

Module 1: Introduction to Nurse Assistant

Minimum Number of Theory Hours: 2

Suggested Theory Hours: 5

Recommended Clinical Hours: 0

Statement of Purpose:

The purpose of this unit is to introduce the student to California Code of Regulations, Division 5, Title 22, which regulates health care facilities, and to introduce the roles and responsibilities of the Nurse Assistant, including requirements for Nurse Assistant certification, professionalism, ethics, and confidentiality.

Terminology:

- | | |
|--|--|
| 1. Activities of Daily Living (ADL) sheet | 12. Long-term care facility |
| 2. California Code of Regulations | 13. Mandated reporter |
| 3. California Department of Public Health (CDPH) | 14. MediCal |
| 4. Citation | 15. Medicare |
| 5. Confidentiality | 16. Nursing Facility |
| 6. Dignity | 17. Omnibus Budget Reconciliation Act (OBRA) |
| 7. Ethics | 18. Privacy |
| 8. Health & Safety code | 19. Professionalism |
| 9. Health Insurance Portability and Accountability Act (HIPAA) | 20. Scope of Practice |
| 10. Insubordination | 21. Skilled nursing facility (SNF) |
| 11. Job description | 22. Title 22, Division 5 |
| | 23. Violation |

Patient, resident, and client are synonymous terms referring to the person receiving care

Performance Standards (Objectives):

Upon completion of the two (2) hours of class plus homework assignments, the learner will be able to:

1. Define key terminology
2. Discuss the legal implications of California Code of Regulations, Title 22, Division 5, and OBRA
3. Identify Nurse Assistant requirements as set forth in Title 22, and OBRA
4. Describe the qualities of a successful Nurse Assistant
5. Describe the role and responsibilities of the Nurse Assistant
6. Describe professionalism for the Nurse Assistant.
7. Explain the ethical behavior expected of the Nurse Assistant
8. Describe behaviors that maintain confidentiality

References:

1. Acello, B. & Hegner, B. (2016). Nursing Assistant: A Nursing Process Approach. (11th ed). Boston, MA. Cengage Learning.
2. Acello, B. (2016). Workbook to accompany: Nursing Assistant: A Nursing Process Approach. (11th ed). Boston, MA. Cengage Learning.
3. California Code of Regulations, Division 5, Chapter 2.5, Title 22, 71801-71853 and OBRA:
[https://govt.westlaw.com/calregs/Document/1A472F8F0CF1411E2BBC7856865668A6E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/1A472F8F0CF1411E2BBC7856865668A6E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)) <https://www.gapna.org/omnibus-budget-reconciliation-act-obra>
4. Carter, P. J. (2017). Lippincott Essentials for Nursing Assistants: a Humanistic Approach to Caregiving (4th ed.) Philadelphia, PA. Lippincott Williams & Wilkins
5. Carter, P. J. (2017). Lippincott Essentials for Nursing Assistants: a Humanistic Approach to Caregiving (4th ed.). Philadelphia, PA. Lippincott Williams & Wilkins.
6. Deck, M. L. (2004). Instant Teaching Tools for the New Millennium. St Louis, MO. Mosby
7. Gillogly, B. & Conley, M., (2010). Skills and Techniques for the New Assistant. (8th ed). Irvine, CA. MedCom, Inc.
8. Haroun, L. & Royce, S. (2004). Teaching Ideas and Activities for Health Care. Albany, NY. Delmar Publishers.
9. Hedman, S. A., Fuzy, J., & Rymer, S. (2018). Hartman's Nursing Assistant Care: Long-Term Care (4th ed.). Albuquerque, NM. Hartman Publishing, Inc.
10. Hegner, B., Acello, B. & Caldwell, E. (2010). Nursing Assistant: A Nursing Process Approach. Clifton Park, NY. Thompson Delmar.
11. HIPAA Regulations <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>.
12. Kelly, R. (2008) Workbook and Competency Evaluation Review for Mosby's Textbook for Nursing Assistants (7th ed.) St. Louis, MO. Mosby Company
13. Mosby (2009) Nursing Assistant Skills Video for Basic Principles. St. Louis, MO., Mosby Company
14. Pearson Vue (2018) California Nurse Assistant Candidate Handbook for National Nurse Aide Assessment Program. Philadelphia, PA. Pearson Education, Inc.
15. Health Workforce Initiative www.ca-hwi.org
16. Sorrentino, S. A., Remmert, L., & Kelly, R. (2018) Workbook and Competency Evaluation Review for Moby's Textbook for Nursing Assistants (9th ed.) St. Louis, MO. Mosby Company
17. Sorrentino, S.A. & Remmert, L. (2018) Mosby's Textbook for Nursing Assistants. (9th ed.). St Louis, MO. Elsevier
18. Weaver, L. & Wilding, M. (2013) The Dimensions of Engaged Teaching: a Practical Guide for Educators. Bloomington, IN. Solution Tree Press.
19. The Omnibus Budget Reconciliation Act of 1987, 1989, 1990.1993
 1987- <https://www.ncbi.nlm.nih.gov/pubmed/2671955>
 1989- 1990- <https://www.congress.gov/bill/101st-congress/house-bill/3299/text>
 1993- <https://www.congress.gov/bill/103rd-congress/house-bill/2264>

Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
<p>Objective 1 Define key terminology</p> <ul style="list-style-type: none"> A. Review the terms listed in the terminology section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration C. Encourage use of internet, medical dictionary, and textbooks D. Create flashcards for learning purposes 	<ul style="list-style-type: none"> A. Have students select five words from the list of key terminology and write a sentence for each defining the term B. Administer vocabulary pre-test and post-test C. Uses appropriate terminology when charting and reporting to licensed personnel
<p>Objective 2 Discuss the legal implications of California Code of Regulations Title 22, Division 5 and OBRA.</p> <ul style="list-style-type: none"> A. California Code of Regulations (CCR) Title 22, Division 5 <ul style="list-style-type: none"> 1. California state laws enacted by legislature to establish <ul style="list-style-type: none"> a. Licensing and certification standards of health facilities b. Minimum standards of care for the patient/resident c. Regulations which govern the Nurse Assistant Training Program d. Nurse Assistant certification requirements – initial and renewal 2. Skilled Nursing Facilities must be licensed 3. Skilled Nursing Facilities must have policies and procedures to ensure patient's/resident's rights and safety 4. Violations of Title 22 may lead to issuance of a state citation with a fine 	<ul style="list-style-type: none"> A. Lecture B. Discussion 	<ul style="list-style-type: none"> A. Written test B. Class participation

<p>B. Omnibus Budget Reconciliation Act (OBRA) of 1987 incorporated into Federal law (42 Code of Federal Regulations (CFR) part 483 subpart B)</p> <ol style="list-style-type: none"> 1. Requirement that nurse aides receive training and pass a competency exam within four months of employment in a skilled nursing facility 2. Establishes standards of patient/resident care for Medicare and Medi-Cal reimbursement 3. Authorizes the Federal Government to contract with the individual states to do Federal onsite surveys for compliance with regulations 4. Violation of Federal regulations may lead to remediation such as: <ol style="list-style-type: none"> a. Loss of the facility's ability to provide a Nurse Assistant training program b. Civil money penalties c. Directed in-services d. Denial of payment e. State monitoring f. Termination of facility license 		
<p>Objective 3 Identify Nurse Assistant requirements as set forth in Title 22 and OBRA</p> <p>A. Complete Nurse Assistant training course approved by the California Department of Public Health (CDPH)</p> <ol style="list-style-type: none"> 1. Minimum of 60 hours of mandated theory, including 10 required hours for Alzheimer's Disease and Elder Abuse 2. Minimum of 100 hours of clinical training in a skilled nursing facility 3. Course content must comply with Title 22 and OBRA 4. Students who are employees of a skilled nursing facility must be paid an hourly wage while in training 5. Criminal screening upon enrollment in Nurse Assistant course work 6. History & Physical exam, Tuberculosis clearance 7. HS - 283B Initial application form 	<p>A. Lecture/Discussion</p> <p>B. Share with students how to access forms online at CA Department of Public Health Website for licensing requirements https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx</p> <p>C. Show samples of Applications forms</p> <ol style="list-style-type: none"> 1. Handout 1.3a- 	<p>A. Written test</p> <p>B. Application form completed</p> <p>C. Criminal screening completed</p>

<p>B. Successfully complete the state competency test</p> <ol style="list-style-type: none"> 1. Includes a written and skills test 2. Three opportunities to pass 3. Competency test fee 4. Facility must pay competency test fee if the student is an employee 5. If student is hired by a skilled nursing facility within a year of passing the competency test, the facility must reimburse the competency test fee <p>C. California has contracted with two vendors to give the state competency examination</p> <ol style="list-style-type: none"> 1. Chancellor's Office, California Community Colleges, which contracts with Pearson Vue, administrators of the National Nurse Aide Assessment Program (NNAAP) Examination for the California Nurse Assistant Registry 2. American Red Cross <p>D. Criminal clearance prior to certification</p> <p>E. Certification renewal requirements</p> <ol style="list-style-type: none"> 1. Complete the CDPH renewal application – HS 283C form 2. Complete 48 hours of approved in-service/continuing education hours every two years with at least 12 of the 48 hours completed in each of the two years. 24 of these hours can be done online now 3. Verify at least one day of work for pay, providing nursing - related services in the past two years 4. Criminal clearance – repeat fingerprinting not required <p>F. Competency Evaluation Approval by CDPH</p> <ol style="list-style-type: none"> 1. If approved to test, candidate will receive the Certified Nurse Assistant Competency Evaluation Approval Form CDPH 932 (06/09) 2. Form must contain the state stamp and seal to be valid 3. Form lists date by which the candidate must successfully pass the evaluation 4. Form must be presented at time of testing 5. Candidate's Right thumb fingerprint will be applied to form each time candidate tests 	<p>HS283B also found in Appendix E</p> <ol style="list-style-type: none"> 2. Handout 1.3b- HS283C also found in Appendix F 3. Note when copying HS283C form, copy on yellow paper <p>D. Maintain student files for compliance with CDPH including Title 22 and OBRA</p> <p>E. Share other resources</p> <ol style="list-style-type: none"> 1. Pearson Vue California NNAAP website www.pearsonvue.com 2. Regional Testing Center So. California www.regionaltestingcenter.org 714-895-8708 3. NNAAP Testing Center No. California 916-485-6000 4. NNAAP Testing Center Central California 805-965-0581 x 2783 5. American Red Cross 323-780-7627 	
--	--	--

6. If candidate does not pass testing, the candidate will need to. 7. Retain the form for re-testing.		
Objective 4 Describe qualities of a successful Nurse Assistant. A. Dependable B. Considerate C. Pleasant D. Empathetic E. Flexible F. Honest G. Compassionate and caring H. Sensitive to others I. Respectful J. Cooperative K. Team player L. Observant M. Well groomed N. Organized O. Respectful of cultural differences	A. Lecture/Discussion B. Have students research the history of nursing and report findings regarding current Nurse Assistant duties, professionalism and behavior	A. Written test B. Demonstrates qualities when providing care to patient/resident
Objective 5 Describe the role and responsibility of the Nurse Assistant. A. Health care team members <ol style="list-style-type: none"> 1. Patient/resident 2. Family 3. Registered Nurse (RN) 4. Nurse Practitioner (NP) 5. Physician's Assistant (PA) 6. Licensed Vocational Nurse (LVN) 7. Certified Nurse Assistant (CNA) 8. Restorative Nurse Assistant (RNA) 9. Physician 10. Physical Therapist (PT) 11. Occupational Therapist (OT) 12. Speech Therapist 13. Dietician 14. Activities Director 	A. Lecture/Discussion B. Role play activity: Students take on one of the team member roles and describes what the role would be for a patient/resident who has had a stroke or other debilitating disease C. Have students create a wall size organizational chart for the classroom with the lines of authority	

<ul style="list-style-type: none"> 15. Social Worker 16. Clergy 17. Ombudsman B. Health care settings in which Nurse Assistants are employed <ul style="list-style-type: none"> 1. Skilled nursing facility (SNF) 2. Acute hospital 3. Intermediate Care Facility (ICF) – ICF/Developmentally Disabled Habilitative (ICF/DDH) –ICF/Developmentally Disabled Nursing (ICF/DDN) 4. Hospice 5. Assisted Living/Residential Care/Board & Care Facilities 6. Psychiatric Facilities 7. Clinics 8. Prison System Facilities 9. Alzheimer's units C. Supervision of Nurse Assistant <ul style="list-style-type: none"> 1. The direct supervisor of the Nurse Assistant is a licensed nurse (RN, LVN or LPN) that is functioning as the Charge Nurse 2. May also be accountable to <ul style="list-style-type: none"> a. Director of Staff Development (DSD) b. Director of Nursing c. Facility/Agency Administrator d. Physician (in a clinic setting) D. Nurse Assistant Scope of Practice <ul style="list-style-type: none"> 1. Scope of Practice— are the tasks that the Nurse Assistant is allowed to perform according to state and federal law and facility policies 2. Provide uniform, safe care 3. Provide care according to educational standards 4. Legal concept—functioning within the scope of practice protects the Nurse Assistant and the facility E. Responsibility of Nurse Assistant in patient/resident care <ul style="list-style-type: none"> 1. Provide a safe environment for the patient/resident <ul style="list-style-type: none"> a. Proper use of equipment and protective devices b. Awareness of potential hazards (such as liquid spills) 	<p>Abuse reporting form SOC341 also found in Appendix G and online at: www.cdss.ca.gov</p> <p>E. Have students search several job descriptions for local employing agencies, focusing on expectations and commitment required for employment</p>	
--	--	--

<ul style="list-style-type: none"> c. Practice personal hygiene and cleanliness d. Care for patient's/resident's personal property e. Adhere to standard precautions 2. Meet the patient's/resident's physical needs <ul style="list-style-type: none"> a. Observe changes in patient's/resident's physical status and report as needed b. Assist with activities of daily living c. Assist with medical and rehabilitative activities (vital signs, turning, collecting specimens, ambulation, etc.) d. Maintain a clean environment e. Assist with ADLs in a timely manner f. Document care provided as required by facility policy 3. Assist the patients/residents to meet their psychosocial, emotional, spiritual and cultural needs 4. Observe changes in patient's/resident's mental status and report as needed 5. Assist with patient/resident comfort and anxiety relief 6. By protecting Patient's Rights, the Nurse Assistant will ensure that the patient/resident will: <ul style="list-style-type: none"> a. Be treated with dignity and respect b. Feel secure c. Be recognized as an individual d. Love and be loved e. Feel a sense of accomplishment f. Feel good about themselves g. Follow personal beliefs h. Receive nursing care that assures cultural recognition and acceptance F. Mandated Reporter <ul style="list-style-type: none"> 1. Nurse Assistants are legally required to report suspected or observed abuse or neglect 2. Abuse Report form SOC341 G. Responsibilities of Nurse Assistant to employer <ul style="list-style-type: none"> 1. Report to work on time 2. Fulfill assigned schedule reliably 3. Notify supervisor when ill in a timely manner 		
--	--	--

<ul style="list-style-type: none"> 4. Work as a team member 5. Perform one's job to the best of his or her ability as specified by job description 6. Conserve supplies and equipment 		
<p>Objective 6 Describe professionalism for the Nurse Assistant.</p> <p>A. Definition of professionalism. Carrying out patient/resident care in a manner that is:</p> <ul style="list-style-type: none"> 1. Ethical 2. Competent 3. Knowledgeable 4. Caring 5. Committed 6. Representative of high standards <p>B. Professional behaviors or attitudes</p> <ul style="list-style-type: none"> 1. Being skilled and caring while performing care 2. Being responsible, trustworthy, truthful (e.g., reporting change of address to CDPH, keeping a record of in-service education/CEU's) 3. Attending in-service/educational activities to improve skills and knowledge 4. Showing compassion for others 5. Being a team player 6. Doing the best job possible 7. Asking for assistance when necessary 8. Being a mandated reporter 9. Understanding scope of practice for licensed personnel (RN, LVN, DON) <ul style="list-style-type: none"> a. Nurse Practice Act b. Delegation of duties c. Job description of permitted nursing skills for nurse assistant 10. Maintaining current Nurse Assistant certification 11. Maintaining a professional appearance <ul style="list-style-type: none"> a. Daily bath/shower and use of deodorant b. Shampoo hair on a regular basis, treat dandruff and other 	<ul style="list-style-type: none"> A. Lecture/Discuss B. Role play scenarios 	<ul style="list-style-type: none"> A. Written test B. Demonstrates professional behavior and appearance

g. Uniform should be clean and pressed daily. h. Follow facility policy for body piercings and tattoos.		
Objective 7 Explain the ethical behavior expected of the Nurse Assistant. A. Ethical behavior for patient/resident care means the Nurse Assistant should <ol style="list-style-type: none"> 1. Protect life 2. Promote health 3. Preserve dignity 4. Keep personal information confidential 5. Respect each person as an individual (e.g. religious beliefs, cultural differences) 6. Give care based on need, not gratuities B. Ethical behavior for work includes <ol style="list-style-type: none"> 1. Working assigned shift 2. Arriving on time for work 3. Being absent only when necessary 4. Notifying employer prior to necessary absences in a timely manner 5. Following instructions given by supervisor within scope of practice 6. Being a loyal, flexible cooperative team member C. Unacceptable behaviors which may result in dismissal <ol style="list-style-type: none"> 1. Any abuse of patients/residents 2. Stealing or willfully damaging property 3. Insubordination 4. Neglecting duties 5. Altering or falsifying records or reports 6. Working under the influence of alcohol or drugs 7. Dishonesty in any form 8. Breaching confidentiality 	A. Lecture B. Discussion	A. Written test B. Demonstrates ethical behavior in patient/resident care
Objective 8 Describe behaviors that maintain confidentiality. A. Confidentiality can be maintained by discussing personal information only with appropriate health team members at appropriate times and appropriate places	A. Lecture/Discussion B. Have students access the HIPAA guidelines	A. Written Test B. Maintains patient/resident

<p>B. Examples of maintaining confidentiality</p> <ol style="list-style-type: none">1. Adhering to HIPAA guidelines2. Discussing observations with nurse or patient's/resident's physician3. Discussing the patient's/resident's care while participating in team conference/planning <p>C. Examples of breaching confidentiality include discussing personal information with:</p> <ol style="list-style-type: none">1. Another patient/resident2. Concerned friends or visitors3. Members of the news media4. Members of Nurse Assistant's family5. Persons in the community6. Health team not directly involved with patient/resident care	<p>online. https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html</p>	
--	--	--

Sample Test: Module 1- Introduction to Nurse Assistant

1. The term used for persons living in long-term care facilities is:
 - A. Senior citizen
 - B. Elder adult
 - C. Retiree
 - D. Patient/resident
2. The successful Nurse Assistant should be:
 - A. Honest
 - B. Dependable
 - C. Organized
 - D. All of the above
3. The responsibilities of a Nurse Assistant are listed in a:
 - A. Job description
 - B. Procedure
 - C. Job title
 - D. Resume
4. As a Nurse Assistant, your scope of practice includes:
 - A. Bathing and dressing patients/residents
 - B. Taking telephone orders from the doctor
 - C. Assigning patient care
 - D. Giving medications
5. What should the Nurse Assistant do if asked to do something he or she doesn't know how to do?
 - A. Ask another Nurse Assistant to do the task
 - B. Tell the nurse he or she is uncertain and ask for help
 - C. Refrain from doing the task
 - D. Do the task anyway

6. Which member of the long-term health care team provides the most hands-on care to the resident?
 - A. Physician
 - B. Charge nurse
 - C. Nurse Assistant
 - D. Nursing supervisor

7. The direct supervisor of the Nurse Assistant is the:
 - A. Physician
 - B. Charge nurse
 - C. Administrator
 - D. Director of Nursing

8. California Code of Regulations, Title 22 establishes:
 - A. Salary for certified Nurse Assistant's
 - B. Minimum standards of patient care
 - C. The certified Nurse Assistant's work schedule
 - D. Maximum standards of patient care

9. Which of the following describes the minimum number of theory and clinical hours in a Nurse Assistant program approved by the California Department of Health Services?
 - A. 54 Hours theory, 180 hours supervised clinical training
 - B. 48 Hours theory, 150 hours supervised clinical training
 - C. 40 Hours theory, 60 hours supervised clinical training
 - D. 60 Hours theory, 100 hours supervised clinical training

10. A California Nurse Assistant is renewing his/her certification. How many in-service/continuing education hours must an individual take in a two-year period in order to renew Nurse Assistant certification?
 - A. 28 Hours
 - B. 30 Hours
 - C. 48 Hours
 - D. 58 Hours

11. How many hours must a Nurse Assistant work for pay in each renewal period?
- A. 48 Hours
 - B. 8 Hours
 - C. 24 Hours
 - D. 50 Hours
12. Which best defines Medicare?
- A. State Medical Welfare Funding
 - B. Medical funding for persons under 65 years of age
 - C. Medical funding for children only
 - D. Medical benefits for persons age 65 and over
13. Which of the following situations should the Nurse Assistant report to the Director of Nursing?
- A. A patient/resident has fallen
 - B. The nurse in charge is suspected of abusing a patient/resident
 - C. The physician has asked for the Nurse Assistant's help
 - D. A patient/resident refuses to cooperate with treatment
14. The role of the ombudsman is to:
- A. Drive the buses for special outings
 - B. Listen to and resolve patient/resident problems
 - C. Serve snacks
 - D. Bring newspapers and magazines
15. HIPAA refers to:
- A. Hepatitis A
 - B. Confidentiality
 - C. Standard precautions
 - D. Nutrition

16. A Nurse Assistant may insure a patient's/resident's dignity by:
- A. Knocking on the patient's/resident's room door before entering
 - B. Introducing him/herself prior to giving care
 - C. Calling the patient/resident by his/her proper name
 - D. All of the above
17. The Nurse Assistant must submit fingerprints to the CDPH:
- A. After taking the state test
 - B. When changing employers
 - C. Every 2 years
 - D. Once in a lifetime upon enrollment in a Nurse Assistant course
18. A mandated reporter:
- A. Must report suspected abuse
 - B. Must report actual abuse
 - C. Must report abuse told to them by a visitor
 - D. All of the above
19. Prior to working directly with patients/residents, the Nurse Assistant must complete a facility orientation and:
- A. Have a TB clearance
 - B. Buy a wrist watch
 - C. Have a negative drug test
 - D. Receive CDPH certification
20. The responsible Nurse Assistant will arrive at work:
- A. Exactly at the designated time
 - B. A few minutes before the designated time
 - C. Within 15 minutes of the designated start time
 - D. With enough time to be ready to start work at the designated time

21. Upon successful completion of a Nurse Assistant training program, the candidate has how much time to complete the state competency exam?
- A. 4 months
 - B. 6 months
 - C. 1 year
 - D. 2 years
22. The overall purpose of OBRA is to:
- A. Set hours when clinical training may be done
 - B. Improve quality of life for patients/residents in nursing facilities
 - C. Keep safety records up to date
 - D. Prevent injuries
23. What is the maximum number of times that the State Competency Exam may be taken?
- A. Once (1)
 - B. 3 times
 - C. 5 times
 - D. 10 times
24. A Nurse Assistant may be dismissed from a job because of:
- A. Falsifying documents or records
 - B. Patient/resident neglect
 - C. Theft of a patient/resident or hospital property
 - D. All of the above
25. The Nurse Assistant should not:
- A. Make a self-introduction to the patient/resident
 - B. Ask about the patient's/resident's bank account
 - C. Ask how the patient/resident would like to be addressed
 - D. Knock each time before entering the patient's/resident's room

Sample Test Answers: Module 1

1. D
2. D
3. A
4. A
5. B
6. C
7. B
8. B
9. D
10. C
11. B
12. D
13. B

14. B
15. B
16. D
17. D
18. D
19. A
20. D
21. D
22. B
23. B
24. D
25. B

**REPORT OF SUSPECTED DEPENDENT
ADULT/ELDER ABUSE**

Date Completed _____

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE.
SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ Check box if victim consents to disclosure of information
(Ombudsman use only - WIC 15636(a))

Name (Last Name, First Name)		Age	Date of Birth	SSN
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other/Nonbinary <input type="checkbox"/> Unknown/Not Provided	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown/Not Provided	Ethnicity		Race
		Language (Check one) <input type="checkbox"/> Non-Verbal <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) _____		
Address (If facility, include name and notify ombudsman)		City	Zip Code	Telephone
Present Location (If different from above)		City	Zip Code	Telephone
<input type="checkbox"/> Elderly (65+) <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Mentally Ill/Disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Unknown/Other			<input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Others	

B. SUSPECTED ABUSER Check if ☐ Self-Neglect

Name of Suspected Abuser _____

Address		City	Zip Code	Telephone
<input type="checkbox"/> Care Custodian (Type) _____ <input type="checkbox"/> Health Practitioner (Type) _____		<input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relation _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity	Age	D.O.B	
Height	Weight	Eyes	Hair	

- C. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.) or concerns about the client's mental health.**
- ☐ CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

D. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to
☐ All ☐ All but victim ☐ All but perpetrator

Name	Signature	Occupation	Agency/Name of Business	
Relation to Victim/How Abuse is Known	Street	City	Zip Code	
Telephone	E-mail Address			

E. INCIDENT INFORMATION - Address where incident occurred

Date/Time of Incident(s)

Place of Incident (Check One)

☐ Own Home ☐ Community Care Facility ☐ Hospital/Acute Care Hospital

☐ Home of Another ☐ Nursing Facility/Swing Bed ☐ Other (Specify) _____
F. REPORTED TYPES OF ABUSE (Check All that Apply)

1. Perpetrated by Others (WIC 15610.07 & 15610.63)

a. ☐ Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)b. ☐ Sexualc. ☐ Financiald. ☐ Neglect (including Deprivation of Goods and Services by a Care Custodian)e. ☐ Abandonmentf. ☐ Isolationg. ☐ Abductionh. ☐ Psychological/Mentali. ☐ Other _____

2. Self-Neglect (WIC 15610.57 (b)(5))

a. ☐ Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration)b. ☐ Self-Neglect of Residence (unsafe environment)c. ☐ Financial Self-Neglect

(e.g. inability to manage one's own personal finances)

Abuse Resulted In (Check All that Apply)

☐ No Physical Injury ☐ Minor Medical Care ☐ Hospitalization ☐ Care Provider Required

☐ Death ☐ Mental Suffering ☐ Serious Bodily Injury* ☐ Other (Specify) _____

☐ Unknown ☐ Health & Safety Endangered
G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE

(Family, significant others, neighbors, medical providers, agencies involved, etc.)

Name	Relationship
Address	Telephone
Name	Relationship
Address	Telephone

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE(If known, list contact person) If Contact person check ☐

Name		Relationship	
Address	City	Zip Code	Telephone

I. TELEPHONE REPORT MADE TO ☐ APS ☐ Law Enforcement ☐ Local Ombudsman
☐ Calif. Dept. of State Hospitals ☐ Calif. Dept. of Developmental Services

Name of Official Contacted by Phone	Telephone	Date/Time
-------------------------------------	-----------	-----------

J. WRITTEN REPORT Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed

K. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received By	Date/Time
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-Day Response <input type="checkbox"/> No Initial Response (NIR) <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman <input type="checkbox"/> No Ten-Day (NTD)	
Approved By	Assigned To (optional)
3. Cross-Reported to <input type="checkbox"/> CDPH-Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> Local Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Calif. Dept. of State Hospitals; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Licensing Board; <input type="checkbox"/> Calif. Dept. of Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify) _____ Date of Cross-Report _____	
4. APS/Ombudsman/Law Enforcement Case File Number	

**REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE
GENERAL INSTRUCTIONS**

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult. **Abuse** means any treatment with resulting physical harm, pain, or mental suffering or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. **Neglect** means the negligent failure of an elder or dependent adult or of any person having the care or custody of an elder or a dependent adult to exercise that degree of self-care or care that a reasonable person in a like position would exercise. **Elder** means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). **Dependent Adult** means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES AND TIME FRAMES:

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect has occurred, shall complete this form for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult.

***Serious bodily injury** means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation (WIC Section 15610.67).

Reporting shall be completed as follows:

- If the abuse occurred in a Long-Term Care (LTC) facility (as defined in WIC Section 15610.47) and resulted in serious bodily injury, report by telephone to the local law enforcement agency immediately and no later than two (2) hours after observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within two (2) hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, but did not result in serious bodily injury, report by telephone to the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local LTCOP, and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, did not result in serious bodily injury, and was perpetrated by a resident with a physician's diagnosis of dementia, report by telephone to the local law enforcement agency or the local LTCOP, immediately or as soon as practicably possible. Follow by sending the written report to the LTCOP or the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was abuse other than physical abuse, report by telephone to the LTCOP or the law enforcement agency immediately or as soon as practicably possible. Follow by sending the written report to the local law enforcement agency or the LTCOP within two working days.
- If the abuse occurred in a state mental hospital or a state developmental center, mandated reporters shall report by telephone or through a confidential Internet reporting tool (established in WIC Section 15658) immediately or as soon as practicably possible and submit the report within two (2) working days of making the telephone report to the responsible agency as identified below:
 - If the abuse occurred in a State Mental Hospital, report to the local law enforcement agency or the California Department of State Hospitals.
 - If the abuse occurred in a State Developmental Center, report to the local law enforcement agency or to the California Department of Developmental Services.
- For all other abuse, mandated reporters shall report by telephone or through a confidential Internet reporting tool to the adult protective services agency or the local law enforcement agency immediately or as soon as practicably possible. If reported by telephone, a written or an Internet report shall be sent to adult protective services or law enforcement within two working days.

REPORTING PARTY DEFINITIONS

Mandated Reporter (WIC Section 15630 (a)) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

Care Custodian (WIC Section 15610.17) means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code; (b) Clinics; (c) Home health agencies; (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services; (e) Adult day health care centers and adult day care; (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders; (g) Independent living centers; (h) Camps; (i) Alzheimer's Disease Day Care Resource Centers; (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code; (k) Respite care facilities; (l) Foster homes; (m) Vocational rehabilitation facilities and work activity centers; (n) Designated area agencies on aging; (o) Regional centers for persons with developmental disabilities; (p) State Department of Social Services and State Department of Health Services licensing divisions; (q) County welfare departments; (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys; (s) The Office of the State Long-Term Care Ombudsman; (t) Offices of public conservators, public guardians, and court investigators; (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities; or (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness; (v) Humane societies and animal control agencies; (w) Fire departments; (x) Offices of environmental health and building code enforcement; or (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

Health Practitioner (WIC Section 15610.37) means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

Any officer and/or employee of a financial institution is a mandated reporter of suspected financial abuse and shall report suspected financial abuse of an elder or dependent adult on form SOC 342, "Report of Suspected Dependent Adult/Elder Financial Abuse".

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCOPs, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine (WIC Section 15630(h)).

No one, including a supervisor, employer, or lawyer, can excuse a mandated reporter from his or her personal legal duty to report known or suspected abuse. Anyone who attempts to impede or inhibit a mandated reporter from reporting may be prosecuted for a misdemeanor punishable by a fine, imprisonment, or both. Mandated reporters are therefore expected to report any such efforts to law enforcement, as well as any other responsible agency (see Welfare and Institutions Code Section 15630(f) and (h)).

Officers or employees of financial institutions are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter, to the party bringing the action.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency or agencies, the reporter shall send the written report to the designated agencies (as defined under "Reporting Responsibilities and Time Frames"); and keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS DIVISION.

**CERTIFIED NURSE ASSISTANT (CNA)
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 997418
Sacramento, CA 95899-7418
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.

SECTION I (REQUIRED)**TYPE OF REQUEST**

- ☐ Check here if you are enrolling in a CNA training program (complete sections I, II, III, IV, and V)
☐ Check here if you have EQUIVALENT TRAINING (complete sections I, II, III, and V)
☐ Check here if you are requesting RECIPROCITY FROM ANOTHER STATE (complete sections I, II, III, and V) Indicate Transferring State: _____

SECTION II (REQUIRED)

Last Name		First Name		MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Public Address (Required) - Subject to Public Records Act request release *		City		State	Zip Code
Confidential Address (For CDPH use only, if left blank all departmental 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*** <input type="checkbox"/> 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. 34-2017-90002436. **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 disclosed online.

SECTION III (REQUIRED)

- 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 ☐
 - 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: _____

SECTION IV (IF APPLICABLE)

Name of school or facility where you received / will receive the CNA training		Telephone Number	
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code
California Training Program ID Number for CNA (Required) CNA: _____	Beginning Date of CNA Training	End Date of CNA Training	

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 certified nurse assistant.

Signature

Signature

Date

SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE 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).

FOR VENDOR USE ONLY

Printed Name

Title

Signature

Date

CERTIFIED NURSE ASSISTANT (CNA) 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) CNA 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 B); and
 - b) The second copy of the completed Request for Live Scan Services (BCIA 8018) form.

B) EQUIVALENCY-TRAINED NURSE ASSISTANT APPLICANTS (complete sections I, II, III, and V)

- 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) This completed Initial Application (CDPH 283 B). If approved, the applicant will be sent information regarding the Competency Evaluation.
 - b) 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. If seeking certification with the use of a foreign transcript, a copy of the foreign transcript may be acceptable; and
 - c) 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
 - d) A copy of the completed Request for Live Scan Services (BCIA 8018) form.

C) RECIPROCITY APPLICANTS (complete sections I, II, III, and V)

- 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) This completed Initial Application (CDPH 283 B).
 - b) A copy of the state-issued certificate; and
 - c) 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
 - d) A copy of the completed Request for Live Scan Services (BCIA 8018) form. The applicant must be fingerprinted in the State of California to obtain criminal record clearance through this method; and
 - e) 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.

D) CNA RENEWAL INFORMATION

- 1) The initial CNA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification period 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. 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 health 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 (provided by the Skilled Nursing Facility-SNF employer or Home Health Agency – HHA employer or Continuing Education Units (CEUs) (provided by a non-SNF/HHA employer) within your most recent certification period. The SNF In-Service documentation must be submitted on the CDPH 283A form, including the signature of the instructor responsible for the training. Only CDPH-approved CEU providers with a Nurse Assistant Certification Number (NAC#) may provide CEUs for CNAs. CEU certificates must be submitted with the renewal application. 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 CEU computer training programs and CDPH-approved classroom CEU providers.

E) 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 CNA 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.

F) 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.

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 866(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 § 81.1 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.

**CERTIFIED NURSE ASSISTANT (CNA)
AND/OR HOME HEALTH AIDE (HHA)
RENEWAL 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.

SECTION I (REQUIRED)**TYPE OF REQUEST**

- | | |
|--|---------------------------|
| <input type="checkbox"/> CNA Renewal (complete sections I, II, III, IV, V and VII) | Certificate number: _____ |
| <input type="checkbox"/> HHA Renewal (complete sections I, II, III, IV, V (if applicable) and VII) | Certificate number: _____ |
| <input type="checkbox"/> CNA Reactivation (complete sections I, II, III, IV, V, VI and VII) | Certificate number: _____ |

SECTION II (REQUIRED)

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

*Effective May 22, 2018, the California Department of Public Health will be required under a court order 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. Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002536. **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 III (REQUIRED)

- | | | |
|--|--------------------------|--------------------------|
| 1) Since your last renewal, 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) Since your last renewal, 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: _____ | | |

SECTION IV (REQUIRED) - IF APPLYING FOR DUAL CERTIFICATION YOU MUST COMPLETE QUESTIONS 3 AND 4**HHA APPLICANTS ONLY:**

- | | | |
|---|--------------------------|--------------------------|
| 3) I have successfully completed and included documentation of twenty-four (24) hours of In-Service Training/Continuing Education Units (CEUs) during my most recent certification period. If using In-Service Training you must complete Section V. Twelve (12) of the twenty-four (24) hours were completed in each year of my two (2) year certification period (HHAs may not complete online CEUs). | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

CNA APPLICANTS ONLY:

- | | | |
|--|--------------------------|--------------------------|
| 4) I have successfully completed and included documentation of forty-eight (48) hours of In-Service Training/CEUs during my most recent certification period. Twelve (12) of the forty-eight (48) hours were completed in each year of my two (2) year certification period (CNAs may complete a maximum of twenty-four (24) online CEUs). | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION V (REQUIRED FOR CNA; IF APPLICABLE FOR HHA IN-SERVICE TRAINING HOURS VERIFICATION)

- | | | |
|--|--------------------------|--------------------------|
| 5) Have you worked as a CNA/HHA in a facility for compensation (under the supervision of a licensed health professional) within your most recent two (2) year certification period? If you have, check the "Yes" box and provide the facility information below, as well as list the dates of employment. If you have not, check the "No" box and you may continue to Section VI (CNA applicants only) | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Facility Name	Telephone Number	Employment Dates		Currently Working <input type="checkbox"/>
		From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code	

SECTION VI (IF APPLICABLE)**CNA APPLICANTS WHO DID NOT MEET RENEWAL REQUIREMENTS ONLY:**

- | | | |
|--|--------------------------|--------------------------|
| 6) REACTIVATION: I have not completed one (1) or both of the renewal requirements listed above in questions 4 and 5 and wish to reactivate my CNA certificate by taking the Competency Evaluation (see C on the reverse). If approved, a Competency Evaluation approval letter will be sent to you, along with information to schedule the evaluation. | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION VII (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 certified nurse assistant and/or home health aide.

Signature of Applicant _____

Date _____

CERTIFIED NURSE ASSISTANT (CNA) AND/OR HOME HEALTH AIDE (HHA) RENEWAL INFORMATION

A) CNA RENEWALS (complete sections I, II, III, V, and VII)

- 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 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**
 - b) You have provided nursing or nursing-related services in a health care 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 (provided by the Skilled Nursing Facility-SNF or Home Health Agency employer) or Continuing Education Units (CEUs) (provided by a non-SNF employer) within your most recent certification period. The SNF in-service documentation must be submitted on the CDPH 283A form, including the signature of the instructor responsible for the training. **Only CDPH-approved CEU Providers with a Nurse Assistant Certification Number (NAC#) may provide CEUs for CNAs.**
 - d) Online CEU certificates must be submitted with the renewal application. 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.

B) HHA RENEWALS (complete sections I, II, III, IV, and VII)

- 1) HHA certificates may be renewed 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**
 - 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. Twelve (12) of the twenty-four (24) hours must be completed in each year of the two (2) year certification period (**HHAs may not complete online CEUs**).
- 2) If you do not meet the renewal requirement, you must retrain through a CDPH-approved HHA training program to receive an active HHA certificate.
- 3) If you have an active CNA certificate, you may renew your HHA certificate at the same time. Renewing the CNA and HHA certificates together requires the completion of both the CNA and HHA renewal requirements, as indicated above on Section A: CNA RENEWALS and Section B: HHA RENEWALS.

C) CNA REACTIVATION (complete sections I, II, III, V, VI, and VII)

- 1) If you are unable to meet renewal requirements and your certificate has not been expired for more than two (2) years, you may reactivate the certificate by taking the Competency Evaluation. To apply for reactivation, please submit this completed Renewal Application (CDPH 283 C), making sure to check the "yes" box for question number six (6) in section VI. If approved, a Competency Evaluation approval letter will be sent to you, along with information needed to schedule the evaluation. You must successfully pass the evaluation within two (2) years from your certificate's expiration date. Once you have successfully passed the evaluation, maintained criminal record clearance, and the results from the testing vendor have been received, CDPH will issue a current CNA certificate.

D) IN-SERVICE TRAINING/CEUS

- 1) All CDPH-approved In-Service Training (SNF, Hospice, ICF, and Home Health Agency employers) classes are accepted.
- 2) Continuing education classes must be taken with CDPH-approved providers only. CDPH-approved CEU providers have a NAC# noted on the CEU certificate. Approved courses are designed to enhance the knowledge and skills of the CNA/HHA and enhance the skills in the employer-based healthcare settings.
- 3) Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician Programs: CNA certificate holders will be given credit for participation in these programs by listing the courses taken and converting the units to hours as follows: semester unit = 15 hours, quarter unit = 10 hours. You must submit a copy of your school transcript to verify your enrollment and completion of training.
- 4) HHA Training Program (40-hour program): Twenty-six (26) of the forty (40-hour) training program may count towards CEUs.

E) 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 certified nurse assistant and/or home health aide 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.

F) 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.

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.

CERTIFIED NURSE ASSISTANT (CNA) / HOME HEALTH AIDE (HHA) IN-SERVICE TRAINING / CONTINUING EDUCATION UNITS (CEUs)

To assure the availability of trained personnel in Skilled Nursing (SNF) and Intermediate Care Facilities (ICF), the Legislature intends that all such facilities in California participate in approved training programs. All approved In-Service Training programs are specified to enhance the knowledge and skills, assure continuing competency, and address performance issues one may be experiencing as a CNA/HHA. CNAs are to receive the normal hourly wage for attending the In-Service on their regularly scheduled shift or during another shift. **Only CDPH-approved In-Service Training Programs and CDPH-approved CEU providers with a Nurse Assistant Certification Number (NAC#) are accepted.** CNAs and HHAs that are employed in a SNF, ICF, or Home Health Agency will submit the information below to ATCS for validation of the renewal requirements. CNAs or HHAs that obtain CEUs from CDPH-approved CEU providers must attach a copy of each individual CEU course certificate for renewal validation.

- A. **CNAs:** Must obtain forty-eight (48) hours of In-Service Training/CEUs within the 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. Online CEU certificates must be attached to this form for validation. Please visit www.cdph.ca.gov for a complete listing of CDPH-approved classroom and online computer CEU providers. If the CDPH-approved HHA Training Program (40-hour program) was completed during the certification period, twenty-six (26) hours of the forty (40-hour) training program may count towards CEUs. Training less than 50 minutes increments cannot be counted towards the CEU/In-Service training renewal requirement.
- B. **HHAs:** Must obtain twenty-four (24) hours of In-Service Training/CEUs within the certification period. Twelve (12) of the twenty-four (24) hours are required in each year of the two (2) year certification period (HHAs may not use online CEUs to meet the renewal requirement).
- C. **CNA & HHA:** Follow section A and B to renew both certificates.
- D. **Continuing Education:** CEUs must be obtained only through a CDPH-approved provider with a valid NAC#. Courses taken for credit must enhance the knowledge and skills of the CNA/HHA and enhance the skills in the employer-based healthcare settings.
- E. **Continuing In-Service Training:** This training must be provided by a department-approved provider that is a health facility where the CNA/HHA has been employed within the most recent certification period.
- F. **Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician programs:** CNA/HHA certificate holders will receive In-Service Training/CEUs for completion of these courses by converting the units into hours as follows: one (1) semester unit = fifteen (15) hours, one (1) quarter unit = ten (10) hours. You must submit a copy of your school transcript to verify your enrollment and completion of this coursework.

Training obtained from:	Sections to be completed on Form CDPH 283A
Skilled Nursing and/or Intermediate Care Facility	Complete column A, B, C, D and E
Hospice	Complete column A, B, C, D and E
Home Health Agency	Complete column A, B, C, D and E
CDPH-approved providers with a NAC# (In-class and online)	Complete column A, B, C and D. Certificates of completion must be submitted for renewal validation.
Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician programs	Complete column A, B, C and D. A copy of your school transcripts must be attached to this form to verify enrollment and completion of this coursework.

UNDERSTANDING THE CERTIFICATION PERIOD

The initial CNA/HHA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification period 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.

Example:

Effective Date – 03/20/18
 Expiration Date – 05/15/20
 Birthday – 05/15/XX

First year of certification period – 03/20/18 - 05/15/19
 Second year of certification period – 05/16/19 - 05/15/20

From the expiration date on, it will expire every two years

Next certification period

First year of certification period – 05/15/20 - 05/15/21
 Second year of the certification period – 05/16/21 - 05/15/22

This record shall be submitted with the Renewal Application (CDPH 283 C) and retained by the CNA/HHA for a period of four (4) years.

CERTIFIED NURSE ASSISTANT (CNA)/ HOME HEALTH AIDE (HHA)
IN-SERVICE TRAINING/CONTINUING EDUCATION UNITS (CEUS)
USE THIS PAGE TO LOG YOUR FIRST YEAR OF CONTINUING EDUCATION/IN-SERVICE

First year of my certification period: From: To:

Printed Name of CNA/HHA _____ Social Security Number: _____ Certificate Number: _____

[illegible]

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 certified nurse assistant and/or home health aide.

TOTAL HOURS FOR FIRST
YEAR OF CERTIFICATION
PERIOD:

Signature of Applicant

Date _____

Please copy this page if additional pages are needed for first year CEUs

This record shall be submitted with the Renewal Application (CDPH 283 C) and retained by the CNA/HHA for a period of four (4) years.

INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

Social Security Number Disclosure: Pursuant to Section 866(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 §§ 81.1 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.

USE THIS PAGE TO LOG YOUR SECOND YEAR OF CONTINUING EDUCATION/IN-SERVICE

Printed Name of CNA/HHA: _____ Social Security Number: _____ Certificate Number: _____

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 certified nurse assistant and/or home health aide.

GRAND TOTAL:

Date _____

This record shall be submitted with the Renewal Application (CDPH 283 C) and retained by the CNA/HHA for a period of four (4) years.

Social Security Number Disclosure: Pursuant to Section 668(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.



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)[Reset Form](#)

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

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

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

Original ATI Number

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

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



STATE OF CALIFORNIA
BCIA 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

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

Applicant Submission

<u>A1226</u>		<u>Certification</u>	
ORI (Code assigned by DOJ)		Authorized Applicant Type	
<u>Certified Nurse Assistant (CNA) or Home Health Aide (HHA)</u>			
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:			
<u>California Department of Public Health (CDPH)</u>		<u>03314</u>	
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)	
<u>MS 3301, P.O. Box 997416</u>		<u>(Leave blank)</u>	
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)	
<u>Sacramento</u>	<u>CA</u>	<u>95899-7416</u>	<u>(Leave blank)</u>
City	State	Zip Code	Contact Telephone Number

Applicant Information:

<u>Your last name</u>		<u>Your first name & middle initial</u>	
Last Name		First Name	Middle Initial
<u>Other last names known as</u>		<u>Other first names known as</u>	
(AKA or Alias) Last		First Name	Suffix
<u>Date of Birth</u>		<u>California Driver's License Number</u>	
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
<u>Height</u>	<u>Weight</u>	<u>Color</u>	<u>Color</u>
Height	Weight	Eye Color	Hair Color
<u>Place of Birth</u>	<u>*Social Security Number (Required by CDPH)</u>		
Place of Birth (State or Country)	Social Security Number		
<u>Your mailing address</u>			
Home Address		City	State
Street Address or P.O. Box		Zip Code	

Your Number: <u>*Social Security Number (Required by CDPH)</u>	Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
OCA Number (Agency Identification Number)	
If re-submission, list ATI number: (Must provide proof of Rejection)	<u>Original ATI Number</u>

Employer (Additional response for agencies specified by statute):

<u>(Leave blank)</u>	
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

BCIA 8016 (Rev 07/11) SAMPLE

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency

NOTE TO APPLICANT: *Please input your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPH accurately and timely. Failure to submit your SSN could cause delay in your certification.