

## Certified Hemodialysis Technician (CHT) Renewal Application

(See instructions on the reverse)

### Section I (Required)

CHT Certificate Number: \_\_\_\_\_

### Section II (Required)

Last Name		First Name		MI
Public Address (Required) – <i>Subject to Public Records Act Request release*</i>		City	State	Zip Code
Confidential Address (Optional)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>		City	State	Zip Code
Date of Birth (mm/dd/yy)  _____	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) <b>**If you use an invalid SSN, your application process may be delayed</b>  _____ - _____ - _____			
Phone Number ***  _____			Email Address***  _____	

### Section III (Required)

CHT Certificate Number: \_\_\_\_\_

1) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?

- ☐ Yes ☐ No

- Type of License/Certificate: \_\_\_\_\_

- License/Certificate Number: \_\_\_\_\_

- Type of Action: \_\_\_\_\_

2) In the last four (4) years, have you completed the thirty (30) hours of In-Service training/Continuing Education Units (CEUS) and attached copies of the certificates of completion with this application as proof?

☐ Yes ☐ No

*CHTs may obtain In-Service Training/CEUs from the following sources: health-related courses offered by accredited postsecondary institutions, health-related courses offered by continuing education providers approved by the California Board of Registered Nursing, health-related courses offered by recognized health associations if the department determines the courses to be acceptable, or health-related employer-sponsored In-Service Training/CEU programs.*

### Section IV (Required)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

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

\_\_\_\_\_  
Date

## Certified Hemodialysis Technician (CHT) Renewal Information

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

### A) Requirements for Renewal

- 1) Must submit a completed Renewal Application (CDPH 283 G); **AND**
- 2) Must obtain thirty (30) hours of In-Service Training/CEUs in dialysis care or general health care 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).*

### B) In-Service Training/Continuing Education Units (CEUS)

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

### 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 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.

### D) 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.

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### Information collection and access-privacy statement

\*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.\*\*\*\* Terms and Conditions and Privacy Policy are available on our website at : <https://www.cdph.ca.gov/Pages/privacy-policy.aspx>

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