

**CERTIFIED HEMODIALYSIS TECHNICIAN (CHT)
 INITIAL APPLICATION**
 (See instructions on the reverse)

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

Last Name		First Name		MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Public Address (Required) - <i>Subject to Public Records Act request release *</i>		City		State	Zip Code
Confidential Address (For CDPH use only. If left blank all department mail will be sent to address above)		City		State	Zip Code
Date of Birth	Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)			Driver's License or State ID Number Number: _____ State: _____	
Email Address***			Phone Number***		Check if this is a cell phone

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.

SECTION II (REQUIRED)

1) 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: _____

SECTION III (REQUIRED)

2) Do you possess a High School Diploma or equivalency (i.e. General Education Development (GED), High School equivalency, etc.)? You must list the name and address where you successfully obtained your High School Diploma or equivalency: Yes No

Name	Telephone Number		Date/Year Diploma or Equivalency was Obtained		
Address (Number and Street or P.O. Box Number)	City	State	Zip Code	Country	

3) You must list the name and address of the CHT training program where you successfully completed training:

Name	Telephone Number	CHP Provider Number	Completion Date		
Address (Number and Street or P.O. Box Number)	City	State	Zip Code	Country	
Printed Name of Registered Nurse (RN) Trainer	Signature of RN Trainer			Date	

4) You must list the name and address of the provider where you successfully passed the test/examination:

Name of Test / Examination Provider	Provider Number	Phone Number		Pass Date
Address (Number and Street or P.O. Box Number)	City	State	Zip Code	Country

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 Business and Professions code (Division 2, Chapter 3) to hold himself or herself out to be a certified hemodialysis technician.

Signature: _____ Date: _____

CERTIFIED HEMODIALYSIS TECHNICIAN (CHT) GENERAL INFORMATION

A CHT may not perform any duties that require a professional medical or nursing license.

A) REQUIREMENTS FOR INITIAL CERTIFICATION (MUST MEET ALL THREE (3) REQUIREMENTS)

1) Education

- a) Have a High School Diploma or equivalency (GED or High School equivalency).

2) Training

- a) Have successfully completed a training program that is approved by the medical director and governing body of a Hemodialysis clinic/unit, under the direction of a RN. The training program must be approved by CDPH prior to implementation; **OR**
- b) Have successfully completed a community or corporate-based training program, or a training program offered by an educational institution approved by CDPH.
 - **In addition, you must have passed a written examination offered by a Hemodialysis clinic/unit, or a community or corporate-based training program that meets California law and a skills checklist observed by an RN.**

3) Test / Examination

- a) Have successfully passed a standardized test that is approved by CDPH; **OR**
- b) Have successfully passed an examination offered by a national commercially available certification program for CHTs, which is approved for this purpose by CMS.

B) REQUIREMENTS FOR RENEWAL

- 1) Must submit a completed Renewal Application (CDPH 283 G); **AND**
- 2) Must obtain thirty (30) hours of In-Service Training/Continuing Education Units (CEUs) in dialysis care or general health care within your most recent certification period and submit proof of the completed hours with the CDPH 283 G. Applicants must submit copies of their certificates of completion with the CDPH 283 G to verify the In-Service Training/CEU requirement has been met. **No other documentation will be accepted for the In-Service Training/CEU verification purpose.** The submission of the completed thirty (30) hours of In-Service Training/CEUs is required, *per Business and Professions Code, Division 2, Chapter 3, Article 3.5, Section 1247.63(b).*

C) IN-SERVICE TRAINING/CEUS

- 1) CHTs may obtain In-Service Training/CEUs from the following sources:
 - a) Health-related courses offered by accredited postsecondary institutions (colleges and adult education facilities)
 - b) Health-related courses offered by continuing education providers approved by the California Board of Registered Nursing
 - c) Health-related courses offered by recognized health associations if the department determines the courses to be acceptable
 - d) Health-related employer-sponsored In-Service Training/CEU programs

D) 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 four year certification period. Individuals in a delinquent status may not hold himself or herself out to be a CHT 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.**

E) NAME AND ADDRESS CHANGES

- 1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. 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 may result in the delay or loss of your certification.

There is no equivalency, reciprocity or reactivation process for CHT applicants.

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.