

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:

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| 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. Medi-Cal |
| 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 |

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.

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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 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 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 resident care for Medicare and Medical 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 50 hours of mandated theory, plus 10 hours recommended 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. www.cdph.ca.gov/pubsfoms/Pages/CNAHHAProgram.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. 	
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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 resident.
Objective 5 Describe the role and responsibility of the Nurse Assistant. A. Health care team members <ol style="list-style-type: none"> 1. 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 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. D. Handout 1.5 - Provide	

<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 resident care <ul style="list-style-type: none"> 1. Provide a safe environment for the 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>	
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<ul style="list-style-type: none"> c. Practice personal hygiene and cleanliness. d. Care for resident's personal property. e. Adhere to standard precautions. 2. Meet the resident's physical needs <ul style="list-style-type: none"> a. Observe changes in 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 residents to meet their psychosocial, emotional, spiritual and cultural needs. 4. Observe changes in resident's mental status and report as needed. 5. Assist with resident comfort and anxiety relief. 6. By protecting Resident Rights, the Nurse Assistant will ensure that the 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. 		
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<ol 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 resident care in a manner that is:</p> <ol 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> <ol 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 inservice/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. Adhering to scope of practice. 10. Maintaining current Nurse Assistant certification. 11. Maintaining a professional appearance <ol style="list-style-type: none"> a. Daily bath/shower and use of deodorant. b. Shampoo hair on a regular basis, treat dandruff and other scalp conditions. c. Fingernails are short and clean, no acrylic nails. d. Daily oral hygiene and use of a mouthwash. e. Men; keep facial hair shaved or groomed neatly. f. Hair should be off of face and above collar. 	<ol style="list-style-type: none"> A. Lecture/Discuss B. Role play scenarios 	<ol style="list-style-type: none"> A. Written test B. Demonstrates professional behavior and appearance.

<ul style="list-style-type: none"> g. Uniform should be clean and pressed daily. h. Follow facility policy for body piercings and tattoos. 		
<p>Objective 7 Explain the ethical behavior expected of the Nurse Assistant.</p> <ul style="list-style-type: none"> A. Ethical behavior for resident care means the Nurse Assistant should <ul 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 <ul 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 <ul style="list-style-type: none"> 1. Any abuse of 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. 	<ul style="list-style-type: none"> A. Lecture B. Discussion 	<ul style="list-style-type: none"> A. Written test B. Demonstrates ethical behavior in resident care.
<p>Objective 8 Describe behaviors that maintain confidentiality.</p> <ul style="list-style-type: none"> A. Confidentiality can be maintained by discussing personal information only with appropriate health team members at appropriate times and appropriate places. 	<ul style="list-style-type: none"> A. Lecture/Discussion B. Have students access the HIPAA guidelines 	<ul style="list-style-type: none"> A. Written Test B. Maintains resident confidentiality.

<p>B. Examples of maintaining confidentiality</p> <ol style="list-style-type: none">1. Adhering to HIPAA guidelines.2. Discussing observations with nurse or resident's physician.3. Discussing the 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 resident.2. Concerned friends or visitors.3. Members of the news media.4. Members of Nurse Assistant's family.5. Persons in the community.6. Health team not directly involved with resident care.	<p>online. www.cms.hhs.gov/HIPAA AGenInfo</p>	
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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. Patient.
 - C. Retiree.
 - D. 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 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. 50 hours theory, 100 hours supervised clinical training.
10. A California Nurse Assistant is renewing his/her certification. How many inservice/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 resident has fallen.
 - B. The nurse in charge is suspected of abusing a resident.
 - C. The physician has asked for the Nurse Assistant's help.
 - D. A 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 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 resident's dignity by:
- A. Knocking on the resident's room door before entering.
 - B. Introducing him/herself prior to giving care.
 - C. Calling the 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 with residents, the Nurse Assistant must:
- 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 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. Resident neglect.
 - C. Theft of a resident or hospital property.
 - D. All of the above.
25. The Nurse Assistant should not:
- A. Make a self-introduction to the resident.
 - B. Ask about the resident's bank account.
 - C. Ask how the resident would like to be addressed.
 - D. Knock each time before entering the 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

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED:

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)	*AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	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 ()

☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABLED ☐ MENTALLY ILL/DISABLED ☐ PHYSICALLY DISABLED ☐ UNKNOWN/OTHER ☐ LIVES ALONE ☐ LIVES WITH OTHERS

B. SUSPECTED ABUSER ☒ Check if ☐ Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE GUSTODIAN (type)	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> HEALTH PRACTITIONER (type)	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION	
ADDRESS	*ZIP CODE	TELEPHONE ()	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY

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

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)	(ZIP CODE)
		(EMAIL ADDRESS)	TELEPHONE ()

D. INCIDENT INFORMATION - Address where incident occurred:

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SKING BED <input type="checkbox"/> OTHER (Specify)
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E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)	2. SELF-NEGLECT (WIC 15610.57(b)(5))
a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> FINANCIAL d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> ISOLATION f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated e.g., deprivation of goods and services; psychological/mental)	a. <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH AND SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated e.g., financial)

 ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) ☐ NO PHYSICAL INJURY ☐ MINOR MEDICAL CARE ☐ HOSPITALIZATION ☐ CARE PROVIDER REQUIRED
☐ DEATH ☐ MENTAL SUFFERING ☐ OTHER (SPECIFY) ☐ UNKNOWN

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.). ☐ CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED

G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO. ()	RELATIONSHIP
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I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

*NAME	IF CONTACT PERSON ONLY <input checked="" type="checkbox"/> CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*CITY	*ZIP CODE
		*TELEPHONE ()

J. TELEPHONE REPORT MADE TO: ☐ Local APS ☐ Local Law Enforcement ☐ Local Ombudsman ☐ Calif. Dept. of Mental Health ☐ Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ()	DATE/TIME
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K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed <input type="checkbox"/> Date Faxed
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L. 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 Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	
Approved by:	Assigned to (optional):
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-CCL <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> 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 of an elder or dependent adult. "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. Complete items with an asterisk (*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
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

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "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) "15610.17 'Care custodian' 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

GENERAL INSTRUCTIONS (Continued)

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. (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. (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) "15610.37 'Health practitioner' 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."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

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, LTCO coordinators, 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.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") 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.

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; 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 BUREAU.

**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
Mailing 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 ☐
- 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: _____

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)		Beginning Date of Training	End Date of Training
Nurse Assistant: _____ Home Health Aide: _____			
<input type="checkbox"/> Check here if you have EQUIVALENT TRAINING . (See C on the reverse.) <input type="checkbox"/> 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).		FOR VENDOR USE ONLY	
Printed Name _____	Title _____		
Signature _____	Date _____		

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.

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

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

TYPE OF REQUEST

- ☐ CNA Renewal
Certificate number: _____
- ☐ HHA Renewal
Certificate number: _____

- 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: _____

HHA APPLICANTS ONLY:

- 3) I have successfully completed twenty-four (24) hours of In-Service Training/Continuing Education Units (CEUs) during my most recent certification period. Twelve (12) of the twenty-four (24) hours were completed in each year of my two (2) year certification period. Yes ☐ No ☐

CNA APPLICANTS ONLY: If you answered "no" to either question number 4 or 5, please go to question 6.

- 4) I have successfully completed 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 and I have included documentation of the completed hours with this application. Yes ☐ No ☐
- 5) I have provided nursing or nursing-related services in a facility to residents for compensation (under the supervision of a licensed health professional) within my most recent certification period and have provided the most recent information below. Yes ☐ No ☐

Facility Name	Telephone Number	Last Date Worked (please indicate "currently working" if presently employed)	
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code

REACTIVATION:

- 6) **CNA APPLICANTS ONLY:** 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 examination. Yes ☐ No ☐

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 _____

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

A) CNA RENEWALS

- 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 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.

B) HHA RENEWALS

- 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 of your certificate, if by the time your 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.

C) CNA REACTIVATION

- 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 reactivate the CNA certificate, please submit this completed Renewal Application (CDPH 283 C), making sure to check the "yes" box for question number six (6) in the "Reactivation" section. If approved, a Competency Evaluation approval letter will be sent to you, along with information needed to schedule the examination. You must complete the examination within two (2) years from your certificate's expiration date. Once you have successfully passed the examination, 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 classes are accepted.
- 2) Continuing education classes may be taken at CDPH-approved providers, community/state colleges, adult education or regional occupation programs, general acute care hospitals, American Red Cross or home health agencies, state long-term care ombudsman, or providers approved by the nursing boards.
 - a) A **partial** (but not limited to) list of acceptable continuing education classes are Anatomy, Physiology, Biology, Microbiology, Psychology, Chemistry, Anthropology, Cultural Anthropology, Sociology, Pharmacology, Medical Terminology, Epidemiology, Environment Medicine, Communication, Stress Management, Hygiene/Health, Nutrition, Languages, Diseases, Physiotherapeutic Massage, Therapeutic Physical Training, CPR, Ethics, Child Development, Maternal Health, Pediatrics, Geriatric courses, Mathematical courses, Sign Language, Environmental Medicine, Holistic Medicine, Phlebotomy, or First Aid. You must submit a copy of your school transcript to verify your enrollment.
- 3) Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician Programs: CNA certificate holders will be given credit for time 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.
- 4) HHA Training Program (40-hour program): Twenty six (26) of the forty (40-hour) training program may count towards CEUs.

E) NAME AND ADDRESS CHANGES

- 1) 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.

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 §5 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.