

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

**PLEASE PRINT OR TYPE**

<b>REQUEST TYPE:</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Address Change <small>(Must complete Sections I, II &amp; IV)</small>	<input type="checkbox"/> Name Change <small>(Must complete Sections I, III &amp; IV)</small>	<input type="checkbox"/> Duplicate Request <small>(Must complete Sections I &amp; IV)</small>	<input type="checkbox"/> CNA <input type="checkbox"/> HHA <input type="checkbox"/> CHT
<b>Section I</b>			
<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>MIDDLE NAME:</b>			
<b>SOCIAL SECURITY NUMBER*/ INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:</b>		<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>CERTIFICATE NUMBER:</b>			
<b>EMAIL ADDRESS**:</b>		<b>PHONE NUMBER:</b> <input type="checkbox"/> Check if this is a cell phone	
<b>PUBLIC ADDRESS: (REQUIRED) - SUBJECT TO PUBLIC RECORDS ACT REQUEST RELEASE***</b>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
<b>CONFIDENTIAL ADDRESS: FOR CDPH USE ONLY</b> <i>(If left blank all departmental mail will be sent to the address above)</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
<b>Section II</b>			
<b>PREVIOUS ADDRESS:</b>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
<b>Section III</b>			
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 <b>marriage certificate, divorce decree or court documents.</b>			
<b>NEW NAME: Last</b>		<b>First</b>	<b>Middle</b>
<b>Section IV</b>			
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.  
 \*\*Providing your 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.  
 \*\*\*Effective May 22, 2018, the California Department of Public Health will be required under a court order 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. 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.