

**CERTIFIED NURSE ASSISTANT
AND/OR HOME HEALTH AIDE
RENEWAL APPLICATION**

Last name	First name	MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Check here if you wish to have the name changed on your certificate. You must submit a legal document showing the name change.			
Mailing address (number and street name or P.O. Box number)	City	State	ZIP code
Date of birth	*Social Security Number _____ - _____ - _____	Telephone number () _____	

TYPE OF REQUEST (Check all that apply. See additional information on back of this form.)

 CNA Renewal

Certificate number: _____

 HHA Renewal

Certificate number: _____

ALL APPLICANTS:

1. Since your last certification period, have you been **CONVICTED**, 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/continuing education (CE) hours during my most recent certification period (twelve (12) hours per year). Yes No

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

4. I have successfully completed forty-eight (48) hours of in-service/CE hours during my most recent certification period. 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. Yes No

List current or most recent facility, agency, or organization.

Employer name	Telephone number () _____	Last date worked	
Address (number and street name or P.O. Box number)	City	State	ZIP code

REACTIVATION:

6. **CNA APPLICANTS ONLY:** I have not completed both renewal requirements listed above (Questions 4 and 5); therefore, I wish to reactivate my CNA certificate by passing the competency evaluation (Testing). (Please review Section C on the back of this application. Testing information will be sent to you.) 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
_____	_____

ADDITIONAL INFORMATION

A. CNA RENEWALS

You may submit a renewal application 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:

- You have previously received and maintained clearance for Certified Nurse Assistant (CNA), Home Health Aide (HHA), Intermediate Care Facility- Developmentally Disabled (ICF-DD), DD Habilitative, or DD Nursing and a criminal record clearance is granted; **and**
- You provided nursing or nursing-related services to residents in a facility for compensation (under the supervision of a licensed health professional) within your most recent certification period; **and**
- You have successfully completed forty-eight (48) hours of in-service/CE hours. (At least twelve (12) of the forty-eight (48) hours of in-service/CE hours shall be completed each year.)

B. HHA RENEWALS

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 have completed twenty-four (24) hours of in-service/CE hours (twelve (12) hours per twelve (12) months).

If you have an active CNA certificate, you may renew at the same time as your HHA. Renewing CNA and HHA certification together requires a total of forty-eight (48) in-service training/CE hours. Please maintain records of your in-service/CE hours and submit to ATCS upon request.

C. CNA REACTIVATION

If you are unable to meet the renewal requirements and your certificate has not expired over two (2) years, you may submit this completed application for REACTIVATION without re-training.

If you are qualified, ATCS will approve your application for the competency evaluation and will send you information about taking the competency evaluation (Testing). You will not receive certification until the testing vendor (American Red Cross or National Nurse Aide Assessment Program) notifies ATCS that you have successfully passed the competency evaluation and you have maintained criminal record clearance.

NAME AND ADDRESS CHANGES

The CNA/HHA is responsible for notifying ATCS, within sixty (60) days, whenever changes of their name, address, or telephone number occur. If they have had a name change, they must submit legal verification of the change. Indicate the certificate number or SSN for identification purposes. Failure to do so could result in the delay or loss of the certification.

INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code, Section 17520, subdivision (d), the California Department of Public Health (CDPH), is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Health Integrity and Protection Data Bank as required by 45 CFR §61.1 *et seq*. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for examination identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

Aforementioned requirements are based on Health & Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and 42 Code of Federal Regulations, Chapter IV, commencing with §483.13 and Title 22 California Code of Regulations, commencing with §71801.