

# HOME HEALTH AIDE (HHA) INITIAL APPLICATION

*(See instructions on the reverse)*

**MAIL OR FAX APPLICATION TO:**  
California Department of Public Health (CDPH)  
Licensing and Certification Program (L&C)  
Aide and Technician Certification Section (ATCS)  
MS 3301, P.O. Box 997416  
Sacramento, CA 95899-7416  
PHONE: (916) 327-2445 FAX: (916) 552-8785

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

<b>SECTION I (REQUIRED)</b>			
Last Name	First Name	MI	Sex <div style="text-align: center; font-size: small;">Male      Female</div>
Public Address (Required) - <i>Subject to Public Records Act request release *</i>		City	State      Zip Code
Confidential Address <small>(For CDPH use only. If left blank all departmental mail will be sent to address above)</small>		City	State      Zip Code
Date of Birth	Social Security Number** (SSN) <u>or</u> Individual Taxpayer Identification Number (ITIN) <div style="text-align: center; font-size: x-small;">_ _ _ - _ _ - _ _ _ _ _</div>	Driver's License or State ID Number Number: _____ State: _____	
Email Address***		Phone Number*** <span style="float: right; font-size: x-small;"><b>Check if this is a cell phone</b></span>	

\*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636.\*\*If you use an invalid SSN, your application process may be delayed  
\*\*\*Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online.

<b>SECTION II (REQUIRED)</b>	
1) Have you been <b>CONVICTED</b> , 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: _____	

<b>SECTION III (REQUIRED)</b>			
Name of school or facility where you received / will receive the HHA training		Telephone Number	
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code
California Training Program ID Number for <b>HHA</b> (Required)      HHA: _____ <div style="text-align: center; font-size: x-small;">40 hr program      120 hr program</div>	Beginning Date of HHA Training	End Date of HHA Training	

**SECTION IV (REQUIRED)**  
I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200 -1797.8) to hold himself or herself out to be a home health aide.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>SECTION V: TO BE COMPLETED BY THE REGISTERED NURSE RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM</b>		<b>FOR VENDOR USE ONLY</b>
I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation ( <b>this section only applies to students that have recently completed a CNA Training Program in California</b> ).		
Printed Name	Title	
Signature	Date	

# 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.