



SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Certification

Authorized Applicant Type

Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Department of Public Health (CDPH)

03314

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

MS 3301, P.O. Box 997416

(Leave blank)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

CA

95899-7416

(Leave blank)

City

State

Zip Code

Contact Telephone Number

Applicant Information:

Your last name

Your first name & middle initial

Last Name

First Name

Middle Initial

Suffix

Other Name Other last names known as
(AKA or Alias) Last

Other first names known as

First Name

Suffix

Date of Birth

Sex: Male Female

California Driver's License Number

Date of Birth

Driver's License Number

Height

Weight

Color

Color

Billing Not Applicable

Height

Weight

Eye Color

Hair Color

Number (Agency Billing Number)

Place of Birth

*Social Security Number (Required by CDPH)

Misc. Your telephone number

Place of Birth (State or Country)

Social Security Number

Number (Other Identification Number)

Home Your mailing address
Address Street Address or P.O. Box

City

State

Zip Code

Your Number: *Social Security Number (Required by CDPH)
OCA Number (Agency Identification Number)

Level of Service: DOJ FBI

If re-submission, list ATI number:
(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

(Leave blank)

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City

State

Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed