

Licensing and Certification Application Letters and Checklist

Health Facility
<ul style="list-style-type: none"> • Clinic Facility Application Request Letter and Checklist • Home Health Agency Application Request Letter and Checklist • Intermediate Care Facility for the Developmentally Disabled Facility Application Request Letter and Checklist • Management Company Application Request Letter and Checklist • Skilled Nursing Facility Application Request Letter and Checklist
Healthcare Professional
<ul style="list-style-type: none"> • Frequently Asked Questions--About Becoming a Nursing Home Administrator • Nursing Home Administrator Program--2008 Dates to Remember Flyer • Nursing Home Administrator Examination Instruction--2008

All Licensing and Certification Forms

Form Number	Form Title
BC 11-8016	Request for Live Scan Service <ul style="list-style-type: none"> • Sample Form for Licensee, Administrators, Adult Day Health Care, and Direct Care staff of ICFDD, ICFDDN, ICFDDH Facilities • Sample Form for certification of Nurse Assistants or Home Health Aids
CDPH 414	Application for Health Facility Change of Location
CDPH 500	AIT Application for Nursing Home Administrator State Exam and License
CDPH 501	Administrator in Training (AIT) Evaluation Report
CDPH 502	Application for AIT Program
CDPH 503	Application for Nursing Home Administrator State Examination
CDPH 504	Application for Nursing Home Administrator State Examination and License
CDPH 505	Application for Nursing Home Administrator National Examination
CDPH 506	Application for Nursing Home Administrator License
CDPH 507	Application to Become an Administrator-in-Training (AIT)
CDPH 508	Application to Become a Provider of Continue Education
CDPH 509	Continuing Education Course Completed for Active License Renewal
CDPH 510	Declaration and Request for Replacement License
CDPH 511	Instructor Application for C. E. Credit
CDPH 512	License Renewal Affidavit for Nursing Home Administrators
CDPH 513	Licensee's Request for Course Approval

Form Number	Form Title
CDPH 514	NHA/Facility Profile Sheet
CDPH 515	Preceptor Continuing Education Credit Application
CDPH 516	NHAP Preceptor Training Registration Form
CDPH 517	Provider Request for Course Approvals for Seminars, Workshops, and Conferences
CDPH 518	Provider Request for Course Approval
CDPH 519	Provider Request for Course Renewal
CDPH 520	Re-Examination Application for Nursing Home Administrator State Examination
CDPH 521	Re-Examination Application for Nursing Home Administrator National Examination
CDPH 522	Request for Provider Renewal
CDPH 523	Special Accommodation Request for Examination
CDPH 524	Master's or Reciprocity Application for Nursing Home Administrator Examination
CDPH 525	Application for Provisional License
CDPH 526	Frequently Asked Questions (About Becoming a Nursing Home Administrator)
CDPH 527	Nursing Home Administrator Examination Instructions
CMS 1561	Health Insurance Benefit Agreement
CMS 1561A	Health Insurance Benefit Agreement (Rural Health Clinics)
CMS 1572 (a)(b)	Home Health Agency Survey and Deficiencies Report
CMS 29	Instructions for Completing Request to Establish Eligibility to Participate in the Health Insurance for the Aged and Disabled Program to Provide Rural Health Clinic Services
CMS 3070 G	Intermediate Care Facility for Persons with Mental Retardation Survey Report
CMS 671	LTC Facility Application for Medicare and Medi-Cal
CMS 855A	Medicare Enrollment Application
DHCS 1051	Civil Rights Compliance Review
HHS 690	Assurance of Compliance
HS 0929	CNA/HHA/CHT--Request to Change Address and/or Name
HS 112	Consultation Request
HS 183	Home Health Aide (HHA) Certification List
HS 192	Application for Initial or Renewal Approval as a Continuing Education Provider
HS 200	Licensure & Certification Application
HS 215A	Applicant Individual Information
HS 269	Application for Medi-Cal Certification as a Primary Care Clinic Provider
HS 276	Nurse Assistant Certification Training Program Application

Form Number	Form Title
<u>HS 276 A</u>	Sample Form (May be used by provider) Nurse Assistant Training Program Skills Checklist
<u>HS 276 B</u>	Daily Nurse Assistant Training Program Schedule <u>HS 276 B-SAMPLE</u>
<u>HS 276 C</u>	Nurse Assistant Certification Training Program Individual Student Record Skills Checklist
<u>HS 276 D</u>	Disclosure of Ownership and Control Interest Statement
<u>HS 278 A</u>	Nurse Assistant Orientation Program Content
<u>HS 278 B</u>	In-Service Training Program
<u>HS 279</u>	Director of Staff Development/Instructor Application
<u>HS 283 A</u>	Certified Nurse Assistant In-Service Training/Continuing Education
<u>HS 283 B</u>	Nurse Assistant and/or Home Health Aide Initial Application
<u>HS 283 C</u>	Nurse Assistant and/or Home Health Aide Renewal Application
<u>HS 283 F</u>	Certified Hemodialysis Technician
<u>HS 283 H</u>	Certified Home Health Aide In-Service Training/Continuing Education
<u>HS 283 I</u>	Transmittal for Criminal Background Clearance Initial / Renewal Application
<u>HS 309</u>	Administrative Organization
<u>HS 318</u>	CNA/HHA Report of Misconduct
<u>HS 322</u>	Transmittal Application for Criminal Background Investigation
<u>HS 325</u>	Criminal Record Clearance Submission
<u>HS 328</u>	Notice - Effective Date of Provider Agreement
<u>HS 400</u>	Affidavit Regarding Patient Money
<u>HS 402</u>	Surety Bond Verification
<u>HS 403</u>	Financial Statement
<u>HS 602</u>	Transfer Agreement Between
<u>HS 609</u>	Bed or Service Request
<u>MC 803</u>	Medi-Cal Provider Data Form
<u>PM 284 (Eng/SP)</u>	Sterilization Consent Form (Non-Federally Funded)
<u>STD 850</u>	Fire Safety Inspection Request