

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATIONS & LICENSING ADMINISTRATION



## HOME HEALTH AIDE CERTIFICATION

Your interest in becoming a Certified Home Health Aide (HHA) in the District of Columbia is welcomed. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully.

This package contains the forms to apply for HHA Certification in the District of Columbia. Please follow the instructions provided and complete all sections. If you require more space to provide explanations for screening questions, include responses on a separate piece of paper.

### THE APPLICATION PROCESS

The District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a certificate to practice in the District of Columbia. If you submit an application that is incomplete or otherwise deficient, Health Regulation and Licensing Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

### COMPLETING THE APPLICATION FOR CERTIFICATION

#### **DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE PASSED THE HHA EXAM**

Your application and all required documents must be mailed in the same package to the Board office. Incomplete applications will be returned. Please mail in a 9X12 inch envelope and do not staple or fold application.

- Completed and signed application
- Passport photo (2)
- Attach any of the following applicable documents:
  - Name change (marriage certificate, divorce decree, court order)
  - Job termination (letter of explanation)
  - Affidavit (if you don't currently have SS#)
  - Arrest/Convictions (court records)

#### **HOME HEALTH AIDE TRAINING CERTIFICATE**

Submit a copy of your training program certificate of completion with your application. (Please note: Your name must also appear on the list of graduates submitted by your training program).

**Please allow a minimum of 10 business days for this application to be processed. If we have any questions regarding the application or the information you have provided we will contact you.**

## **SECTION 1**

### **CERTIFICATION FEES**

The certification fee is \$50.00. **Do not send cash.** You may pay the fee by check or money order, although it is recommended that you pay by check, so that you have ready proof of payment. Please make your check or money order payable to **DC Treasurer** and enclose it in the same package as your application. Please print your name on your check, if it is not pre-printed.

### **CRIMINAL BACKGROUND CHECK (CBC)/LIVE SCAN FINGERPRINTING**

1. Submit your application prior to scheduling your criminal background check (live scan fingerprinting).
2. Once your application is received, you will be assigned an HHA Certification number. Your certification number can be found at <http://app.HRLA.doh.dc.gov/weblookup>. **You must have your certification number to schedule your Criminal Background Check Live Scan Fingerprinting.** Your certification status will be "pending" until we receive the results of the FBI and State CBC/Live scan fingerprinting.
3. To schedule your live scan fingerprinting visit the MorphoTrust Website at [www.L1enrollment.com](http://www.L1enrollment.com) or call **1-877-783-4187**. For questions contact the CBC unit at **202-442-9004**.
4. **CBC will not be needed if** you have previously completed your live scan fingerprinting with MorphoTrust for purposes of employment or for certification or licensure as a health professional in DC.

## **SECTION 2**

### **APPLICANT NAME**

Enter your name exactly as it appears on your government issued identification [US driver's license, US state identification, passport, US military identification]. If you have changed your name, you must submit a copy of a legal document supporting name change. Acceptable documents are marriage certificates, divorce decrees, court orders and spouse's death certificate.

### **SOCIAL SECURITY NUMBER**

Please provide a Social Security Number. International applicants: A Tax ID Number will not be accepted in lieu of a Social Security Number. If you don't currently have a Social Security Number you must submit the attached "Affidavit in Support of Licensure." By signing the application, you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

## **SECTION 3**

### **TRAINING PROGRAM ATTENDED: "MANDATORY FIELD"**

Provide name and address of HHA program you attended along with dates of attendance. If you are an RN or LPN student or completed a foreign nursing program, include the name and address of your school/college/university and the dates of attendance.

### **HOME ADDRESS**

Provide a street address even if you have a PO Box; a street address must be provided. This will be the address to which all future documents related to your certification will be mailed.

### **EMPLOYER'S ADDRESS**

Provide the name and address of your current employer(s), along with dates of employment (if applicable).

### **EMAIL ADDRESS**

Board communications, including DC NURSE will be provided by email. Please provide a current email address.

### **OTHER CERTIFICATIONS**

If you are practicing as a HHA or a CNA in another state, provide a list of state(s) in which you are certified.

## **SECTION 5**

### **Screening questions**

Read the screening questions carefully and answer truthfully. If you answer "yes" to any of the questions please provide a complete explanation on a separate sheet of paper.

**Clean Hands:** If you owe the District of Columbia more than \$100. Please submit proof of the arrangements you have made to pay the outstanding debt.

**Arrest/Conviction:** Submit court documents for each arrest or conviction within the past seven (7) years that describe the outcomes or final decision. False or misleading statements will be cause for delay in processing your application and may result in disciplinary action or criminal prosecution pursuant to DC Code 22-2514.

## FREQUENTLY ASKED QUESTIONS

### How can I check the status of my application?

You can check the status of your application online. Go to [www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov) and click on Application Status or <https://app.HRLA.doh.dc.gov/mylicense/>. Enter your [Social Security Number](#) and [Last Name to register](#). Establish your [User Name](#) and [Password](#). Once you have successfully logged-in, click on "[View Checklist](#)". The status of your application is available the next day after the application has been entered online. As action is taken, the information is recorded in the database and automatically posted to the Status Check.

After you are certified, this information is no longer available at this site. You will be able to view your status and obtain your certification number at <http://app.HRLA.doh.dc.gov/weblookup/> or [www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov) and click on the Online Professional Licensure Search.

### What do I do if I have an address change?

Change of address should be emailed, faxed or mailed. You are required by regulation to report all changes of your residence address to the Board within 30 days. Failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Without an updated mailing address and email address, you may not receive communications from the Board.

### When does my certification expire?

Your HHA Certification will expire on October 30, 2015 (and will expire on October 30<sup>th</sup> of odd numbered years, thereafter). Upon completion of the renewal application and payment of the renewal fee, your certification will be renewed for a two-year period.

## CONTACT INFORMATION

### Location/Mailing Address

Department of Health  
Health Regulation & Licensing Administration  
Board of Nursing  
899 North Capitol Street, NE; First Floor  
Washington, DC 20002

### HLRA Customer Service

Monday through Friday 8:30 am to 4:30 pm EST

**Telephone:** (877) 672-2174

**Fax:** (202) 724-5145

**Check Application Status:** <https://app.HRLA.doh.dc.gov/mylicense/>

**Website:** [www.HRLA.doh.dc.gov](http://www.HRLA.doh.dc.gov)

**Email:** [bon.dc@dc.gov](mailto:bon.dc@dc.gov)