

**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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| - If yes, list conviction: _____ Court of conviction: _____ Date: _____ | | |
| 2) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| - 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
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

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
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 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
<input type="checkbox"/> | No
<input type="checkbox"/> |

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
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

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 certificates 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 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.