

# VERIFICATION OF CURRENT NURSE ASSISTANT CERTIFICATION

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

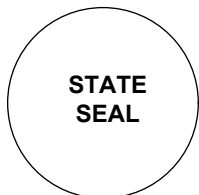
<b>LEGAL LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>*SOCIAL SECURITY NUMBER:</b>		<b>DATE OF BIRTH:</b> <i>(Month/Day/Year)</i>		<b>TELEPHONE NUMBER:</b>	
<b>ADDRESS:</b> <i>Number and Street</i>			<i>City</i>	<i>State</i>	<i>ZIP code</i>
<b>Originally Certified Under the Last Name of:</b>			<i>First</i>	<i>Middle</i>	
<b>ORIGINAL CERTIFICATE NO.</b>	<b>ORIGINAL DATE OF CERTIFICATION:</b>	<b>Date When You Provided Certified Nurse Assistant Duties:</b>			

**PART II-To be completed by state agency endorsing this applicant's nurse assistant certification and mailed directly 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/Registration No. \_\_\_\_\_ Expires: \_\_\_\_\_ Date of Issue: \_\_\_\_\_
2. Method of Registration (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?  Yes  No  
 (If yes, please attach explanation.)
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

### CNA RECIPROCITY APPLICANTS FROM OTHER STATES

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

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

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.