



**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**

Other first names known as

(AKA or Alias) Last

First Name

Suffix

Date of Birth

Sex: Male Female **(Check one)**

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)**

Level of Service: DOJ FBI

OCA Number (Agency Identification Number)

If re-submission, list ATI number:

Original ATI Number

(Must provide proof of Rejection)

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