



# HOME HEALTH AIDE (HHA) INITIAL APPLICATION INFORMATION

## CRIMINAL RECORD CLEARANCE

Upon enrollment in a CDPH-approved training program, the applicant must be fingerprinted through the Live Scan process. 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) HHA APPLICANTS (complete sections I, II, III, IV, and V)

- 1) The applicant must submit the following to ATCS upon enrollment in the program and before patient contact:
  - a) This completed Initial Application (CDPH 283 D); **and**
  - b) The second copy of the completed Request for Live Scan Services (BCIA 8016) form.

***Equivalency or Reciprocity is not granted for HHA applicants.***

### B) HHA RENEWAL INFORMATION

- 1) The initial HHA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification will be from one birthday to the following birthday. Any additional time from the effective date until the first birthday will be counted towards the first year of the certification period. HHA certificates must be renewed every two (2) years. You may renew your certificate any time within four (4) years after the expiration date of your certificate, if by the time your certificate expires you will have completed the following:
  - a) You have previously received and maintained criminal record clearance for CNA, HHA, Intermediate Care Facility- Developmentally Disabled (ICF-DD), DD Habilitative, or DD Nursing and a criminal clearance is granted; **and**
  - b) You have successfully obtained and submitted documentation of twenty-four (24) hours of In-Service Training/CEUs within your most recent certification period. The documentation must include a signature of the instructor who was responsible for the training. A minimum of twelve (12) of the twenty-four (24) hours shall be completed in each year of the two (2) year certification period (HHAs may not complete online CEUs).
  - c) If you do not meet the renewal requirement, you must retrain through a CDPH-approved HHA training program to receive an active HHA certificate. **There is no reactivation process for HHA applicants.**

### C) FAILURE TO RENEW PRIOR TO THE EXPIRATION DATE ON THE CERTIFICATE

- 1) Certificate holders who fail to renew prior to the expiration date on the certificate will be placed in a delinquent status. These individuals will not be verifiable online until the applicant meets all the renewal requirements within the most recent two year certification period. Individuals in a delinquent status may not hold himself or herself out to be a HHA until the certificate is renewed and in active status.
- 2) **Due to the lapse in certification the effective date will be changed to the date the application was renewed.**

### D) NAME AND ADDRESS CHANGES

- 1) Certificate holders shall notify CDPH within sixty (60) days of any change of address.
  - a) If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change on the CDPH 0929 form may result in the delay or loss of your certification.

Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 22, commencing with §71801.

#### 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 Department of Child Support Services and for reporting disciplinary actions to 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.