

California Department of Public Health (CDPH)
 Licensing and Certification Division (L&C)
 Healthcare Workforce Branch (HWB)
 MS 3301, P.O. Box 997416
 Sacramento, CA 95899-7416
 PHONE: (916) 327-2445 FAX: (916) 552-8785

Example for the Merced Campus

*Your information
must be typed*

CERTIFIED NURSE ASSISTANT (CNA) INITIAL APPLICATION

(See instructions on the reverse)

SECTION I (REQUIRED)

TYPE OF REQUEST

- ☒ Check here if you are enrolling in a **CNA** training program (**complete sections I, II, III, IV, and V**)
- ☐ Check here if you are requesting **RECONSIDERATION** for a **previously revoked/denied** certificate (**complete sections I, II, III and V**)

SECTION II (REQUIRED)

Last Name Sample Person <i>Name entered must match name on ID/DL EXACTLY.</i>		First Name Merced		MI A.	Sex <input type="radio"/> Male <input checked="" type="radio"/> Female
Public Address (Required) – <i>Subject to Public Records Act Request release*</i> 1234 Merced Sample Street		City Any Town	State CA	Zip Code 91234	
Confidential Address (Required)- <i>(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 01/02/03 (mm/dd/yy)	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) 1 2 3 - 4 5 - 6 7 8 9 **If you use an invalid SSN, your application process may be delayed		Driver's License /State ID Number Number: <u>A1234567</u> State: <u>CA</u>		
Phone Number *** <u>(209) 999-1234</u>			Email Address*** <u>mercedsampleperson@yahoo.com</u>		
<input checked="" 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 month. 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.					

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: _____

*Check one
box for each
question.*

- 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: _____

*IF yes, fill in
the blanks.*

SECTION IV (IF APPLICABLE) *Address must be filled in EXACTLY as shown below.*

Name of school or facility where you received/will receive the CNA training Merced College		Telephone Number (209) 384-6000	
Mailing Address (Number Street or P.O Box number 3600 M Street	City Merced	State CA	Zip Code 95348
California Training Program ID Number for CNA (Required) CNA: <u>LEAVE BLANK</u>	Beginning Date of Training <u>LEAVE BLANK</u> (mm/dd/yy)	End Date of Training <u>LEAVE BLANK</u> (mm/dd/yy)	

SECTION V (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. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

Sign your name here

Signature of Applicant _____

Add the date you sign - mm/dd/yy

Date _____

SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE 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 (only applies to students that have recently completed a CNA Training Program in CA).

LEAVE BLANK

LEAVE BLANK

Printed Name

Title

LEAVE BLANK

LEAVE BLANK

Signature

Date

FOR VENDOR USE ONLY