

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 ____-____-____	Driver's license number State: _____ Number: _____	Telephone number () _____

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

CNA Renewal **HHA Renewal**
 Certificate number: _____ Certificate number: _____

ALL APPLICANTS:

1. Have you been **convicted** of any crime (i.e. felony, misdemeanor, infraction) since the last time you renewed your certificate? (other than a minor traffic violation) Yes No
2. Has any health-related licensing, certification, or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? Yes No
 If yes, please indicate the type and license/certificate number. _____

HHA APPLICANTS ONLY:

3. I have successfully completed 24 hours of in-service/continuing education (CE) hours during my last certification period. (12 hours per year.) Yes No

CNA APPLICANTS ONLY:

4. I have successfully completed 48 hours of in-service/CE hours during my present certification period. Yes No
5. I have not completed 48 hours of in-service/CE hours but I will complete the required 48 hours by the expiration date of my certificate. Yes No
 - If you marked Yes to question 5, please indicate in the box the number of in-service/CE hours that you have completed to date.
6. I have provided nursing or nursing-related services in a facility to residents for compensation within the last two years. Yes No

List current or most recent employer.

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

REACTIVATION:

7. **CNA APPLICANTS ONLY:** I have not/cannot meet both renewal requirements listed above (Questions 4, 5 and 6); therefore, I wish to reactivate my CNA certificate by passing the competency evaluation (Testing). Yes No
 (Please review Section C on the back of this application. Testing information will be sent to you.)

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
Signature of ATCS representative approving applicant for CNA certificate reactivation only	Date

ADDITIONAL INFORMATION

A. 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 will have completed 24 hours of in-service/CE hours (12 hours per 12-months).

B. CNA RENEWALS

You may renew your certificate any time within two years after the expiration date of your certificate if all the following apply:

1. You submit a completed application to ATCS;
2. You have been fingerprinted for Certified Nurse Assistant (CNA), Home Health Aide (HHA), Intermediate Care Facility – Developmentally Disabled (ICF–DD), DD Habilitative, or DD Nursing and a criminal clearance is granted;
3. You provided nursing or nursing-related services to residents in a facility for compensation (i.e., as paid employee, not as a volunteer) within the last two years; *and*
4. By the time your certificate expires, you will have completed 48 hours of in-service/CE hours. (At least 12 of the 48 hours of in-service/CE hours shall be completed each year.)

C. CNA REACTIVATION

If you are unable to meet the renewal requirements and your certificate has not expired over two 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 Nurse Assistant Training & Assessment Program) notifies ATCS that you passed the competency evaluation and a criminal clearance from the Department of Justice is obtained.

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

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.