

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

Printed Name of CNA/HHA | Signature of CNA/HHA | Certificate Number | *Social Security Number

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.

- 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.
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.
C) CNA & HHA: Follow section A to renew both certificates.
D) Continuing Education: CEUs must be taken with CDPH-approved providers only with a NAC#.
E) 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.

Table with 5 columns: TITLE OF TRAINING OR COURSE, SNF/ICF/Home Health Agency Name and CDPH In-Service ID# Or CDPH-approved CEU Provider Name and NAC#, DATE OF ATTENDANCE, HOURS OBTAINED, SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING. Includes a checkbox for Online Training.

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.

TITLE OF TRAINING OR COURSE ☒ (Check box for Online Training)	SNF/ICF/Home Health Agency Name and CDPH In-Service ID# Or CDPH-approved CEU Provider Name and NAC#	DATE OF ATTENDANCE	HOURS OBTAINED	SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING
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TOTAL HOURS: _____

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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.