PHONE: (916) 327-2445 EMAIL: cna@cdph.ca.gov WEBSITE: www.cdph.ca.gov

CERTIFIED NURSE ASSISTANT (CNA) RENEWAL REQUIREMENTS

1) Must provide at least one (1) day of nursing or nursing-related services to residents in a facility for compensation (under the supervision of a licensed health professional) within your most recent certification period.
2) Must obtain forty-eight (**48**) hours of In-Service Training/Continuing Education Units (CEUs) within your most recent certification period. A minimum of twelve (**12**) of the forty-eight (**48**) hours shall be completed in each year of the two (2) year certification period. A maximum of twenty-four (**24**) of the forty-eight (**48**) hours may be obtained only through a California Department of Public Health (CDPH) approved online computer training program listed on our website.
3) Must submit Renewal Application (CDPH 283C) to CDPH, along with any combination of the following: CNA In-Service/Continuing Education Form (CDPH 283A), continuing education certificates and/or official transcripts documenting the completion of forty-eight (48) hours of In-Service Training/CEUs within your most recent certification period.

- *All requirements must be met for renewal of the CNA certificate. Certificates will not be renewed unless all the documentation is received (Health and Safety Code, Section 1337.6).*
- *You may renew the CNA and Home Health Aide (HHA) certificates at the same time.*
- *Certificate holders shall notify CDPH within sixty (60) days of any change of address. Any notice sent by CDPH shall be effective if mailed to the current address filed with the department (Health and Safety Code, Section 1337.6).*

You may submit your renewal application package via our online submission page at:
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Online-Submission-Page.aspx.

Please read and follow the submission instructions carefully to ensure a successful submission on the first try.

Enclosed please find your new redesigned certificate

California Department of Public Health

CDPH Notice of Certification
Void if Defaced or Altered

[redacted]

You have successfully satisfied the requirements for **Nurse Assistant** Certification. Keep this for your personal records.

Certificate No.	Effective Date	Expiration Date
[redacted]	[redacted]	[redacted]

Signature _____

L&C 28 (06/2024)

California Department of Public Health (CDPH)
Healthcare Workforce Branch (HWB)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416

[redacted]

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

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