

CERTIFIED NURSE ASSISTANT (CNA) EQUIVALENCY/RECIPROCITY APPLICATION

(See instructions on the reverse)

SECTION I (REQUIRED)

TYPE OF REQUEST

- Check here if you have **EQUIVALENT TRAINING (complete sections I, II, III, IV and VI)**
- Check here if you are requesting **RECIPROCITY FROM ANOTHER STATE (complete sections I, II, III, V and VI)**

SECTION II (REQUIRED)

Last Name	First Name	MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Public Address (Required) – <i>Subject to Public Records Act Request release*</i>	City	State	Zip Code
<i>Confidential Address (Required)- (For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>	City	State	Zip Code
Date of Birth (mm/dd/yy)	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) ____-____-____ <i>**If you use an invalid SSN, your application process may be delayed</i>	Driver's License or State ID Number Number _____ State _____	

Phone Number *** _____ <input type="checkbox"/> By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per year. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help.	Email Address*** _____
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SECTION III (REQUIRED)

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).

Yes No

- 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?

Yes No

- Type of License/Certificate: _____
- License/Certificate Number: _____
- Type of Action: _____

SECTION IV EQUIVALENCY APPLICANTS (* are required fields)

*Type of Equivalent training received:

*Date Fundamentals of Nursing completed:
_____ (mm/dd/yy)

Name of Employer (if applicable):

Last Date worked (if applicable):

*Name of School/Military Branch:

*Did you obtain a passing score for Fundamentals of Nursing?

Yes No

SECTION V RECIPROCITY APPLICANTS (* are required fields)

*State transferring from:

*Certificate Issue Date: _____

Name of Employer: _____

* CNA Certificate Number: _____

*CNA Certificate Expiration Date: _____

Last date worked (if applicable): _____

SECTION VI (REQUIRED)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application.

Signature of Applicant

Date

CERTIFIED NURSE ASSISTANT (CNA) EQUIVALENCY/RECIPROCITY APPLICATION

A) EQUIVALENCY - TRAINED NURSE ASSISTANT APPLICANTS (complete sections I, II, III, and V)

1) If the applicant is presently enrolled in (or completed) a Registered Nurse, Licensed Vocational Nurse, or Licensed Psychiatric Technician program, or has received medical training in military services, or has received the above license(s) from a foreign country or U.S. state, the applicant may not have to take further training and may qualify to take the Competency Evaluation. If approved, the applicant will be sent information regarding the Competency Evaluation. Please submit the following to HWB:

- a) This completed Initial Application (CDPH 283 B).
- b) An official, **sealed** transcript of training (students may substitute the transcript with a **sealed** letter on official school letterhead, listing equivalent training and the completion of at least the "Fundamentals of Nursing" course). **The letter must include the completion date(s) of the training/courses and hours/units completed.** If discharged from the military, a copy of the DD-214 can substitute for an official transcript. If seeking certification with the use of a foreign transcript, a copy of the foreign transcript may be acceptable; **and**
- c) Proof of work (paystub or W2) showing the applicant has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for current nursing students or if the college degree was obtained within the last two (2) years); **and**
- d) A copy of the completed Request for Live Scan Services (BCIA 8016) form. Applicants who are unable to obtain electronic prints may complete the fingerprint card (FD-258) and submit two copies to the department. Fingerprint cards (FD-258) must be accompanied by a \$32.00 check or money order made payable to "The Department of Justice"

B) RECIPROCITY APPLICANTS (complete sections I, II, III, and V)

1) If the CNA certification is active and in good standing on another state's registry, the applicant may qualify for certification in the State of California without taking CNA training or the Competency Evaluation. Please submit the following to HWB:

- a) This completed Initial Application (CDPH 283 B).
- b) A copy of the state-issued certificate; **and**
- c) Proof of work (paystub or W2) showing the CNA has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for those who received their initial certification from another state within the last two (2) years); **and**
- d) A copy of the completed Request for Live Scan Services (BCIA 8016) form completed in California. Applicants residing out of state may complete the fingerprint card (FD-258) and submit two copies to the department. Fingerprint cards (FD-258) must be accompanied by a \$32.00 check or money order made payable to "The Department of Justice"; **and**
- e) A completed Verification of Current Nurse Assistant Certification (CDPH 931) form, which must be completed by the applicant and submitted by the endorsing state agency.

C) CRIMINAL RECORD CLEARANCE

1) All CNA applicants must undergo a criminal record review. For more information, please visit us at www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CriminalRecordReview.aspx.

D) CNA RENEWAL INFORMATION

1) The initial CNA 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. CNA certificates must be renewed every two (2) years. You may renew your certificate any time within two (2) years after the expiration date. For more information, please visit us at <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx>

E) NAME AND ADDRESS CHANGES

1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. If requesting 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.

Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 22, commencing with §71801.

INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636. **If you use an invalid SSN, your application process may be delayed ***Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online
