The Equivalency Process
Submit a completed Initial Application (CDPH 283 B)

Complete the Live Scan fingerprint process in California by visiting a Live Scan Agency that provides fingerprinting services and submit the completed Request for Live Scan Service (BCIA 8016) form to our Department.
You must submit an official, sealed transcript of training (students may substitute the official transcript with a sealed school letter on official school letterhead listing equivalent training in the Fundamentals of Nursing course). The letter must include the completion date(s), units/hours received, and grade obtained in the course. Copies of foreign transcripts are accepted.

**If degree was received more than two (2) years ago, please submit proof of work (paystub or W2) to show you have provided nursing or nursing related services in a facility to residents for compensation under the supervision of a licensed health professional within the last two (2) years.
You must complete an Initial Application (CDPH 283 B), indicating that you are applying for Equivalency. California’s Initial Application (CDPH 283 B) is used for various processes; therefore, it is important to follow the sample on how to correctly complete the Initial Application (CDPH 283 B) for Equivalency.

(There is no fee to process your application)
CERTIFIED NURSE ASSISTANT (CNA) AND/OR HOME HEALTH AIDE (HHA) INITIAL 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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Sex</th>
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<thead>
<tr>
<th>Address (Number and Street or P.O. Box Number)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number (SSN)</th>
<th>Driver's License or State ID Number</th>
<th>Telephone Number</th>
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<tr>
<th>Height</th>
<th>Weight</th>
<th>Hair Color</th>
<th>Eye Color</th>
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*If you use an invalid SSN, your application will not be processed.*

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).  
   - 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?  
   - If yes, indicate the type and number of license/certificate: __________________________  
   - Date: __________________________

**TYPE OF REQUEST (See A or B on the reverse.)**

- [ ] Check here if you are enrolling in a CNA training program and complete the school portion below.
- [ ] Check here if you are enrolling in a HHA training program and complete the school portion below.

**Name of School or Facility Where you Received/Will Receive the CNA or HHA Training**

Mailing Address (Number and Street or P.O. Box Number)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**California Training Program ID Number(s) (Required)**

<table>
<thead>
<tr>
<th>Beginning Date of Training</th>
<th>End Date of Training</th>
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<tbody>
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**Nurse Assistant/ Home Health Aide:**

- [ ] Check here if you have EQUIVALENT TRAINING. (See C on the reverse.)
- [ ] Check here if you are requesting RECIPROCITY FROM ANOTHER STATE. (See D on the reverse.)

**NAME AND ADDRESS CHANGES:** 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.

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

TO BE COMPLETED BY THE REGISTERED NURSE (RN) RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM: I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (this section only applies to students that have recently completed a CNA Training Program in California).

Printed Name  
Title

Signature  
Date

FOR VENDOR USE ONLY

CDPH 283 B (03/13) This form is available on our website at: www.cdph.ca.gov  Page 1 of 2
INITIAL APPLICATION (CDPH 283 B) SAMPLE

You must complete all areas indicated in yellow
You must obtain a criminal record clearance in order to receive a CNA certificate. You must complete the Live Scan fingerprint process in California by visiting a Live Scan Agency (Police Department, Sheriff Department, Fed Ex, USPS, We Print, Etc.).
REQUEST FOR LIVE SCAN SERVICE (BCIA 8016) FORM

You must complete all areas indicated in yellow. The Live Scan Agency will complete the bottom half (see example on next page).
**REQUEST FOR LIVE SCAN SERVICE (BCIA 8016 SAMPLE)**

**Applicant Submission**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A1226</td>
<td>Certification</td>
</tr>
<tr>
<td>03314</td>
<td>Mail Code (5-digit code assigned by DOL)</td>
</tr>
</tbody>
</table>

**Contributing Agency Information**

- California Department of Public Health (CDPH)
- MS 3301, P.O. Box 997416
- Sacramento, CA 95809-7416

**Applicant Information**

- Last Name
- First Name & Middle Initial
- Other Names Known As
- Date of Birth
- Height
- Place of Birth
- Home Address
- Your mailing address
- Your Number: Social Security Number (Required by CDPH)

**Employer Information**

- Employer Name
- Mail Code (5-digit code assigned by DOL)

**Live Scan Transaction Completed By:**

- Name of Operator
- Date

**NOTE TO APPLICANT:** Please enter your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPHP accurately and timely. Failure to submit your SSN could cause delay in your certification.
If you were or are presently enrolled in the Registered Nurse (RN), Vocational Nurse (VN) or Psychiatric Technician (PT) program, you must submit an official, sealed transcript of training (students may substitute the official transcript with a sealed school letter on official school letterhead listing equivalent training in the Fundamentals of Nursing course. The letter must include the completion date(s), units/hours received, and grade obtained in the course). Copies of foreign transcripts are accepted.
If degree was received more than two (2) years ago, you must submit proof of work (paystub or W2) to show you have provided nursing or nursing-related services in a facility to residents for compensation under the supervision of a licensed health professional within the last two (2) years.
Mailing Address:
California Department of Public Health
Aide and Technician Certification Section
MS 3301
P.O. BOX 997416
Sacramento, CA 95899-7416

Telephone Number:   Fax Number:
(916) 327-2445      (916) 552-8785

Website:  Email:
www.cdph.ca.gov  cna@cdph.ca.gov
Here is a link to the Initial Application (CDPH 283B):
http://www.cdph.ca.gov/pubsforms/forms/CtrIdForms/cdph283b.pdf

Here is a link to the Request for Live Scan Service (BCIA 8016):
http://ag.ca.gov/fingerprints/forms/BCIA_8016.pdf

Here is a link to the Request for Live Scan Service Sample (BCIA 8016 Sample):
http://www.cdph.ca.gov/pubsforms/forms/CtrIdForms/bcia8016sample.pdf