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Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

April 15, 2014

To: Home Health Aide Training Program Applicants

From: Judi Wilkinson, R.N., Chief
Licensing and Certification Program
Training Program Review Unit

Subject: Home Health Aide Training Program Application Packet

Thank you for your interest in establishing a Home Health Aide (HHA) Training Program in California. The California Department of Public Health (CDPH), Aide and Technician Certification Section (ATCS), Training Program Review Unit (TPRU), oversees the HHA Training Programs. In this packet you will find an application, documents, samples and instructions for completing the 120 Hour Home Health Aide (HHA) Training Program Application (CDPH 191) and the 40 Hour Home Health Aide (HHA) Training Program Application (CDPH 171).

Training Program requirements are found in Title 42, Federal Code of Regulations (42 CFR), Part 484 at <http://www.gpoaccess.gov/cfr/index.html>, California Health and Safety Code (CHSC), Sections 1736-1736.7 at <http://www.leginfo.ca.gov>, and California Code of Regulations (CCR), Title 22, Division 5, Chapter 6, Article 5, Section 74747 at www.calregs.com.

Your application will be reviewed by one (1) of our TPRU Representatives. The TPRU Representative is assigned to applicants according to the county where the Training Program is going to be offered. Los Angeles County is divided among five (5) Representatives by alphabetical designation according to the name of the facility or school (see link <http://www.cdph.ca.gov/services/training/Pages/ReviewUnit.aspx>).

Applications are date stamped when received in the unit's mailroom and are processed in date order by the TPRU Representative. Starting from the date an application is received, the Department will make a decision whether to approve or disapprove it within ninety (90) days. After ninety (90) days an incomplete application will be disapproved. The applicant will be notified in writing the reason for disapproval.

A thoroughly completed application accompanied by the required documents is essential for program approval. Faxed and email documents will not be accepted for any part of the program application. The HHA Training Program must be approved by the TPRU Representative before training can commence.

The following forms must be submitted for approval to offer the 120 Hour HHA Training Program:

1. 120 Hour Home Health Aide (HHA) Training Program Application (CDPH 191), including all documents noted on the form
2. 120 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 191A)
3. 120 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 191B)

The following forms must be submitted for approval to offer the 40 Hour HHA Training Program:

1. 40 Hour Home Health Aide (HHA) Training Program Application (CDPH 171), including all documents noted on the form
2. 40 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 171A)
3. 40 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 171B)

If you have any questions, please call the TPRU Representative assigned to your county (see link <http://www.cdph.ca.gov/services/training/Pages/ReviewUnit.aspx>). There is also additional information within the HHA Training Program Application Packet to assist in the submission of the forms and supplemental documents.

To avoid additional processing time, please make sure that all information is completed in detail. When completed, mail your application regular postal mail to the address below. Overnight mail, certified mail and Fed-Ex mail will delay our receipt process.

**California Department of Public Health
Licensing and Certification Program
Aide and Technician Certification Section
Training Program Review Unit
MS 3301, PO Box 997416
Sacramento, CA 95899-7416**

APPLICATION FORMS/DOCUMENTS FOR THE 120 HOUR HHA TRAINING PROGRAM

Please submit the following nine (9) items for the 120 Hour HHA Training Program Application Review Process:

1. 120 Hour HHA Training Program Application (CDPH 191):

Including a copy of the 120 Hour Home Health Aide (HHA) Training Program Curriculum (CDPH 191A). This includes the five (5) topics listed below required in accordance with state and federal regulations (see CDPH 191A), including the minimum number of class hours and clinical practice hours. These topics are found at CCR, Title 22, Section 74747 and CFR, Section 484.36:

- a) Introduction to the Aide and Agency Role
- b) Interpretation of Medical and Social Needs of People Being Served
- c) Personal Care Services
- d) Nutrition
- e) Cleaning and Care Tasks in the Home

Also, per federal regulation, sixteen (16) hours of federal classroom instruction must be provided prior to patient contact. These topics include: infection control, patient rights, communication, safety and emergency services, and promotion independence of patients. These topics can be taught separately as a sixth topic, or they may be included in the five (5) topics above (a-e).

Total hours may not be less than one-hundred and twenty (120) hours. Classroom hours may not exceed seventy-five (75) hours and the recommended minimum number of hours for clinical is sixty-one (61) hours. Lab hours are also recommended and cannot count in the classroom or clinical hour totals. A copy of the 120 Hour Home Health Aide (HHA) Training Program Curriculum (CDPH 191A) would include all components of classroom and clinical training, including assignments and methods of evaluating student learning (tests, skill demonstration, etc.).

2. Five (5) Lesson Plans:

One (1) lesson plan per each of the five (5) topics. List the contents of the lesson plan which would include: objectives, student performance standards, learning activities, skill demonstration, and method of evaluation (testing).

3. Copy of Student Record:

This form will be used to document and validate the classroom/clinical curriculum, including skill demonstration and evaluation. The student record will include the date and hours of instruction, date and skill of demonstration/evaluation, and the name of the instructor performing the skill evaluation. Records will be maintained for a four (4) year period, and will be made available to the Department for review upon request.

4. Resume for Registered Nurse (RN) Instructor(s):

Approved HHA Instructors must be approved by the Department. RN's must have at least two (2) years of RN nursing experience, with one (1) year of employment in the provision of direct care in a Home Health Agency.

Licensed Vocational Nurses (LVNs) are not approved as HHA Training Program Instructors. The person designated by the Training Program provider as an RN Program Director for the HHA Training Program has the same qualifications as an Instructor. If an RN does not have the one (1) year Home Health Agency experience, the Department will accept a PHN certification by the California Board of Registered Nursing as meeting the one (1) year qualification. The resume must include: month/year to month/year of nursing experience, name/address/phone number of employer and the name of the supervisor. Resumes that lack verifiable information will not be approved.

5. Clinical Site Agreement(s):

HHA Training Programs must provide clinical training for students in a health facility setting to ensure that students have the opportunity to practice and demonstrate nursing and home care skills with direct patient contact. The health facility types that are approved by the Department to be clinical sites are licensed as:

Home Health/Hospice Agencies, Acute Care Hospitals, and Skilled Nursing Facilities (SNF). The focus of the training is about how care and services are delivered in the home environment, and not in an institutionalized setting. The clinical site facility must be in compliance with state and federal regulations and must not have a Department imposed two (2) year Training Program ban secondary to enforcement actions.

Clinical site agreement components must include the following at a minimum:

- a) The agreement must describe the separate responsibilities of the Training Program and the responsibilities of the health facility. The agreement must clearly describe the name and address of the parties, be developed jointly with the clinical facility and signed/dated by the administration of both parties. The agreement must not be an open-ended contract. The agreement is valid for a two (2) year period. Both parties must agree to follow all local, state and federal laws and regulations.
- b) The school must be responsible for all training in its entirety and cannot allow facility staff to train/teach/monitor/shadow/proctor students. The Department approved RN Instructors must provide direct and immediate supervision of the students at the facility during the clinical training.
- c) The skills must be evaluated in the clinical setting with patients and recorded on the student record.
- d) The school must work collaboratively with the facility to establish a clinical schedule with dates and times. The school will furnish the facility with a list of student names including dates and times of the training schedule.
- e) The school will ensure that the students have had the following, prior to direct care in the clinical setting:
 - Criminal Screening (must be completed upon enrollment).
 - Physical examination which includes tuberculin (TB) skin test (PPD) or chest x-ray.
 - Physical examination results signed by the individual doing the examination, indicating that the student does not have any health condition that would interfere with the students' ability to perform care duties, and that the student is free from signs and symptoms of infectious disease.

The Training Program must supply a list of student names to the facilities that have met the above criteria. It is the responsibility of the school to provide documentation that the students in the clinical setting do not pose a health risk to patients/residents.

6. Policies and Procedures:

- a) Job descriptions related to Instructors and/or the Program Director.
- b) Organizational chart showing the person responsible for the program, lines of authority, responsibility, communication, staff assignments and schedules.
- c) The method of monitoring instructors by the individual responsible for the Training Program.
- d) The ratio of students to instructor during the clinical setting will be no greater than fifteen (15) students to one (1) instructor.
- e) How student absenteeism and makeup classes/assignments are handled. All makeup time must be hour for hour with the instructor present.
- f) The Training Program must ensure that the Initial Application (CDPH 283 B) and Live Scan documents are sent to CDPH upon enrollment.
- g) The Training Program will not make false or misleading claims or advertisement regarding training provided.
- h) Ensure that the Training Program will meet all federal and state requirements regarding curriculum/clinical topics and minimum hours.
- i) Health examination and TB screening completed prior to patient contact.
- j) Record keeping, describing individuals responsible for student records, timeframe for keeping records four (4) years, confidential/security issues, and location where student records are stored.

- 7. Disclosure of Ownership and Control Interest Statement (CDPH 276D) for proprietary schools only**
- 8. 120 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 191A)**
- 9. 120 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 191B)**

APPLICATION FORMS/DOCUMENTS FOR THE 40 HOUR HHA TRAINING PROGRAM
Providers with current Nurse Assistant Training Program ID#

Information Regarding the 40 Hour HHA Training Program Model:

The 40 Hour Model Curriculum for HHAs, as developed by the California Community College Health Care Initiative and the Regional Health Occupations Resource Centers in 1994 and updated in 2006, will be utilized in this Training Program. Only individuals with a current Certified Nurse Assistant (CNA) certificate may be enrolled in a 40 Hour HHA Training Program (HHP) to become a certified HHA. The Department may also allow individuals who have successfully completed a Nurse Assistant Training Program (NATP) enroll in a 40 Hour HHA Program if the school/provider has a "separate and consecutive" program. Such NATP programs may end and start a HHP on a Monday. If a training provider is running a separate and consecutive training program, then they must do the following:

- a) Ensure the NATP and HHP are offered as separate programs.
- b) Follow the NATP curriculum and approved schedule, including clinical hours with Department approved Instructors, then follow the HHP training curriculum/clinical hours with Department approved RN Instructors.
- c) Each NATP and HHP has its own start and end date and is advertised as two (2) classes.
- d) Each class start date requires a separate Initial Application (CDPH 283B) be sent to ATCS.
- e) The NATP ensures that instructions are provided to students during enrollment; students who continue to take the HHP course will not be issued a HHA Certificate from the state until they have passed the CNA Competency Examination from a state approved testing vendor.

Please submit the following eight (8) items for review during the 40 Hour HHA Training Program Application Process:**1. 40 Hour HHA Training Program Application (CDPH 171):**

Including all the documents noted on the form.

2. Letter with Statement:

Attesting that the school will use all components of classroom and clinical training (including assignments and tests) in accordance with the 40 Hour Model Curriculum for HHAs, as developed by the California Community College Chancellor's Office. Free download located at www.CA-hwi.org (see product ordering CNA, Acute Care Nursing Assistant and HHA Curriculum).

3. Copy of Student Record:

To validate classroom and clinical curriculum, including skill evaluation. The student record will include date of instruction, hours of instruction, date of skill demonstration/evaluation, and name of approved Instructor providing the evaluation. Student records will be maintained by the program for four (4) years and will be made available to the Department upon request.

4. Resume for RN Instructor:

HHA Instructors must be approved by the Department. RNs must have at least two (2) years of RN nursing experience with one (1) year of employment in the provision of direct care in a Home Health Agency.

LVNs are not approved as HHA Training Program Instructors. The person designated by the Training Program provider as an RN Program Director for the HHA Training Program has the same qualifications as an Instructor. If an RN does not have the one (1) year Home Health Agency experience, the Department will accept a PHN certification by the California Board of Registered Nursing as meeting the one (1) year qualification. The resume must include: month/year to month/year of nursing experience, name/address/phone number of employer and the name of the supervisor. Resumes that lack verifiable information will not be approved.

5. Clinical Site Agreement(s):

Students will receive twenty (20) hours of supervised clinical training. The HHA Training Program has full responsibility of classroom and clinical training. HHA Training Programs must provide clinical training for students in a health facility setting to ensure that students have the opportunity to practice and demonstrate nursing and home care skills with direct patient contact. The health facility types that are approved by the Department to be clinical sites are licensed as: Home Health/Hospice Agencies, Acute Care Hospitals, and Skilled Nursing Facilities. The focus of the training is about how care and services are delivered in the home environment and not in an institutionalized setting. The clinical site facility must be in compliance with state and federal regulations and must not have a Department imposed two (2) year training program ban secondary to enforcement actions.

Clinical site agreement components must include the following at a minimum:

- a) The agreement must describe the separate responsibilities of the training program and the responsibilities of the health facility. The agreement must clearly describe the name and address of the parties, be developed jointly with the clinical facility and signed and dated by the administration of both parties. The agreement must not be an open-ended contract. The agreement is valid for a two (2) year period. Both parties must agree to follow all local, state and federal laws and regulations.
- b) The school must be responsible for all training in its entirety and cannot allow facility staff to train/teach/monitor/shadow/proctor students. The Department approved RN Instructors must provide direct and immediate supervision of the students at the facility during the clinical training.
- c) The skills must be evaluated in the clinical setting with patients and recorded on the student record.
- d) The school must work collaboratively with the facility to establish a clinical schedule with dates and times. The school will furnish the facility with a list of students names including date and time of training.
- e) The school will ensure that the students have had the following, prior to direct care in the clinical setting:
 - Criminal Screening (must be completed upon enrollment).
 - Physical examination which includes tuberculin (TB) skin test (PPD) or chest x-ray.
 - Physical examination results signed by the individual doing the examination, indicating that the student does not have any health condition that would interfere with the students' ability to perform care duties, and that the student is free from signs and symptoms of infectious disease.
 - The Training Program must supply a list of student names to the facilities that have met the above criteria. It is the responsibility of the school to provide documentation that the students in the clinical setting do not pose a health risk to patients/residents.

6. Disclosure of Ownership and Control Interest Statement (CDPH 276D) for proprietary schools only

7. 40 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 171A)

8. 40 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 171B)

APPLICATION FORMS/DOCUMENTS FOR THE 40 HOUR HHA TRAINING PROGRAM

Stand Alone Providers without NATP ID#

The Department no longer approves 40 Hour HHA Training Programs which are not associated with the NATP unless the provider is a Home Health Agency. If the provider is a Home Health Agency, please submit the following forms, including all documents noted on the forms:

- 1. 40 Hour Home Health Aide (HHA) Training Program Application (CDPH 171)**
- 2. 40 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 171A)**
- 3. 40 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 171B)**
 - If the Home Health Agency is providing training to its own staff, then student health examinations and clinical site agreement information is not applicable.

Any other questions regarding supplemental documents or student records, contact the TPRU Representative in your county designation (see link <http://www.cdph.ca.gov/services/training/Pages/ReviewUnit.aspx>).

**California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)**

**LIST AND LINK TO THE MOST UPDATED FORMS FOUND
IN THE APPLICATION PACKET**

The Home Health Aide (HHA) Training Program Application Packet contains the following:

- 120 Hour Home Health Aide (HHA) Training Program Application (CDPH 191)
- 120 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 191A)
- 120 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 191B)
- 40 Hour Home Health Aide (HHA) Training Program Application (CDPH 171)
- 40 Hour Home Health Aide (HHA) Training Program Current Curriculum (CDPH 171A)
- 40 Hour Home Health Aide (HHA) Training Program Faculty Application (CDPH 171B)
- Disclosure of Ownership and Control Interest Statement (CDPH 276D)
- TPRU staff geographic assignments

Here is a link to download and print the most updated forms listed above:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/LC-AllForms.aspx>

FOR OFFICE USE ONLY

ID Number: _____

120 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION

Date: _____

Name of Provider		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

Provider: School Health Facility Home Health Agency

Program Director	Registered Nurse (RN) License Number
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Clinical Sites: Skilled Nursing Facility Home Health Agency Acute Care Hospital

A) Name		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

B) Name		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

Submit the following documents for the 120 Hour Program:

- _____ 1. Copy of your HHA Training Program Curriculum, including the five (5) topics in accordance with California Code of Regulations, Title 22, Section 74747 and Code of Federal Regulations, Section 484.36 noted on the CDPH 191 A form. This copy will include all components of classroom and clinical training, including assignments and tests.
- _____ 2. Five (5) lesson plans, one (1) lesson plan for each of the five (5) topics. List the contents of the lesson plan, objectives, student performance standards, learning activities and skills. State your method of evaluating the students' knowledge and skill competency (i.e. written quiz, oral quiz, etc.).
- _____ 3. Copy of student record used to validate classroom and clinical curriculum, including evaluation. The student record will include the topic of instruction, the date and hours of instruction, date of skill demonstration and evaluation, and the name of the instructor performing the skill evaluation.
- _____ 4. Resume for RN instructor(s) verifying at least two (2) years of RN nursing experience, with one (1) year full time employment with the Home Health Agency or a Public Health Nurse certificate by the California Board of Registered Nursing. Resume must include: month/year to month/year of nursing experience, name/address/phone number of employer, including supervisor and phone number. Resumes that lack verifiable information will not be approved.
- _____ 5. Clinical site agreement with Skilled Nursing Facilities, Home Health/Hospice Agency or Acute Care Hospital (2 year duration) where students will receive supervised clinical training. The HHA Training Program has full responsibility of classroom/clinical training.
- _____ 6. Policies and procedures. See CDPH website link to the HHA Training Program Application Packet.
- _____ 7. CDPH 276 D – Disclosure of Ownership Form (for proprietary schools only).

California Department of Public Health Use Only	
Provider Identification #: _____	
Approved By: _____	Date: _____
<small>(CDPH, ATCS, Training Program Review Unit Representative)</small>	

120 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM CURRENT CURRICULUM

Name of Provider

Student Instructor Ratio:

Classroom Hours Cannot Exceed 75 Hours

Clinical Site:

Clinical Hours Suggested: 61 Hours
 MIN = Minimum
 REC = Recommended

SUBJECT TITLE	TOTAL HOURS	CLASS HOURS	CLINICAL PRACTICE HOURS
Introduction to Aide and Agency Role	*MIN 4 Hours		
Interpretation of Medical and Social Needs of People Being Served	*MIN 20 Hours		
Personal Care Services	*MIN 70 Hours	*MIN 25 Hours	*MIN 45 Hours
Nutrition	*MIN 16 Hours	*MIN 5 Hours	*MIN 11 Hours
Cleaning and Care Tasks in the Home	*MIN 10 Hours	*REC 5 Hours	*MIN 5 Hours
Other (specify)			

A) 16 Hours of federal classroom instruction prior to patient contact. These can be integrated in the five (5) topics above:

1) Infection Control			
2) Patient Rights			
3) Communication			
4) Safety and Emergency Services			
5) Promoting Independence of Patients			

California Department of Public Health Use Only

Provider Identification #: _____

Approved By: _____ Date: _____
(CDPH, ATCS, Training Program Review Unit Representative)

120 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM FACULTY APPLICATION

Name of School/Facility/Training Agency				Date
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

NAME	CALIFORNIA REGISTERED NURSE LICENSE		PUBLIC HEALTH NURSE CERTIFICATE NUMBER
	Number	Expiration Date	

PARTICIPATING CONSULTANTS				
NAME	PROFESSION	CERTIFICATION, REGISTRATION, LICENSE NUMBER	SUBJECT	NUMBER OF HOURS

FOR OFFICE USE ONLY

ID Number: _____

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM APPLICATION

Date: _____

Name of Provider		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

Provider: School Health Facility Home Health Agency

Program Director	Registered Nurse (RN) License Number
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Clinical Sites: Skilled Nursing Facility Home Health Agency Acute Care Hospital

A) Name		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

B) Name		Telephone Number		
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

Submit the following documents for the 40 Hour Program:

- _____ 1. Letter attesting that the school will use all components of classroom and clinical training (including assignments and tests) in accordance with the 40 Hour Model Curriculum for Home Health Aides, as developed by the California Community College Chancellor's Office. Free download at www.CA-hwi.org (see product ordering – CNA, Acute Care Nursing Assistant and HHA Curriculum).
- _____ 2. Copy of student record used to validate classroom and clinical curriculum, including evaluation. The student record will include the topic of instruction, the date and hours of instruction, date of skill demonstration and evaluation, and the name of the instructor performing the skill evaluation.
- _____ 3. Resume for RN instructor(s) verifying at least two (2) years of RN nursing experience, with one (1) year full time employment with the Home Health Agency or a Public Health Nurse certificate by the California Board of Registered Nursing. Resume must include: month/year to month/year of nursing experience, name/address/phone number of employer, including supervisor and phone number. Resumes that lack verifiable information will not be approved.
- _____ 4. Clinical site agreement with Skilled Nursing Facilities, Home Health/Hospice Agency or Acute Care Hospital (2 year duration) where students will receive supervised clinical training. The HHA Training Program has full responsibility of classroom/clinical training.
- _____ 5. CDPH 276 D – Disclosure of Ownership Form (for proprietary schools only).

California Department of Public Health Use Only	
Provider Identification #: _____	
Approved By: _____ <small>(CDPH, ATCS, Training Program Review Unit Representative)</small>	Date: _____

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM CURRENT CURRICULUM

The 40 Hour Model Curriculum for HHAs, as developed by the California Community College Health Care Initiative and the Regional Health Occupations Resource Centers in 1994 and updated in 2006, **will be utilized in this Training Program by teaching the topics noted below in the hours allocated (class/clinic practice). In addition, the lesson plans, performance standards, manual skills and the student learning activities and assignments will be implemented throughout the course.**

The intent of the curriculum is to build upon the knowledge, skills and ability that individuals possess as nurse assistants. The curriculum is for the student who has completed a 150 Hour Nurse Aide Training Program and who already possesses a nurse assistant certificate. HHA curriculum hours represent 40 minimum hours, 20 hours which are clinical.

Subject Title	Total Hours	Class Hours	Clinical Practice Hours
Introduction to Aide and Agency Role	2	2	0
Interpretation of Medical and Social Needs of People Being Served	5	5	0
Personal Care Services	20	5	15
Nutrition	8	5	3
Cleaning and Care Tasks in the Home	5	3	2
Total	40	20	20

Clinical practice hours can be completed in the following types of health care facilities: Skilled Nursing Facilities, Home Health and/or Hospice Agencies, and in Acute Care Hospital settings. The focus of the clinical training is on **home care and demonstration of skills with patients, by supervision of a Registered Nurse (RN). Student to instructor ratio will not exceed fifteen to one (15/1).**

The Training Program will also develop and maintain student records to verify that above topics were taught in the hours allocated, as well as clinical hours and manual skills. The student records will be maintained for four (4) years and will be made available to the Department upon request. Failure to provide and document the HHA training per the curriculum, as well as meet the clinical and instructor requirements will result in the inactivation of the HHA Training Program and the inability of the HHA student to receive the state issued HHA certificate from the Registry.

Attestation Statement:

I agree to follow the state and federal HHA training requirements by utilizing the 40 Hour Model Curriculum for HHAs by California Community College Chancellor's Office (revised 2006). I also acknowledge compliance with the state clinical setting requirement, as noted in California Code of Regulations (CCR), Title 22, Section 74747(e), instructor requirements in CCR, Title 22, Section 74747(d) and the Code of Federal Regulations, Section 483.36, and also agree to maintain student records for a minimum of four (4) years.

Training Program Owner: _____ Date: _____
Signature

Approved RN Program Director: _____ Date: _____
Signature

40 HOUR HOME HEALTH AIDE (HHA) TRAINING PROGRAM FACULTY APPLICATION

Name of School/Facility/Training Agency				Date
Address (Number and Street or P.O. Box Number)	City	County	State	Zip Code

NAME	CALIFORNIA REGISTERED NURSE LICENSE		PUBLIC HEALTH NURSE CERTIFICATE NUMBER
	Number	Expiration Date	

PARTICIPATING CONSULTANTS				
NAME	PROFESSION	CERTIFICATION, REGISTRATION, LICENSE NUMBER	SUBJECT	NUMBER OF HOURS

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of School	DBA	Training Number (CDPH use only)	Telephone Number	
Address (Number and Street or P.O. Box Number)	City	County	State	Zip

II.

Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes," list names, addresses, and telephone numbers of individuals or corporations.

- A. Are there any directors of the corporation, management staff of the school, or instructors who have a direct or indirect ownership or control interest of five (5) percent or more in the school that have had Training Program(s) terminated? Yes No
- _____
- _____
- B. Are there any directors or instructors of the school who have had their nursing licensed placed on suspension, probation, diversion, or revocation? Yes No
- _____
- _____
- C. List all sources of student funding:
- _____

III.

A. List names, addresses, and telephone numbers for individuals and organizations having direct or indirect ownership or a controlling interest of five (5) percent or more in the school. List any additional names and addresses under "Remarks" on page 2. If more than one (1) individual is reported and any of these persons are related to each other, this must be reported under "Remarks".

NAME	ADDRESS	TELEPHONE NUMBER

- B. Type of school: Sole proprietorship Partnership Corporation
 Other (specify): _____
- C. If disclosing school is a corporation, list names, addresses of the directors and Employer Identification Number for corporations under "Remarks".
- D. Are any owners of the disclosing school also owners of other CNA/HHA Training Programs/schools? Yes No
 (Example: sole proprietor, partnership, or members of Board of Directors)
 If yes, list names, addresses of individuals, and training number(s):

NAME	ADDRESS	TELEPHONE NUMBER

IV.

- A. Has there been a change in ownership or control within the last two (2) years?
If yes, list date: _____ Yes No
- B. Do you anticipate any change of ownership or control within the next two (2) years?
If yes, list date: _____ Yes No
- C. Have you filed for bankruptcy within the last two (2) years?
If yes, list date: _____ Yes No

V. Has there been a change in management, program director, or instructors within the last two (2) years? Yes No
Attach a list with changes.

Name of RN in charge of the training program	License number
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VI. List name, address, and training number of all affiliated schools:

NAME	ADDRESS	TRAINING NUMBER

VII. List all clinical sites used by the school:

NAME	ADDRESS

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in the denial of approval or where the school already participates, a termination of approval with the state department, as appropriate.

Name of authorized representative (type or print)	Title
Signature	Date

Remarks

**California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)**

TPRU STAFF GEOGRAPHIC ASSIGNMENTS BY COUNTY

Please visit the following link for a complete listing of TPRU staff geographic assignments:

<http://www.cdph.ca.gov/services/training/Pages/ReviewUnit.aspx>



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

RESOURCE PACKET

- Certified Nurse Assistant (CNA) and/or Home Health Aide (HHA) Initial Application (CDPH 283B)
- Home Health Aide (HHA) Certification List (CDPH 183)
- Certified Nurse Assistant (CNA) Training Programs (training curriculum)
- Certified Nurse Assistant (CNA) Training Program Requirements
 - California Health and Safety Code, Sections 1736 – 1736.7
 - California Code of Regulations (CCR), Title 22, Division 5, Chapter 6, Home Health Aide Training
 - Title 42, Code of Federal Regulations, Part 484
- Disqualifying Penal Code Sections
- Transmittal for Criminal Background Clearance (CDPH 283I)
- Applicant Live Scan Fingerprint Services Locations and Hours of Operation
- Request for Live Scan Service (BCIA 8016)
- Sample Request for Live Scan Service (BCIA 8016 Sample)

Here is a link to download and print the most updated forms listed above:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/LC-AllForms.aspx>

CERTIFIED NURSE ASSISTANT (CNA) AND/OR HOME HEALTH AIDE (HHA) 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
Address (Number and Street or P.O. Box Number)		City		State	Zip Code
Date of Birth	*Social Security Number (SSN) ____-____-____	Driver's License or State ID Number Number: _____ State: _____		Telephone Number	
Height	Weight	Hair Color		Eye Color	

**If you use an invalid SSN, your application will not be processed.*

- 1) Have you been **CONVICTED**, 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
<input type="checkbox"/>	<input type="checkbox"/>

 - 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
<input type="checkbox"/>	<input type="checkbox"/>

 - If yes, indicate the type and number of license/certificate: _____

TYPE OF REQUEST (See **A** or **B** on the reverse.)

- Check here if you are enrolling in a CNA training program and complete the school portion below.
- Check here if you are enrolling in a HHA training program and complete the school portion below.

Name of School or Facility Where you Received / Will Receive the CNA or HHA Training			Telephone Number		
Mailing Address (Number and Street or P.O. Box Number)		City	State	Zip Code	
California Training Program ID Number(s) (Required) Nurse Assistant: _____ Home Health Aide: _____			Beginning Date of Training		End Date of Training

- Check here if you have **EQUIVALENT TRAINING**. (See **C** on the reverse.)
- Check here if you are requesting **RECIPROCITY FROM ANOTHER STATE**. State: _____ (See **D** on the reverse.)

NAME AND ADDRESS CHANGES: Certificate holders shall notify CDPH within sixty (60) days of any change of address. If you have had 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.

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Applicant _____
Date

TO BE COMPLETED BY THE REGISTERED NURSE (RN) RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM: I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (this section only applies to students that have recently completed a CNA Training Program in California).

Printed Name _____
Title

Signature _____
Date

FOR VENDOR USE ONLY

CERTIFIED NURSE ASSISTANT (CNA) AND/OR 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.

For a list of mandatory convictions (which will result in mandatory denial or revocation of certification), please visit our website at: www.cdph.ca.gov. 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) CNA APPLICANTS

- 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 B); **and**
 - b) The second copy of the completed Request for Live Scan Services (BCIA 8016) form.
- 2) Provided the above has been submitted to ATCS by the applicant, the nurse assistant may work with proof of successful completion of the Competency Evaluation while the criminal record review is in progress.

B) HHA APPLICANTS

- 1) Reciprocity is not granted for HHAs. Applicants must complete HHA training from either of the following CDPH-approved training programs:
 - a) One-hundred and twenty (120-hours) consisting of at least sixty-five (65-hours) of classroom and fifty-five (55-hours) of supervised clinical training in basic nursing and home health topics.
 - b) Forty (40-hours) supplemental HHA training consisting of twenty (20-hours) of classroom and twenty (20-hours) of supervised clinical training in home health topics (this course is only for individuals who already hold a CNA certificate).
- 2) Upon enrollment in the one-hundred and twenty (120-hour) and forty (40-hour) HHA training program, the applicant must submit the following to ATCS:
 - a) The second copy of the completed Request for Live Scan Services (BCIA 8016) form (not required for 40-hour program, as fingerprints would have previously been received); **and**
 - b) This completed Initial Application (CDPH 283 B).

C) EQUIVALENCY-TRAINED NURSE ASSISTANT APPLICANTS

- 1) If the applicant is presently enrolled in (or completed) a Registered Nurse, Licensed Vocational Nurse, or Licensed Psychiatric Technician program, or has received medical training in military services, or has received the above license(s) from a foreign country or U.S. state, the applicant may not have to take further training and may qualify to take the Competency Evaluation. Please submit the following to ATCS:
 - a) An official, sealed transcript of training (students may substitute the transcript with a sealed letter on official school letterhead, listing equivalent training and the completion of at least the "Fundamentals of Nursing" course). The letter must include the completion date(s) of the training/courses and hours/units completed. If discharged from the military, a copy of the DD-214 can substitute for an official transcript; **and**
 - b) Proof of work (paystub or W2) showing the applicant has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for current nursing students or if the college degree was obtained within the last two (2) years); **and**
 - c) A copy of the completed Request for Live Scan Services (BCIA 8016) form; **and**
 - d) This completed Initial Application (CDPH 283 B).
 - If approved, the applicant will be sent information regarding the Competency Evaluation. Provided the above has been submitted to ATCS by the applicant, the nurse assistant may work with proof of successful completion of the Competency Evaluation while the criminal record review is in progress.

D) RECIPROCITY APPLICANTS

- 1) If the CNA certification is active and in good standing on another state's registry, the applicant may qualify for certification in the State of California without taking CNA training or the Competency Evaluation. Please submit the following to ATCS:
 - a) A copy of the state-issued certificate; **and**
 - b) Proof of work (paystub or W2) showing the CNA has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for those who received their initial certification from another state within the last two (2) years); **and**
 - c) A copy of the completed Request for Live Scan Services (BCIA 8016) form. The applicant must be fingerprinted in the State of California to obtain criminal record clearance through this method; **and**
 - d) A completed Verification of Current Nurse Assistant Certification (CDPH 931) form, which must be completed by the applicant and submitted by the endorsing state agency; **and**
 - e) This completed Initial Application (CDPH 283 B).

E) CNA RENEWAL INFORMATION

- 1) CNA certificates must be renewed every two (2) years. You may renew your certificate any time within two (2) years after the expiration date, if by the time the 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 provided nursing or nursing-related services in a facility to residents for compensation (under the supervision of a licensed health professional) within your most recent certification period; **and**
 - c) You have successfully obtained and submitted documentation of forty-eight (48) hours of In-Service Training/CEUs within your most recent certification period. A minimum of twelve (12) of the forty-eight (48) hours shall be completed in each year of the two (2) year certification period. A maximum of twenty-four (24) of the forty-eight (48) hours may be obtained only through a CDPH-approved online computer training program listed on our website. Please visit www.cdph.ca.gov for a complete listing of CDPH-approved online computer training programs.

F) HHA RENEWAL INFORMATION

- 1) HHA certificates must be renewed every two (2) years. You may renew your certificate any time within four (4) years after the expiration date, if by the time the certificate expires you will have completed the following:
 - a) You have successfully obtained twenty-four (24) hours of In-Service Training/CEUs within your most recent certification period. A minimum of twelve (12) of the twenty-four (24) hours shall be completed in each year of the two (2) year certification period.
- 2) If you have an active CNA certificate, you may renew at the same time as your HHA. Renewing the CNA and HHA certificates together requires the completion and submission of forty-eight (48) hours of In-Service Training/CEUs.

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.

HOME HEALTH AIDE (HHA) CERTIFICATION LIST

**HHA Training Programs must use this form to submit student data to the Aide and Technician Certification Section (ATCS) for certification UPON COMPLETION of the HHA Training Program.
 DO NOT SEND ANY OTHER FORMS WITH THIS FORM.**

Name of school or agency presenting program		<input type="checkbox"/> 40-hour program <input type="checkbox"/> 120-hour program		Date program began	Date program completed
Mailing address (number and street name or P.O. Box)	City	State	ZIP code	HHA School code	

I certify that the students listed below have successfully completed an approved HHA Training Program, and qualify for HHA certification.

Signature of Registered Nurse (RN) responsible for HHA training program	Telephone Number ()
---	-----------------------------

1. Last Name	First Name	MI	Date of birth
Mailing address (number and street name or P.O. Box)	City	State	ZIP Code
*Social Security Number	Telephone Number ()		

2. Last Name	First Name	MI	Date of birth
Mailing address (number and street name or P.O. Box)	City	State	ZIP Code
*Social Security Number	Telephone Number ()		

3. Last Name	First Name	MI	Date of birth
Mailing address (number and street name or P.O. Box)	City	State	ZIP Code
*Social Security Number	Telephone Number ()		

4. Last Name	First Name	MI	Date of birth
Mailing address (number and street name or P.O. Box)	City	State	ZIP Code
*Social Security Number	Telephone Number ()		

5. Last Name	First Name	MI	Date of birth
Mailing address (number and street name or P.O. Box)	City	State	ZIP Code
*Social Security Number	Telephone Number ()		

6. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
7. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
8. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
9. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
10. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
11. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		
12. Last Name		First Name	MI	Date of birth	
Mailing address (number and street name or P.O. Box)			City	State	ZIP Code
*Social Security Number _____ - _____ - _____			Telephone Number ()		

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

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 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 examination identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

**California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)**

**HOME HEALTH AIDE (HHA) TRAINING PROGRAMS
(training Curriculum)**

NAME:	National Nurse Aide Assessment Program (NNAAP) and HHA 40 Hour Model Curriculum for HHAs by the California Community College Chancellor's Office (Revised 2006)
CONTACT PERSON:	Trudy Old 1-530-879-9049
ADDRESS:	Butte Glenn Community College 3536 Butte Campus Drive Oroville, CA 95965
COST:	No Charge

The above Training Programs are available for use by Long-Term-Care Providers/Schools and Agencies who do not want to develop their own training curriculum. You may contact the individual listed above for more information.

*Note: If you plan to start a 40 Hour HHA Training Program, you must obtain and use the NNAAP 40 Hour Home Health Aide Curriculum/CCCO (Rev. 2006) from Butte Glenn Community College at the above address. All students must have obtained the 150 Hour Nurse Assistant Certification prior to enrollment in the 40 Hour HHA Training Program.

Twenty (20) hours (HHA curriculum) are in the classroom and twenty (20) hours are clinical, which are performed and monitored by the HHA RN Program Director in a clinical setting (Home Health Agency, Skilled Nursing Facility or Acute Care Hospital). The applicant, who is approved to implement a 40 Hour HHA Training Program, will abide by the regulations at CCR, Title 22, Section 74747(e), instructor requirements at Section 74747(d) and CFR, at Section 483.36; as well as maintain accurate students' records for a period of four (4) years.

California Department of Public Health (CDPH)
Licensing and Certification Program
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)

**HOME HEALTH AIDE (HHA) TRAINING
PROGRAM REQUIREMENTS**

➤ **State Requirements:**

- California Health and Safety Code, Sections 1736 – 1736.7
<http://www.leginfo.ca.gov>
- California Code of Regulations, Title 22, Division 5, Chapter 6, Article 5
<http://ccr.oal.ca.gov>

➤ **Federal Requirements:**

- Code of Federal Regulations, Title 42, Part 484
<http://www.gpoaccess.gov/cfr/index.html>

Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will be automatically denied certification.

Certification of applicants with convictions on this list MAY be reconsidered by the Department only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed.

Section

- 187 Murder
- 192(a) Manslaughter, Voluntary
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper
- 210.5 False imprisonment
- 211 Robbery (Includes degrees in 212.5 (a) and (b))
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.4 Sexual battery (Includes degrees (a) - (d))
- 245 Assault with deadly weapon, all inclusive
- 261 Rape (Includes degrees (a)-(c))
- 262 Rape of spouse (Includes degrees (a)-(e))
- 264.1 Rape or penetration of genital or anal openings by foreign object
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of female under 18
- 266a Taking person without will or by misrepresentation for prostitution
- 266b Taking person by force
- 266c Sexual act by fear
- 266d Receiving money to place person in cohabitation
- 266e Placing a person for prostitution against will
- 266f Selling a person
- 266g Prostitution of wife by force
- 266h Pimping
- 266i Pandering
- 266j Placing child under 16 for lewd act
- 266k Felony enhancement for pimping/pandering
- 267 Abduction of person under 18 for purposes of prostitution
- 273a Willful harm or injury to a child; (Includes degrees (a)-(c))
- 273d Corporal punishment/injury to a child (Includes degrees (a)-(c))
- 273.5 Willful infliction of corporal injury (Includes (a)-(h))
- 285 Incest

Section

- 286 (c) Sodomy with person under 14 years against will
- (d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
- (f) Sodomy with unconscious victim
- (g) Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd or lascivious acts with child under age of 14
- 288a (c) Oral copulation with person under 14 years against will
- (d) Voluntarily acting in concert with or aiding and abetting
- (f) Oral copulation with unconscious victim
- (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Includes degree (a))
- 289 Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
- 289.5 Rape and sodomy (Includes degrees (a) and (b))
- 368 Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
- 451 Arson (Includes degrees (a)-(e))
- 459 Burglary (Includes degrees in 460 (a) and (b))
- 470 Forgery (Includes (a)-(e))
- 475 Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c))
- 484 Theft
- 484b Intent to commit theft by fraud
- 484d-j Theft of access card, forgery of access card, unlawful use of access card
- 487 Grand theft (Includes degrees (a)-(d))
- 488 Petty theft
- 496 Receiving stolen property (Includes (a)-(c))
- 503 Embezzlement
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

APPLICANT LIVE SCAN Fingerprint Services Locations and Hours of Operation

Below is a link where Live Scan fingerprinting services are available to the public. This list is updated as additional information is received by the Department of Justice (DOJ). However, applicants are encouraged to contact the Live Scan providers in advance to verify their current operating hours, fees, etc. Locations are subject to change without notification.

DOJ Website:

<http://ag.ca.gov/fingerprints/publications/contact.php>

Please Note:

Applicants must present valid photo identification to the Live Scan Operator. Expired identification cards will not be accepted.

Rolling fees vary from location to location and cover only the operator's cost for rolling the fingerprint images. Additional processing fees are required for the State (DOJ) and Federal (FBI) level criminal history record checks. Other fees may also be required (i.e., license fees).

If internet access is unavailable, please contact DOJ, Public Inquiry Unit, for the nearest live scan location near you, at (916) 322-3360 or the California Department of Public Health, Aide and Technician Certification Section, at (916) 327-2445.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



**SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES
REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Certification

Authorized Applicant Type

Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Department of Public Health (CDPH)

03314

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

MS 3301, P.O. Box 997416

(Leave blank)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

CA

95899-7416

(Leave blank)

City

State

Zip Code

Contact Telephone Number

Applicant Information:

Your last name

Your first name & middle initial

Last Name

First Name

Middle Initial

Suffix

Other Name Other last names known as

Other first names known as

(AKA or Alias) Last

First Name

Suffix

Date of Birth

Sex: Male Female

California Driver's License Number

Date of Birth

Driver's License Number

Height

Weight

Color

Color

Billing

Not Applicable

Height

Weight

Eye Color

Hair Color

Number

(Agency Billing Number)

Place of Birth

*Social Security Number (Required by

CDPH)

Misc.

Your telephone number

Place of Birth (State or Country)

Social Security Number

Number

(Other Identification Number)

Home

Your mailing address

Address

Street Address or P.O. Box

City

State

Zip Code

Your Number: *Social Security Number (Required by CDPH)

Level of Service: DOJ FBI

OCA Number (Agency Identification Number)

If re-submission, list ATI number:

(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

(Leave blank)

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City

State

Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed