

CERTIFIED HEMODIALYSIS TECHNICIAN (CHT) INITIAL APPLICATION

(See instructions on the reverse)

SECTION I (REQUIRED)

TYPE OF REQUEST

Check here if you are enrolling in a **CHT** training program (**complete sections I - VIII**)
 Check here if you are requesting **RECONSIDERATION** for a previously revoked/denied certificate
 (**complete sections I, II, III, IV, V and VIII**)

SECTION II (REQUIRED)

Last Name	First Name	MI	Sex Male Female
Public Address (Required) – <i>Subject to Public Records Act Request release*</i>	City	State	Zip Code
<i>Confidential Address (Required)- (For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>	City	State	Zip Code
Date of Birth (mm/dd/yy)	Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) <i>*If you use an invalid SSN, your application process may be delayed</i> _____ - _____ - _____	Driver's License or State ID Number Number _____ State _____	
Phone Number *** _____		Email Address*** _____	
<input type="checkbox"/> By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per year. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help.			

SECTION III (REQUIRED)

Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?

Yes No

Type of License/Certificate: _____

License/Certificate Number: _____

Type of Action: _____

SECTION IV (REQUIRED)

Do you possess a High School Diploma or equivalency (i.e. General Education Development GED, High School equivalency, etc.)? You must list the name and address where you successfully obtained your High School Diploma or equivalency: Yes No

Name	City and Country	Date/Year Diploma or Equivalency was obtained

SECTION V (REQUIRED)

You must list the name and address of the approved CHT training program by CDPH where you successfully completed the training:

Name	City	CHP Provider Number	Completion Date (mm/dd/yy)

Printed Name of Registered Nurse (RN) Trainer	Signature of RN Trainer	Date

SECTION VI (REQUIRED)

You must list the name and address of the provider where you successfully passed the test examination:

Name of Test/Examination Provider	Phone Number	Pass Date (mm/dd/yy)

SECTION VII (REQUIRED)

You must list the name, city, phone number and hire date of the place you are currently employed:

Name of Employer	City	Phone Number	Hire Date (mm/dd/yy)

SECTION VIII (REQUIRED)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

Signature of Applicant

Date

CERTIFIED HEMODIALYSIS TECHNICIAN (CHT)

INITIAL APPLICATION INFORMATION

A CHT may not perform any duties that require a professional medical or nursing license.

A) REQUIREMENTS FOR INITIAL CERTIFICATION

(MUST MEET ALL THREE (3) REQUIREMENTS)

1) Education

a) Have a High School Diploma or equivalency (GED or High School equivalency).

2) Training

a) Have successfully completed a training program that is approved by the medical director and governing body of a Hemodialysis clinic/unit, under the direction of a RN. The training program must be approved by CDPH prior to implementation; OR

b) Have successfully completed a community or corporate-based training program, or a training program offered by an educational institution approved by CDPH.

- **In addition, you must have passed a written examination offered by a Hemodialysis clinic/unit, or a community or corporate-based training program that meets California law and a skills checklist observed by an RN.**

3) Test / Examination

a) Have successfully passed a standardized test that is approved by CDPH; OR

b) Have successfully passed an examination offered by a national commercially available certification program for CHTs, which is approved for this purpose by CMS.

B) NAME AND ADDRESS CHANGES

1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change may result in the delay or loss of your certification.

C) RECONSIDERATION

1) If the applicant's CHT certificate was revoked or denied by the CDPH, after review of this application, the CDPH will reach out to the applicant for additional information/documentation as needed.

Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 22, commencing with §71801.

INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636.**If you use an invalid SSN, your application process may be delayed ***Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online
