

CNA Recertification Application Form

Advanced Care Training

Address: P.O. Box 893224, Mililani, HI 96789

Office: (808) 623-1777 Fax: (808) 623-7100

Email donna@louscare.com

Dear Applicant,

Thank you for your interest in applying for Advanced Care Training Recertification Program. Our program follows Department of Human Services (DHS) revised statutes/guidelines of Section 346-46 and 457A-2, Hawai'i Nurse Aide Recertification Program. This program comprises 24 hours of foundation training.

After completing the foundation course and competency evaluation, a certificate will be issued to you. ACT will submit your documents to DHS and to the Department of Commerce and Consumer Affairs (DCCA) where your records will remain on file at these individual state departments.

After reviewing your application, we will contact you to advise you of the next available course dates.
(Note: You will need to bring your Prometric letter to class.)

Submit the following and mail to the address above:

- Completed Application for Renewal (Signed)
- **Current** CNA Certificate Number
- Direct Contact Information

"Thank you for your interest in Advanced Care Training Recertification Program."

Sincerely Yours,



Lourdes Vergara Marcelo, RN

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Contact Information

Social Security Number XXX - XX - Last Four		Date of Birth MM/DD/YYYY	
Last Name		First Name	M.I.
Street Address (including Apt. number or P.O. Box, if applicable)			
City		State	Zip Code
Home Phone Number () -		Cell Phone Number () -	
Email Address (applications without an email address may experience delays)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you at least 18 years old?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Qualifications (Answer each question by checking YES or NO.)

- 1) Can you meet all qualifications required by the State and U.S. Government for and maintaining your CNA license, including but limited to a criminal background check?
 Yes No
- 2) Has your Nurse Aide Certification been revoked, suspended, or otherwise subject to disciplinary action by another state agency?
 Yes No
- 3) Are you currently being investigated, or is any disciplinary action pending against you?
 Yes No

4) If you answer is 'No' to Q1, or 'Yes' to Q2 and Q3 above, please explain below.

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Education

Highest Grade Completed	<input type="checkbox"/> High School	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor Degree or Higher
Name of Last School Attended			
Street Address			
City	State	Zip Code	

Certificate (Current)

RN	Expiration Date	MM/DD/YYYY
LVN/LPN	Expiration Date	MM/DD/YYYY
CNA	Expiration Date	MM/DD/YYYY
First Aid/CPR/AED	Expiration Date	MM/DD/YYYY

Current Employment

Employer Name	
Employer Address	
City	State Zip Code
Job Position	How long have you been working for this company?
Describe Job	

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Emergency Contact Information

Name	
Address	
Phone () -	Relationship

Name	
Address	
Phone () -	Relationship

I hereby certify that the information provided is true to the best of my knowledge. I understand that falsifications of information are grounds for **refusal** of this application.

MM/DD/YYYY

Print Name

Date

MM/DD/YYYY

Signature

Date

MM/DD/YYYY

Reviewed By

Date