Mail or submit application Online:
California Department of Public Health
(CDPH) Healthcare Workforce Branch (HWB)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
Phone: (916) 327-2445
Submit application Online:
cdph.ca.gov/Programs/CHCQ/LCP/Pages/Online-Submission-Page.aspx#

Certified Nurse Assistant (CNA) / Home Health Aide (HHA) In-Service Training / Continuing Education Units (CEUs)

To assure the availability of trained personnel in Skilled Nursing (SNF) and Intermediate Care Facilities (ICF), the Legislature intends that all such facilities in California participate in approved training programs. All approved In-Service Training programs are specified to enhance the knowledge and skills, assure continuing competency, and address performance issues one may be experiencing as a CNA/HHA. CNAs are to receive the normal hourly wage for attending the In-Service on their regularly scheduled shift or during another shift. **Only CDPH-approved In-Service Training Programs and CDPH-approved CEU providers with a Nurse Assistant Certification Number (NAC#) are accepted.** CNAs and HHAs that are employed in a SNF, ICF, or Home Health Agency will submit the information below to ATCS for validation of the renewal requirements. CNAs or HHAs that obtain CEUs from CDPH-approved CEU providers must attach a copy of each individual CEU course certificate for renewal validation.

A) CNAs: Must obtain forty-eight (48) hours of In-Service Training/CEUs within the certification period. A minimum of twelve (12) of the forty-eight (48) hours shall be completed in each year of the two (2) year certification period. A maximum of twenty-four (24) of the forty-eight (48) hours may be obtained only through a CDPH-approved online computer training program listed on our website. Online CEU certificates must be attached to this form for validation. Please visit cdph.ca.gov for a complete listing of CDPH-approved classroom and online computer CEU providers. If the CDPH-approved HHA Training Program (40-hour program) was completed during the certification period, twenty-six (26) hours of the forty (40-hour) training program may count towards CEUs. Training less than 50 minutes increments cannot be counted towards the CEU/In-Service training renewal requirement.

B) HHAs: Must obtain twenty-four (24) hours of In-Service Training/CEUs within the certification period. Twelve (12) of the twenty-four (24) hours are required in each year of the two (2) year certification period (HHAs may not use online CEUS to meet the renewal requirement).

C) CNA & HHA: Follow section A and B to renew both certificates..

D) Continuing Education: CEUs must be obtained only through a **CDPH-approved provider with a valid NAC#**. Courses taken for credit must enhance the knowledge and skills of the CNA/HHA and enhance the skills in the employer-based healthcare settings.

E) Continuing In-Service Training: This training must be provided by a department-approved provider that is a health facility where the CNA/HHA has been employed within the most recent certification period. Printed name, signature and title of the instructor responsible for training is required.

F) Licensed Vocational Nurse /Registered Nurse / Licensed Psychiatric Technician programs: CNA/HHA certificate holders will receive In-Service Training/CEUs for completion of these courses by converting the units into hours as follows:

One (1) semester unit = fifteen (15) hours

One (1) quarter unit = ten (10) hours.

You must submit a copy of your school transcript to verify your enrollment and completion of this coursework.

Training obtained from:	**Sections to be completed on Form CDPH 283A**
Skilled Nursing/Intermediate Care Facility	Complete column A, B, C, D and E
Hospice	Complete column A, B, C, D and E
Home Health Agency	Complete column A, B, C, D and E
CDPH-approved providers with a NAC# (In-class and Online)	Complete column A, B, C and D. **Certificates of completion must be submitted for renewal validation.**
Licensed Vocational Nurse/Registered Nurse/Licensed Psychiatric Technician programs	Complete column A, B, C and D. **A copy of your school transcripts must be attached to this form to verify enrollment and completion of this coursework.**

UNDERSTANDING THE CERTIFICATION PERIOD

The initial CNA/HHA 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 after certification will be counted towards the first year of the certification period.**

Example:

Effective Date – 03/20/24
Expiration Date – 05/15/26
Birthday – 05/15/XX

First year of certification period – 03/20/24 - 05/15/25

Second year of certification period – 05/16/25 - 05/15/26

From the expiration date on, it will expire every two years for timely renewals

Next certification period:

First year of certification period – 05/15/26 - 05/15/27

Second year of the certification period – 05/16/27 - 05/15/28

This record shall be submitted with the Renewal Application (CDPH 283 C) and retained by the CNA/HHA for a period of four (4) years.

State of California- Health and Human Services Agency

Certified Nurse Assistant (CNA)/ Home Health Aide (HHA) In-Service Training/Continuing Education Units (CEUS)

Use this page to log your first year of CEUS and In-Service training

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First year of my certification period: **From:** _____ **To:** _____

Printed Name of CNA/HHA (Required): _____ **Social Security Number (Required):** _____ **Certificate Number:** _____

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 recordkeeping system to the fullest extent permitted by applicable law.

Signature of Applicant (Required): _____ Date (Required): _____

A	B	C	D	E
Title of training/course ☒ *(Check box for* **Online Training)**	**SNF/ICF/Hospice/Home Health Agency name and CDPH in-service ID# or CDPH-approved provider name and NAC#**	**Date of attendance** *(MM/DD/YY)*	**Hours Obtained**	**Printed name, signature and title of instructor responsible for training (for instructor use only)**
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Total Hours _____

State of California- Health and Human Services Agency

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Total Hours _____

State of California- Health and Human Services Agency

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Second year of my certification period: **From:** _____ **To:** _____

Printed Name of CNA/HHA (Required): _____ **Social Security Number (Required):** _____ **Certificate Number:** _____

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Total Hours _____

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