

SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1226 Type of Application: Certification
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Agency Address Set Contributing Agency:

California Department of Public Health (CDPH)
Agency authorized to receive criminal history information

MS 3301, P.O. Box 997416
Street or PO Box

Sacramento, CA 95899-7416
City, State Zip Code

03314
Mail Code (five-digit code assigned by DOJ)

(leave blank)
Contact Name (Mandatory for all school submissions)

() (leave blank)
Contact Telephone No.

Name of Applicant: Your full name
(Please print) Last First MI

AKA's: Other names known as CDL No.: California Drivers License Number
Last First

DOB: Date of birth SEX: Male Female Misc. No.: BIL - Not applicable
(Check one) Agency Billing Number (if applicable)

HT: Height WT: Weight Misc. No.: Your telephone number

Eye color: Color Hair color: Color Home Address: Your mailing address
(Applies only if Youth Org/HRA or Public Utility Submission)

POB: Place of birth
Street or PO Box

Social Security Number: *Social Security Number (Required by CDPH)
City, State and Zip Code

Your Number: *Social Security Number (Required by CDPH)
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ FBI

Employer: (Additional response for Department of Social Services, DMB/CHP licensing, and Department of Corporations submissions only)

(Leave blank)

Employer Name

Street No. Street or PO Box (Leave blank)
Mail Code (five digit code assigned by DOJ)

City State Zip Code ()
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY-CDPH; THIRD COPY-Applicant

NOTE TO APPLICANT: *Please input your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPH accurately and timely. Failure to submit your SSN could cause delay in your certification.