rights & Tours of the Facility (2 hrs) *Knocks on door before entering. *Pulls privacy curtains during personal care. *Keeps resident's records confidential. *Treats residents with dignity & respect. *Encourages residents to make choices. *Explains procedure to resident. Module (6): Asepsis (1 hr) *Hand Washing *Proper handling of linen *Universal precaution (gloving, gowning, masking, double bagging). Module (14): Rehab (3 hrs) *Range of motion *Assist with ambulation gait belt, walker, cane. *Rehab devices. Module (4): Catastrophe (2 hrs) *Postural Supports *Soft wrist / ankle-safety devices *Call light positioning. *Fire / disaster procedures *Handle 02 safely *Fire extinguisher use. CLINICAL 8 HOURS	CLINICAL: 7:00 AM - 3:30 PM Module (4/12): Emergency Procedures (1 hr) *Choking precautions. *Heimlich maneuver for the conscious & unconscious resident. Module (5): Body Mech. (4 hrs) *Use of gait belt. *Helping helpless resident to head of bed with two assistants. *Turning and position resident (supine, side-lying, use of lift sheet). *Transfer from bed to chair / wheelchair. *Transfer from chair to bed. *Mechanical lift. Module (11): Nutrition (3 hrs) *Feeding the helpless resident. *Assisting the resident who can feed self *Verifying resident has been given correct diet tray. *Use of feeding assistance device.s. CLINICAL 8 HOURS

SAMPLE - A completed schedule for the entire program must be submitted. Ensure that the minimum number of theory hours and clinical hours are met for each topic. Prior to any direct patient contact, a total of 16 hours of federal training shall be provided in prescribed topics (see the CDPH276C). This requirement is met if all theory components of the following modules are taught prior to clinical training. Modules 1, 2, 3, 4, 5, 6, 12, 14; and one additional hour from 15A, 15C, 8E, 8H, or 16C. This form is available at this website.

SAMPLE

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

5. NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD (CDPH 276C)

The CDPH 276C is the Department form that the training program may choose to use for documenting the student's theory/classroom modules (minimum 50 hours).

This form may be useful in developing the required training program schedule. All topics and subtopics listed on this form should show up on your training schedule as theory topics. Theory topics must be taught prior to having the skills for that topic. For example, theory for infection control and hand washing must be taught prior to giving a demonstration an observing a return demonstration.

The CDPH 276C form is a sample which you may copy and use one (1) for each student in your training program. Using this form will ensure that your program will meet the 50 hours and module requirements for documentation regarding classroom instruction/theory. You may develop your own Individual Student Record, however you must ensure that all the components from the Department's CDPH 276C form are on the document you create. This includes the theory hours, dates, instructor initials, module components and test scores.

This Individual Student Record serves as the **primary** documentation for the theory/classroom hours that must be implemented in the NATP, and is the fundamental resource that the RN Program Director uses to ensure that the 50 hours/classroom modules have been met for each individual student. Failure of the school to keep accurate, complete and ethical documents will result in program regulatory violations and possible program withdrawal.

A note of importance, since the RN Program Director must attest on the 283B completion signature that the student has met all the clinical and classroom training requirements, when the training program fails to keep complete/accurate student records, and the RN Program Director signs the 283 B upon student completion/graduation of the program, the RN Program Director could be in possible jeopardy of fraudulent activity against his/her nursing license.

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 EMAIL: cna@cdph.ca.gov

SAMPLE FORM

NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM
INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

Student Name	Social Security Number*	Start Date	Completion Date	
Instructor Signature	**Printed Name**	**Initials**	**Date**	**Final Grade**

Instructor: Date and initial in the theory column when student completes hours.

THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS	Prior to any direct contact with a patient, at least a total of sixteen (16) hours of training shall be provided in the following areas: 1) Communications and interpersonal skills. . . . . Modules 1, 3, 15A, C 2) Infection control. . . . . .Module 6 3) Safety and emergency procedures including the Heimlich maneuver. . . . .Modules 4, 5, 12 4) Promoting the independence of patients. . . . . .Modules 8E, H, 14 5) Respecting the rights of patients. . . . . .Modules 2, 16C	
			MODULE 1: Introduction	
			A) Roles and responsibilities of a Certified Nurse Assistant (CNA)	
			B) Title 22	
			C) Requirements for nurse assistant certification	
			D) Professionalism	
			E) Ethics and confidentiality	
			MODULE 2: Patients' Rights	
			A) Title 22	
			B) Health and Safety Code	
			C) Code of Federal Regulations	
			MODULE 3: Communication / Interpersonal Skills	
			A) Communications	
			B) Defense mechanisms	
			C) Sociocultural factors	
			D) Attitudes illness / health care	
			E) Family interaction	
			MODULE 4: Prevention and Management of Catastrophe and Unusual Occurrences	
			A) Emergency	
			B) General safety rules	
			C) Fire and disaster plans	
			D) Roles and procedures for CNA	
			E) Patient safety	
			MODULE 5: Body Mechanics	
			A) Basic body mechanics	
			B) Transfer techniques	
			C) Ambulation	
			D) Proper body mechanics / positioning techniques	

All records pertaining to individuals who have successfully completed the program shall be available for the Department's inspection for a period of four (4) years beginning from the date of enrollment. Compliance with the Bureau for Private Postsecondary Education requires that all student records (including those who do not complete the course) must be kept for five (5) years from the date of enrollment.

NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM
INDIVIDUAL STUDENT RECORD

Student Name	Instructor Signature	Initials

THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			MODULE 6: Medical and Surgical Asepsis	
			A) Microorganisms	
			B) Universal precautions	
			C) Principles of asepsis	
			MODULE 7: Weights and Measures	
			A) Metric system	
			B) Weight, length, and liquid volume	
			C) Military time, i.e., a 24-hour clock	
			MODULE 8: Patient Care Skills	
			A) Bathing / medicinal baths	
			B) Dressing	
			C) Oral hygiene	
			D) Hair care, shampoo, medicinal shampoo, nail care, shaving	
			E) Prosthetic devices	
			F) Skin care / decubitus ulcers	
			G) Elimination needs	
			H) Bowel and bladder retraining	
			I) Weigh and measure patient	
			MODULE 9: Patient Care Procedures	
			A) Collection of specimens, including: stool, urine, and sputum	
			B) Care of patient with tubing, gastric, oxygen, urinary, IV. This care does not include inserting, suctioning, or changing the tubes.	
			C) I and O	
			D) Bed making	
			E) Cleansing enemas, laxative suppositories	
			F) Admission, transfer, discharge	
			G) Bandages, nonsterile dry dressing application of nonlegend topical ointments to intact skin	
			MODULE 10: Vital Signs	
			A) Purpose of vital signs	
			B) Factors affecting vital signs	
			C) Normal ranges	
			D) Methods of measurement	
			E) Temperature, pulse, respiration	
			F) Blood pressure	
			G) Abnormalities	
			H) Recording	
			MODULE 11: Nutrition	
			A) Proper nutrition	
			B) Feeding technique	
			C) Diet therapy	

NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM
INDIVIDUAL STUDENT RECORD

Student Name	Instructor Signature	Initials

THEORY			CONTENT	TEST SCORES
HOURS	DATE	INITIALS		
			MODULE 12: Emergency Procedures	
			A) Signs and symptoms of distress	
			B) Immediate and temporary intervention	
			C) Emergency codes	
			MODULE 13: Long-Term Care Resident	
			A) Needs of persons with retardation, Alzheimer's, cerebral palsy, epilepsy, dementia, mental illness	
			B) Introduction to anatomy and physiology	
			C) Physical and behavioral needs and changes	
			D) Community resources available	
			E) Psychological, social, and recreational needs	
			F) Common diseases / disorders including signs and symptoms	
			MODULE 14: Rehabilitative Nursing	
			A) Promoting patient potential	
			B) Devices and equipment	
			C) ADLs	
			D) Family interactions	
			E) Complications of inactivity	
			F) Ambulation	
			G) ROM	
			MODULE 15: Observation and Charting	
			A) Observation of patients and reporting responsibilities	
			B) Patient care plan	
			C) Patient care documentation	
			D) Legal issues of charting	
			E) Medical terminology and abbreviations	
			MODULE 16: Death and Dying	
			A) Stages of grief	
			B) Emotional and spiritual needs of patient and family	
			C) Rights of dying patient	
			D) Signs of approaching death	
			E) Monitoring the patient	
			F) Postmortem care	

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 Date 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 examination identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

6. DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT (CDPH 276D)

All proprietary schools are required to submit the Disclosure of Ownership and Control Interest Statement (CDPH 276D).

Also, all private postsecondary educational institutions must be approved by the Bureau for Private Postsecondary Education (BPPE) or receive an exempt status with the Bureau. You may contact them by calling 888-370-7580 regarding any questions about the registration process. Or you may go to the website at www.bppe.ca.gov to obtain registration information.

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) 324-0901

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of school	DBA	Training number (CDPH use only)	Telephone number ( )		
Address (number, street)		City	County	State	ZIP

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names, addresses, and telephone numbers of individuals or corporations.

A. Are there any directors of the corporation, management staff of the school, or instructors who have a direct or indirect ownership or control interest of 5 percent or more in the school that have had training program(s) terminated? ☐ Yes ☐ No

B. Are there any directors or instructors of the school who have had their nursing license placed on suspension, probation, diversion, or revocation? ☐ Yes ☐ No

C. List all sources of student funding:

III. A. List names, addresses, and telephone numbers for individuals and organizations having direct or indirect ownership or a controlling interest of 5 percent or more in the school. List any additional names and addresses under "Remarks" onpage 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	ADDRESS	TELEPHONE NUMBER

B. Type of school: ☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Other (specify):

C. If the disclosing school is a corporation, list names, addresses of the directors, and Employer Identification Number for corporations under"Remarks."

D. Are any owners of the disclosing school also owners of other CNA/HHA training programs/schools? (Example: sole proprietor, partnership, or members of Boards of Directors) ☐ Yes ☐ No

If yes, list names, addresses of individuals, and training number (s):

NAME	ADDRESS	TRAINING NUMBER

CDPH 276D (06/11) This form is available on our website at www.cdph.ca.gov

IV. A. Has there been a change in ownership or control within the last two years? ☐ Yes ☐ No

If yes, date: _____

B. Do you anticipate any change of ownership or control within the next two years? ☐ Yes ☐ No

If yes, date: _____

C. Have you filed for bankruptcy within the last two years? ☐ Yes ☐ No

D. If you have filed for bankruptcy, specify date: _____

V. Has there been a change in management, program director, or instructors within the last two years? ☐ Yes ☐ No
Attach a list with changes.

Name of RN in charge of the training program	License number

VI. List name, address, and training number of all affiliated schools:

NAME	ADDRESS	TRAINING NUMBER

VII. List all clinical sites used by the school:

NAME	ADDRESS

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWLINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF APPROVAL OR WHERE THE SCHOOL ALREADY PARTICIPATES, A TERMINATION OF APPROVAL WITH THE STATE DEPARTMENT, AS APPROPRIATE.

Name of authorized representative (type or print)	Title

Signature	Date

Remarks

7. Director of Staff Development/ Instructor Application (CDPH 279)

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 EMAIL: cna@cdph.ca.gov

DIRECTOR OF STAFF DEVELOPMENT (DSD) / INSTRUCTOR APPLICATION

TYPE OR PRINT LEGIBLY

Facility/School/Agency Telephone Number	County	Provider Identification Training Number ("S" or "F" Number)

Facility / School / Agency Name and Address:

Type of Training to be Offered:

- ☐ Orientation and In-Service Training Programs Only
- ☐ Certification Training Program Only
- ☐ Orientation, In-Service, and Certification Training Programs

Applicant's Name	☐ Registered Nurse (RN) ☐ Licensed Vocational Nurse	California Nursing License Number	Expiration Date
Hours Employed _____ per week _____ per month	Date Employed as DSD / Instructor	Facility Licensed Bed Capacity (if applicable)	Date Submitted to CDPH

Please Submit:

1) Resume showing work experience. Include month/year to month/year of work experience, name and address of employer, contact telephone number for HR or administration to validate the work experience, and the name of supervisor. Failure to supply adequate nformation to meet state and federal instructor requirements will result in non-approval of application.
2) Proof of 24-hour BRN approved DSD class or transcript of college courses related to education programs in nursing.
3) Copy of active nursing license.

Facility / School / Agency or Employer Information:

Name		Telephone Number	
Mailing Address (Number and Street or P.O. Box Number)	City	County	Zip Code
Administrator / Program Director Signature and Title	Printed Name		Date
Director of Nursing Signature	Printed Name		Date

FOR OFFICE USE ONLY

Approved	Date	By: Program Representative

State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

Nurse Assistant Training Program

8. RESOURCE PACKET

1. Certified Nurse Assistant and / or Home Health Aide Initial Application (CDPH 283B)
2. Nurse Assistant Training Programs (training curriculum)
3. TPRU Training Program Assignments
4. Certified Nurse Assistant Requirements
   California Health and Safety Code, Sections 1337-1538.5
   California Code of Regulations (CCR), Title 22, Division 5, Chapter 2.5
   Certified Nurse Assistant Program
   Title 42, Code of Federal Regulations, Section 483.75 and
   Sections 483.150-483.158
5. Disqualifying Penal Code Sections
6. Transmittal For Criminal Background Clearance (CDPH 283I)
7. Applicant Live Scan Locations
8. Request for Live Scan Service (BCII 8016)
9. Sample Request for Live Scan Service (BCII 8016 Sample)

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	Telephone number
	___ ___ ___ - ___ ___ - ___ ___ ___ ___	Number: _____ State: _____	( )

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)	Beginning date of training	End date of training
Nurse Assistant: _____ Home Health Aide: _____		

☐ 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.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

NURSE ASSISTANT TRAINING PROGRAMS

NAME:	American Red Cross (ARC) Curriculum plus supplement	National Nurse Aide Assessment Program (NNAAP) and HHA (120 and 40 Hr)
CONTACT PERSON:	1-800-627-7000	Trudy Old 1-530-879-9049
ADDRESS:	American Red Cross of Greater Los Angeles 5051 East Third Street Los Angeles, CA 90022	Butte Glenn Community College 3536 Butte Campus Drive Oroville, CA 95965
COST:	Instructors Manual $50 Student Manual $40 3 Videos $400	No Charge

The above training programs are available for use by Long-Term-Care Providers/Schools and Agencies who do not want to develop their own training curriculum. You may contact the individual listed above for more information.

AIDE AND TECH CERTIFICATION SECTION
TRAINING PROGRAM REVIEW UNIT
JUDITH WILKINSON R.N. MANAGER
FAX (916) 324-0901

Gladys Beaty, SSA (In Charge of CEU Providers)
(916) 552-8849

MICHAEL SCHUCHARDT, RN Health Facilities Evaluator Nurse (916) 552-8875	THOMAS HILL, RN Health Facilities Evaluator Nurse (916) 552-8723	DIANE KIESELBURG, RN Health Facilities Evaluator Nurse (916) 319-9173	HOWARD MURAKAMI, RN Health Facilities Evaluator Nurse (916) 552-8878	CHINA STEWART, AGPA Program Analyst (916) 552-8872
ALPINE	AMADOR	CALAVERAS	GLENN	BUTTE
ALAMEDA	EL DORADO	COLUSA	LASSEN	IMPERIAL
DEL NORTE	MARIN	CONTRA COSTA	MODOC	MONTEREY
FRESNO	MONO	KERN	NAPA	RIVERSIDE
HUMBOLT	NEVADA	MADERA	ORANGE	SACRAMENTO
INYO	PLACER	MARIPOSA	PLUMAS	SAN BENITO
KINGS	SAN FRANCISCO	MERCED	SAN BERNARDINO	SAN DIEGO
LAKE	SAN JOAQUIN	SANTA BARBARA	SAN LUIS OBISPO	SUTTER
MENDOCINO	SAN MATEO	SONOMA	SHASTA	VENTURA
SISKIYOU	SANTA CLARA	STANISLAUS	SOLANO	YUBA
TRINITY	SANTA CRUZ	TUOLUMNE	TEHAMA	
TULARE	SIERRA	YOLO		

Los Angeles County workload is divided by alphabetical designation according to the name of the facility or training program.

L.A. (C-J-K-O-T-Y)	L.A. (D-F-M-N-U-V-W)	L.A. (A-R-I)	L.A. (B-E-L-Q-S)	L.A. (G-H-P-Z)

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Program (ATCS)
Training Program Review Unit (TPRU)

Certified Nursing Assistant Training Requirements

State Requirements:

California Health and Safety Code, Sections 1337 to 1338.5
http://www.leginfo.ca.gov

California Code of Regulations, Title 22, Division 5, Chapter 2.5, Article 1-5
http://ccr.oal.ca.gov

Federal Regulations:

Code of Federal Regulations Title 42, Sections 483.150 to 483.158
http://www.gpoaccess.gov/cfr/index.html

Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will be automatically denied certification.

Certification of applicants with convictions on this list MAY be reconsidered by the Department only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed.

Section	
187	Murder
192(a)	Manslaughter, Voluntary
203	Mayhem
205	Aggravated Mayhem
206	Torture
207	Kidnapping
209	Kidnapping for ransom, reward, or extortion or robbery
210	Extortion by posing as kidnapper
210.5	False imprisonment
211	Robbery (Includes degrees in 212.5 (a) and (b))
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation
222	Administering stupefying drugs to assist in commission of a felony
243.4	Sexual battery (Includes degrees (a) - (d))
245	Assault with deadly weapon, all inclusive
261	Rape (Includes degrees (a)-(c))
262	Rape of spouse (Includes degrees (a)-(e))
264.1	Rape or penetration of genital or anal openings by foreign object
265	Abduction for marriage or defilement
266	Inveiglement or enticement of female under 18
266a	Taking person without will or by misrepresentation for prostitution
266b	Taking person by force
266c	Sexual act by fear
266d	Receiving money to place person in cohabitation
266e	Placing a person for prostitution against will
266f	Selling a person
266g	Prostitution of wife by force
266h	Pimping
266i	Pandering
266j	Placing child under 16 for lewd act
266k	Felony enhancement for pimping/pandering
267	Abduction of person under 18 for purposes of prostitution
273a	Willful harm or injury to a child; (Includes degrees (a)-(c))
273d	Corporal punishment/injury to a child (Includes degrees (a)-(c))
273.5	Willful infliction of corporal injury (Includes (a)-(h))
285	Incest

Section	
286	(c) Sodomy with person under 14 years against will
	(d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
	(f) Sodomy with unconscious victim
	(g) Sodomy with victim with mental disorder or developmental or physical disability
288	Lewd or lascivious acts with child under age of 14
288a	(c) Oral copulation with person under 14 years against will
	(d) Voluntarily acting in concert with or aiding and abetting
	(f) Oral copulation with unconscious victim
	(g) Oral copulation with victim with mental disorder or developmental or physical disability
288.5	Continuous sexual abuse of a child (Includes degree (a))
289	Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
289.5	Rape and sodomy (Includes degrees (a) and (b))
368	Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
451	Arson (Includes degrees (a)-(e))
459	Burglary (Includes degrees in 460 (a) and (b))
470	Forgery (Includes (a)-(e))
475	Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c))
484	Theft
484b	Intent to commit theft by fraud
484d-j	Theft of access card, forgery of access card, unlawful use of access card
487	Grand theft (Includes degrees (a)-(d))
488	Petty theft
496	Receiving stolen property (Includes (a)-(c))
503	Embezzlement
518	Extortion
666	Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

State of California-Health and Human Services Agency

California Department of Public Health
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
1615 Capitol Avenue, MS 3301
P.O. Box 997416
Sacramento, CA 95899-7416
(916) 327-2445 FAX (916) 552-8785

TRANSMITTAL FOR CRIMINAL BACKGROUND CLEARANCE

(This form is to be used for CNA/HHA students only)

Completed Nurse Assistant and/or Home Health Aide Initial Applications (CDPH 283B) are attached for the following students who are **enrolling** in a:

☐ CNA Program ☐ HHA Program ☐ Combined CNA/HHA Program

Also attached for each applicant is the 2nd copy of the completed BCIA 8016 live scan form signed by the fingerprint technician

NAME	*SOCIAL SECURITY NUMBER

Name and Address of facility or school:
We plan to begin the class on (date) Date:

_____

_____

_____

Contact Person: _____ Telephone: _____

ATCS-approved facility/school ID number(s): CNA _____ HHA S9 _____

*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 (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 exam identification, for identification purposes in national disciplinary data bases or as the basis of a disciplinary action against you.

Date Submitted: _____

APPLICANT LIVE SCAN
Fingerprint Services
Locations and Hours of Operation

Below is a link where Live Scan fingerprinting services are available to the public. This list is updated as additional information is received by Department of Justice (DOJ). However, applicants are encouraged to contact the Live Scan providers in advance to verify their current operating hours, fees, etc. Locations are subject to change without notification.

DOJ website: http://ag.ca.gov/fingerprints/publications/contact.php

Please Note:

Applicants must present valid photo identification to the Live Scan Operator. Expired identification cards will not be accepted.

Rolling fees vary from location to location and cover only the operator's cost for rolling the fingerprint images. Additional processing fees are required for the State (DOJ) and Federal (FBI) level criminal history record checks. Other fees may also be required (i.e., license fees).

If internet access is unavailable, please contact DOJ, Public Inquiry Unit, for the nearest live scan location near you, at (916) 322-3360 or the California Department of Public Health, Aide and Technician Certification Section, at (916) 327-2445.

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

BCIA 8016 (Rev 07/11) SAMPLE

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.

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

DEPARTMENT OF JUSTICE

SAMPLE FOR ADMINISTRATOR, ADULT DAY HEALTH CARE, AND DIRECT CARE STAFF OF ICF-DD, ICF-DDN, ICF-DDH FACILITY

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: *(Check one)* ☐ 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

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.