

VERIFICATION OF CURRENT NURSE ASSISTANT CERTIFICATION

PART I-To be completed by the applicant. Please PRINT clearly or TYPE.

Last name:		First name:		MI:	
*Social Security Number:		Date of birth: (Month/Day/Year)		Telephone number: ()	
Mailing address: (Number and Street Name or P.O. Box Number)			City	State	ZIP code
Originally certified under the last name of:			First	MI	
Original certificate number:	Original date of certification:	Date last provided certified nurse assistant duties:			

PART II-Must be completed by state agency from which applicant holds active certification and must be mailed directly by Agency to CDPH. (See address above.)

1. This individual is listed on the Nurse Aide Registry and has met all relevant Federal requirements pursuant to Title 42, Code of Federal Regulations (42 CFR), Sections 483.75, 483.150-483.156. Yes No
 Certification Number: _____ Expires: _____ Date of Issue: _____
2. Method of Certification (Check all that apply):
 Certified by reciprocity from the state of: _____
 Completed a state-approved training program of (specify number of hours): _____
 Passed a state-administered competency evaluation (i.e. examination) on what date: (mm/dd/yy) _____
 Not Available (please explain): _____
3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual? (If yes, please attach explanation.) Yes No
4. Is there documentation of a felony conviction in a court of law? (If yes, please attach explanation.) Yes No
5. Disciplinary Status: None Revoked Denied Suspension

It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

Date



Name _____ Title _____
 Agency _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____

INSTRUCTIONS

CERTIFIED NURSE ASSISTANT (CNA) RECIPROCITY APPLICANTS FROM OTHER STATES

If the CNA certification is active and in good standing on another state's registry, applicant may qualify for certification in California without taking the CNA training or competency evaluation. Submit the following to CDPH:

- A completed Nurse Assistant and/or Home Health Aide Initial Application (CDPH 283 B); **and**
- A copy of your state-issued certificate; **and**
- Proof of work providing nursing or nursing-related services within the last two years (not required for those who received their **initial** certificates from another state in the last two years); **and**
- A copy of the completed Request for Live Scan form (BCIA 8016). You must wait until you move to California to obtain fingerprints through this method.
- This completed verification form (CDPH 931) needs to be completed by the state agency from which the individual currently holds an active certification.

Reciprocity applicants may work as nurse assistants (NA) while waiting for criminal clearance if the facility:

- Has verified the applicant is on the respective State's Registry in good standing and has an active status; **and**
- Has proof that the applicant has worked providing nursing or nursing-related services in the last 24 months; **and**
- Has proof that the NA has applied to CDPH for certification.

INFORMATION COLLECTION AND ACCESS: PRIVACY STATEMENT

*Social Security Number (SSN) 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 SSNs from all applicants for nursing assistant, home health aide, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your SSN 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 subsection 61.1 et seq. Failure to provide your SSN will result in the return of your application. Your SSN 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 data bases or as the basis of a disciplinary action against you.