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

TRANSMITTAL FOR CRIMINAL BACKGROUND CLEARANCE

(This form is to be used for CNA/HHA students only)

Completed Nurse Assistathe following students who			e Initial Applicat	ions (CDPH 283 B) are att	ached for
		CNA Program		HHA Program	
Also attached for ea		t is the 2 nd copy 6) form signed b		d Request for Live Scan S technician	ervice
	NAME		*SOCIAL	SECURITY NUMBER	
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Name and address of fa We plan to begin the cla			Date:		_
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Contact Person: Telephone:					_
ATCS-approved facility	school ID n	umber(s): Cl	NA	HHA S9	
Social Security Number Disclosure: Pursua allifornia Department of Public Health (CDP) ertificates, hemodialysis technician certificat nodifying, or enforcing child support orders uecurity number will result in the return of youn your application, to verify certification with r as the basis of a disciplinary action agains	nt to Section 666 H), is required to es or nursing hor pon request by the proposition of the section of the proposition of the section of the another state's control of the section of the another state's control of the section of t	collect social security r me administrator licens he Health Integrity and our social security num	e United States Code a numbers from all applic es. Disclosure of your Protection Date Bank a ber will be used by CDI	nd California Family Code, Section 1: ants for nursing assistant certificates, social security number is mandatory 1 as required by 45, CFR §61.1 et seq. PH for internal identification, and may	home health aide for purposes of establishing, Failure to provide your social be used to verify information
Date Submitted:					