

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH - HEALTH REGULATION & LICENSING ADMINISTRATION
APPLICATION FOR CERTIFICATION



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 form 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. **If you have been alerted to deficiencies in your application that you fail to satisfactorily resolve, the application will close after 120 days and your Certification Fee will not be refunded.**

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

COMPLETING THE APPLICATION FOR CERTIFICATION

Your application and all **necessary** documents from the **Documents List** below must be mailed in the same package to the Board office. Please mail in a 9X12 inch envelope and do not staple or fold the application or other contents. Incomplete applications may be returned.

Please refer to Sections 4 and 5 for additional detail about which documents to include.

Document List:

- Completed and signed application along with \$50.00 Certification Fee
- Copy of HHA Training Program Certificate
- Copy of District of Columbia Home Health Aide Program NNAAP Examination Results bearing your Date of Birth (DOB) and the last four digits of your Social Security Number (SSN)
- Official transcript listing a "Fundamentals of Nursing" course in the United States) and a course description that indicates clinical components
- CES Certificate from The Commission on Graduates of Foreign Nursing Schools (CGFNS) (outside of the United States)
- Passport-type photos (two (2) original identical photos)
- Social Security Number (SSN) or SSN affidavit form
- Copy of Legal Name Change Document
- Screening questions – Detailed explanation to "Yes" answers
- Court Records for Arrests and/or Convictions

Please allow a minimum of 30 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 FEE

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

APPLICATION FOR CERTIFICATION

1. Submit your application prior to scheduling your criminal background check (live scan fingerprinting).
2. Once your application process starts, 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 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 the District of Columbia.

SECTION 2. APPLICANT INFORMATION

Enter your name exactly as it appears on your government issued identification [US driver's license, US state identification, passport, US military identification].

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 “Affidavit in Support of Licensure” (<http://doh.dc.gov/node/149342>) 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 2A. OTHER NAMES USED

If you have changed your name, you must submit a copy of a legal document supporting the name change. Acceptable documents are marriage certificates, divorce decrees, court orders and spouse's death certificate.

SECTION 2B. RACE & ETHNICITY DESIGNATION (LANGUAGE(S) SPOKEN

This information is requested but not required. Answer the questions at your discretion.

SECTION 3. TRAINING PROGRAM ATTENDED: (MANDATORY)

HHA applicant: Provide name and address of HHA program you attended along with dates of attendance. LPN or RN nursing student provide the name and address of your school/college/university where you completed your “Fundamentals of Nursing” course with clinical components (in the United States) and the dates of attendance, or foreign educated nursing student (outside the United States) provide your Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate.

SECTION 3A. 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.

SECTION 3B. CURRENT EMPLOYER(S)

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

SECTION 3C. OTHER STATE CERTIFICATION

If you are a CNA provide evidence of current certification

SECTION 4. FEE AND SUPPORTING DOCUMENTS OR REQUIREMENTS

The fee for Home Health Aide Certification is \$50.00, paid by check or money to the DC Treasurer and mailed along with your application to: Board of Nursing – PO Box 37802 – Washington, D.C. 20013.

Supporting Documents Attached or Completed - Provide all that apply:

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For the Home Health Aide Graduate approved by the Board or a nursing board in the United States, equivalent to the DC Board of Nursing standards and your name appears on the list of graduates provided by the HHA training program -

- Copy of HHA Training Program Certificate for training completed within 24 months of the date of application
- Copy of District of Columbia Home Health Aide Program NNAAP Examination Results which bears your DOB and the last four digits of your SSN

For the Practical or Registered Nursing Student (In the United States)

- Official transcript listing a "Fundamentals of Nursing" course (in the United States) and a course description that indicates clinical components within the last thirty-six (36) months from the date of the application

For the Foreign Educated Nursing Student (Outside of the United States)

- CES certificate from The Commission on Graduates of Foreign Nursing Schools (CGFNS) received within the last thirty-six (36) months from the date of application of certification, indicating education as a registered nurse (RN) or licensed practical nurse (LPN) outside of the United States

Criminal Background Check. To schedule your live scan fingerprints visit www.l1enrollment.com (MorphoTrust) Or call 1-877-783-4187. For questions contact the Criminal Background Check unit (CBC) at 202/442-9004. You must submit your application and obtain your certification number prior to registering for your live-scan fingerprint. You can obtain your certification number at <http://app.HRLA.doh.dc.gov/weblookup> 72 hours after your application has been submitted.

- Criminal Background Check

Passport-Type Photos: Two (2) recent and identical passport-type photos of the applicants face (measuring approximately 2"x 2") with applicant's name written on the back. The photos must be original photos and cannot be computer generated or paper copies.

Social Security Number. All applicants must provide a Social Security Number (SSN). If you are a foreign applicant and do not have a SSN or are waiting for one to be issued, you must complete the SSN affidavit form and submit it with your application. Your certification will not be renewed without a valid SSN. You can download the affidavit form by accessing <http://doh.dc.gov/node/323012>.

- Social Security Number or SSN affidavit form

Other Name Used. If your name on your application is different from the name on your supporting documentation, please provide a copy of a legal name change document. Acceptable documents for individuals are marriage certificates, divorce decrees, court papers and spouse's death certificate.

- Copy of legal name change document

Detailed Explanation. If you answer "Yes" to any of the questions in Section 5 of your application, you must attach a detailed written explanation.

- Detailed Written Explanation

SECTION 5. SCREENING QUESTIONS

Read the screening questions carefully and answer all truthfully. If you answer "yes" to any of the questions please provide a complete explanation on a separate sheet of paper and/or provide other documentation as indicated.

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 or evidence of satisfaction of the debt.

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Arrest/Conviction: Submit court documents for each arrest or conviction within the past seven (7) years that describe the outcome 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.

SECTION 6. LICENSED AFFIDAVIT

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.

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 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 and click on the Online Professional License Search.

When does my certification expire?

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

What do I do if I have an address change?

You are required by regulation to report all changes of your residence address to the Board within 30 days. Change of address information should be emailed, faxed or mailed. Failure to do so is punishable by a \$100 fine for first offense and increases 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.

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

HRLA 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

Email: bon.dc@dc.gov

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH - HEALTH REGULATION & LICENSING ADMINISTRATION
APPLICATION FOR CERTIFICATION**



BOARD OF NURSING HOME HEALTH AIDE



All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space is needed to fully answer questions, attach additional sheets with responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514. If you have any questions, call HRLA Customer Service at 1-877-672-2174 Monday through Friday, 8:30 AM to 4:30 PM EST. **Please Note: Please refer to application instructions before completing this form.**

SECTION 1. CERTIFICATION FEE

Home Health Aide Certification: \$50.00

Make check or money order payable to DC Treasurer and mail along with this application to:

Board of Nursing – PO Box 37802 – Washington, D.C. 20013

Check the box to indicate your status and attach the supporting document(s). See Section 4 of this application:

home health aide graduate

-or-

practical or registered nursing student (in the United States)

-or-

foreign educated nursing student (outside of the United States)

CRIMINAL BACKGROUND CHECK (Fingerprinting): All applicants are required to undergo a Criminal Background Check

PLEASE NOTE: Schedule fingerprinting after you have submitted your HHA application and received your certificate number. Your HHA certificate number will be required for fingerprinting.

For payment and to schedule an appointment call **1-877-783-4187** or visit www.L1enrollment.com

CRIMINAL BACKGROUND CHECK (Fingerprinting) previously completed:

If you have previously completed fingerprinting by MorphoTrust for the National Criminal Background Program and/or licensure/certification by DC Health Regulation & Licensing Administration, you do not have to repeat the CBC.

SECTION 2. APPLICANT INFORMATION

LEGAL NAME: *(Do not use initials unless they are a part of your name)*

_____	_____	_____	_____
FIRST NAME	MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
____/____/____		____ - ____ - ____ *	
Date of Birth		Social Security Number	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Place of Birth: State/Providence/Territory

Place of Birth: Country if not USA

***All Applicants must provide a Social Security Number. If you are a foreign applicant and do not have a SSN or are waiting for one to be issued, you must complete the SSN affidavit form and submit it with your application. Your certification will not be renewed without a valid SSN. You can download the affidavit form by accessing it at www.HRLA.doh.dc.gov**

SECTION 2A. OTHER NAME USED: (Go to next page, please print clearly)

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State	CNA Certification Number

SECTION 4. FEES AND SUPPORTING DOCUMENTS OR REQUIREMENTS: Check All that Apply

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

- Copy of HHA Training Program Certificate for training completed within 24 months of the date of application
- Copy of District of Columbia Home Health Aide Program NNAAP Examination Results which bears your DOB and the last four digits of your SSN

For the Practical or Registered Nursing Student (In the United States)

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Criminal Background Check. To schedule your live scan fingerprints visit www.lienrollment.com (MorphoTrust) Or call 1-877-783-4187. For questions contact the Criminal Background Check unit (CBC) at 202/442-9004. You must submit your application and obtain your certification number prior to registering for your live-scan fingerprint. You can obtain your certification number at <http://app.HRLA.doh.dc.gov/weblookup> 72 hours after your application has been submitted.

- Criminal Background Check
- Passport-Type Photos: Two (2) recent and identical passport-type photos of the applicants face (approximately 2" x 2") with applicant's name written on the back. The photos must be original photos and cannot be computer generated or paper copies.

Social Security Number. All applicants must provide a Social Security Number (SSN). If you are a foreign applicant and do not have a SSN or are waiting for one to be issued, you must complete the SSN affidavit form and submit it with your application. Your certification will not be renewed without a valid SSN. You can download the affidavit form by accessing <http://doh.dc.gov/node/323012>.

Other Name Used. If your name on your application is different from the name on your supporting documentation, please provide a copy of a legal name change document. Acceptable documents for individuals are marriage certificates, divorce decrees, court papers and spouse's death certificate.

- Copy of legal name change document

Detailed Explanation. If you answer "Yes" to any of the questions in Section 5 of your application, you must attach a detailed written explanation.

- Detailed Written Explanation
- Clean Hands – Proof of payment arrangements or satisfaction of debt
- Court Records for Arrests and/or Convictions

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SECTION 5. SCREENING QUESTIONS. Applicants must answer all of the following questions

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your Certification** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you cannot be certified if you have failed to file your District tax returns. IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

Information presented above is in compliance with the requirement to submit with your application for licensure under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES NO

A. Has the use of drugs and/or alcohol resulted in an impairment of your ability to safely provide patient care?

YES NO

B. Do you have a mental condition that currently impairs your ability to safely provide patient care?

YES NO

C. Have you ever been arrested, or pled guilty instead of going to trial, or been found guilty after a trial, or pled nolo contendere, regardless of whether the arrest, conviction or plea of nolo contendere was sealed or expunged? **If you answer "Yes" to this question, include all court documents pertaining to each arrest and/or conviction that occurred within the last seven (7) years, which detail the outcome or final decision.**

YES NO

D. Please answer with respect to DC or any other jurisdiction/state:

- (1) Have you withdrawn an application to practice your profession or voluntarily surrendered a license/certification after formal charges have been filed against you or while under investigation?
- (2) Have you been (or are you currently being) investigated by any authority or peer review board for any violation of state, federal, or local law?

YES NO

SECTION 6. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

SIGNATURE

PRINT NAME

DATE

PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.