

120 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION

Name of Provider	Telephone Number (include extension #)		
Address (Number and Street or P.O. Box Number)	City	State	Zip Code
Provider Email Address	Provider Training Number HHP- _____	Date	

Provider: School Health Facility Home Health Agency Hospice Agency

Program Director Name	Registered Nurse (RN) License Number
Program Director Signature	Program Director Email Address

Clinical Sites: Skilled Nursing Facility Home Health Agency Acute Care Hospital Hospice Agency

1. Name of the Clinical Site	Clinical Site Telephone Number		
Address (Number and Street or P.O. Box Number)	City	State	Zip Code

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Address (Number and Street or P.O. Box Number)	City	State	Zip Code

Submit the following documents for the 120 Hour Program:

- 1. Copy of your HHA Training Program Curriculum, including the five (5) topics in accordance with California Code of Regulations, Title 22, Section 74747 and Code of Federal Regulations, Section 484.36 noted on the CDPH 191 A form. This copy will include all components of classroom and clinical training, including assignments and tests.
- 2. Five (5) lesson plans, one (1) lesson plan for each of the five (5) topics. List the contents of the lesson plan, objectives, student performance standards, learning activities and skills. State your method of evaluating the students' knowledge and skill competency (i.e. written quiz, oral quiz, etc.).
- 3. Copy of student record used to validate classroom and clinical curriculum, including evaluation. The student record will include the topic of instruction, the date and hours of instruction, date of skill demonstration and evaluation, and the name of the instructor performing the skill evaluation.
- 4. Resume for RN instructor(s) verifying at least two (2) years of RN nursing experience, with one (1) year full time employment with a Home Health. Resume must include: month/year to month/year of nursing experience, name/address/phone number of employer, including supervisor and phone number. Resumes that lack verifiable information will not be approved.
- 5. Clinical site agreement with Skilled Nursing Facilities, Home Health/Hospice Agency or Acute Care Hospital (2 year duration) where students will receive supervised clinical training. The HHA Training Program has full responsibility of classroom/clinical training.
- 6. Policies and procedures. See CDPH website link to the HHA Training Program Application Packet.
- 7. CDPH 276 D – Disclosure of Ownership Form (for proprietary schools only).

California Department of Public Health Use Only

Provider Identification #: _____	Approved By: _____
Date: _____	(CDPH, ATCS, Training Program Review Unit Representative)