MAIL OR FAX APPLICATION TO:
California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
PHONE (916) 327-2445 FAX (916) 552-8785

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

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. CNAs are to receive the normal hourly wage for attending the In-Service on their regularly scheduled shift or during another shift. **Only CDPH-approved In-Service Training Programs and CDPH-approved CEU providers with a Nurse Assistant Certification Number (NAC#) are accepted.** CNAs and HHAs that are employed in a SNF, ICF, or Home Health Agency will submit the information below to ATCS for validation of the renewal requirements. CNAs or HHAs that obtain CEUs from CDPH-approved CEU providers must attach a copy of each individual CEU course certificate for renewal validation.

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. 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. Online CEU certificates must be attached to this form for validation. Please visit www.cdph.ca.gov for a complete listing of CDPH-approved classroom and online computer CEU providers. If the CDPH-approved HHA Training Program (40-hour program) was completed during the certification period, twenty-six (26) hours of the forty (40-hour) training program may count towards CEUs. Training less than 50 mintues increments cannot be counted towards the CEU/In-Service training renewal requirement.

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 (HHAs may not use online CEUS to meet the renewal requirement).

C. **CNA & HHA:** Follow section A and B to renew both certificates.

D. **Continuing Education:** CEUs must be obtained only through a **CDPH-approved provider with a valid NAC#**. Courses taken for credit must enhance the knowledge and skills of the CNA/HHA and enhance the skills in the employer-based healthcare settings.

E. **Continuing In-Service Training:** This training must be provided by a department-approved provider that is a health facility where the CNA/HHA has been employed within the most recent certification period.

F. **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. You must submit a copy of your school transcript to verify your enrollment and completion of this coursework.

Training obtained from:	**Sections to be completed on Form CDPH 283A**
Skilled Nursing and/or Intermediate Care Facility	Complete column A, B, C, D and E
Hospice	Complete column A, B, C, D and E
Home Health Agency	Complete column A, B, C, D and E
CDPH-approved providers with a NAC# (In-class and online)	Complete column A, B, C and D. **Certificates of completion must be submitted for renewal validation.**
Licensed Vocational Nurse / Registered Nurse / Licensed Psychiatric Technician programs	Complete column A, B, C and D. **A copy of your school transcripts must be attched to this form to verify enrollment and completion of this coursework.**

UNDERSTANDING THE CERTIFICATION PERIOD

The initial CNA/HHA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification period will be from one birthday to the following birthday. Any additional time from the effective date until the first birthday will be counted towards the first year of the certification period.

Example:

Effective Date – 03/20/18
Expiration Date – 05/15/20
Birthday – 05/15/XX

First year of certification period – 03/20/18 - 05/15/19
Second year of certification period – 05/16/19 - 05/15/20

From the expiration date on, it will expire every two years

Next certifiation period

First year of certification period – 05/15/20 - 05/15/21
Second year of the certification period – 05/16/21 - 05/15/222

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.

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

USE THIS PAGE TO LOG YOUR FIRST YEAR OF CONTINUING EDUCATION/IN-SERVICE

First year of my certifcation period: **From:** _____ **To:** _____

Printed Name of CNA/HHA _____ **Social Security Number:** _____ **Certificate Number:** _____

A	B	C	D	E
TITLE OF TRAINING OR COURSE ☒ **(Check box for Online Training)**	**SNF/ICF/HOSPICE/HOME HEALTH AGENCY NAME AND CDPH IN-SERVICE ID# OR CDPH-APPROVED PROVIDER NAME AND NAC#**	**DATE OF ATTENDANCE** (MM/DD/YY)	**HOURS OBTAINED**	**SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING** (FOR INSTRUCTOR USE ONLY)
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			TOTAL HOURS FOR **FIRST** YEAR OF CERTIFICATION PERIOD:	

I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200-1797.8) to hold himself or herself out to be a certified nurse assistant and/or home health aide.

_____ Signature of Applicant

_____ Date

Please copy this page if additional pages are needed for first year CEUs

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.

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.

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

USE THIS PAGE TO LOG YOUR SECOND YEAR OF CONTINUING EDUCATION/IN-SERVICE

Second year of my certifcation period: **From:** _____ **To:** _____

Printed Name of CNA/HHA: _____ **Social Security Number:** _____ **Certifcate Number:** _____

A	B	C	D	E
TITLE OF TRAINING OR COURSE ☒ **(Check box for Online Training)**	**SNF/ICF/HOSPICE/HOME HEALTH AGENCY NAME AND CDPH IN-SERVICE ID# OR CDPH-APPROVED PROVIDER NAME AND NAC#**	**DATE OF ATTENDANCE** (MM/DD/YY)	**HOURS OBTAINED**	**SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING** (FOR INSTRUCTOR USE ONLY)
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I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200-1797.8) to hold himself or herself out to be a certified nurse assistant and/or home health aide.

TOTAL HOURS FOR **FIRST** YEAR OF CERTIFICATION PERIOD:	
TOTAL HOURS FOR **SECOND** YEAR OF CERTIFICATION PERIOD:	
GRAND TOTAL:	

_____ Signature of Applicant _____ Date

Please copy this page if additional pages are needed for second year CEUs.

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.

INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

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