

REQUEST FOR NAME/ADDRESS CHANGE AND/OR DUPLICATE FOR CNA/HHA/CHT CERTIFICATE

Please mail this form to the address above or fax to (916) 552-8785.

PLEASE PRINT OR TYPE

REQUEST TYPE: *(Check all that apply)*

| | | |
|---|---|--|
| <input type="checkbox"/> Address Change <small>(Must complete Sections I, II & V)</small> | <input type="checkbox"/> Name Change <small>(Must complete Sections I, III & V)</small> | <input type="checkbox"/> Duplicate Request <small>(Must complete Sections I, IV & V)</small> |
|---|---|--|

Section I

| | | |
|--|--------------------|-------------------------------------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: |
| CERTIFICATE NUMBER: | | *SOCIAL SECURITY NUMBER: |
| DATE OF BIRTH: <i>(Month/Day/Year)</i> | | PHONE NUMBER: |
| CURRENT ADDRESS: <i>(Number and Street)</i> | | |
| <i>City</i> | <i>State</i> | <i>Country (if other than U.S.)</i> |
| | | <i>Postal/ZIP Code</i> |

Section II

| | | | |
|---|--------------|-------------------------------------|------------------------|
| PREVIOUS ADDRESS: <i>(Number and Street)</i> | | | |
| <i>City</i> | <i>State</i> | <i>Country (if other than U.S.)</i> | <i>Postal/ZIP Code</i> |

Section III

SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. (This document must show your current and previous name.) Examples of acceptable forms of legal documentation are **marriage certificate, divorce decree or court documents.**

| | | |
|-----------------------------------|--------------|---------------|
| PREVIOUS NAME: <i>Last</i> | <i>First</i> | <i>Middle</i> |
| NEW NAME: <i>Last</i> | <i>First</i> | <i>Middle</i> |

Section IV

To request a replacement certificate, check the boxes below to indicate the replacement certificate type you are requesting: **CNA** **HHA** **CHT** Reason for request: _____

Section V

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

*Social Security Number 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 Social Security numbers (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 exam identification, for identification purposes in national disciplinary data bases or as the basis of a disciplinary action against you.