



Government of the District of Columbia  
Department of Health



Health Regulation and Licensing Administration  
899 North Capitol Street, NE, 1st Floor  
Washington, DC 20002  
Email: dc.bon@dc.gov

## HOME HEALTH AIDE ENDORSEMENT

Your interest in becoming a Certified Home Health Aide (HHA) in the District of Columbia is welcomed. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully.

This package contains the forms to apply for HHA Certification in the District of Columbia. Please follow the instructions provided and complete all sections. If you require more space to provide explanations for screening questions, include responses on a separate piece of paper.

### THE APPLICATION PROCESS

The District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a certificate to practice in the District of Columbia. If you submit an application that is incomplete or otherwise deficient, Health Regulation and Licensing Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

### COMPLETING THE APPLICATION FOR EXAMINATION

**Your application and all required documents must be mailed in the same package to the Board office. Please mail in a 9X12 inch envelope and do not staple or fold application. Please allow a minimum of 10 business days for this application to be processed. If we have any questions regarding the application or the information you have provided we will contact you.**

### CERTIFICATION FEES

The certification fee is \$50.00. **Do not send cash.** You may pay the fee by check or money order, although it is recommended that you pay by check, so that you have ready proof of payment. Please make your check or money order payable to **DC Treasurer** and enclose it in the same package as your application. Please print your name on your check, if it is not pre-printed.

## **CRIMINAL BACKGROUND CHECK (CBC)**

1. Prior to scheduling your criminal background check, submit your application for certification including all required documents
2. Once your application is received, you will be assigned an HHA Certification number. Your certification number can be found at <http://app.hpla.doh.dc.gov/weblookup>. **You must have your certification number to schedule your Criminal Background Check Live Scan.** Your certification status will be “pending” until we receive the results of the FBI and State CBC.
3. To schedule your live scan fingerprinting visit the L-1 [now MorphoTrust] Website at [www.L1enrollment.com](http://www.L1enrollment.com) or call **1-877-783-4187**. For questions contact the CBC unit at **202-442-9004**.
4. **CBC will not be needed if** you have previously completed a background check with MorphoTrust (L1enrollement) for certification or licensure as a health professional in DC.

## **APPLICANT NAME**

Enter your name exactly as it appears on your government issued identification [US driver’s license, US state identification, passport, US military identification]. If you have changed your name, you must submit a copy of a legal document supporting name change. Acceptable documents are marriage certificates, divorce decrees, court orders or spouse’s death certificate.

## **SOCIAL SECURITY NUMBER**

Please provide a Social Security Number. International applicants: A Tax ID Number will not be accepted in lieu of a Social Security Number. If you don’t currently have a Social Security Number you must submit the attached “Affidavit in Support of Licensure.” By signing the application, you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

## **HOME HEALTH AIDE PROGRAM ATTENDED: “MANDATORY FIELD”**

Provide name and address of HHA program you attended along with dates of attendance.

## **HOME ADDRESS**

Provide a street address even if you have a PO Box; a street address must be provided.

## **EMPLOYER’S ADDRESS**

Provide the name and address of your current employer(s), along with dates of employment.

## **HHA CERTIFICATIONS/PRACTICE**

If you are practicing as an HHA in another state provide a list of state(s) in which you are certified as a HHA or practice as an HHA.

## SCREENING QUESTIONS

Read the screening questions carefully and answer truthfully. If you answer “yes” to any of the questions please provide a complete explanation on a separate sheet of paper. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

### ATTESTATION FORM

You must provide confirmation that you have successfully completed HHA training and that you are competent to provide the skills listed in DCMR 9327.2 Submit the Attestation Form completed by your employer with your application.

## FREQUENTLY ASKED QUESTIONS

### **How can I check the status of my application?**

You can check the status of your application online. Go to [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) and click on Application Status or <https://app.hpla.doh.dc.gov/mylicense/>. Enter your Social Security Number and Last Name to register. Establish your User Name and Password --- then once you have successfully logged-in, click on “View Checklist”. The status of your application is available the next day after the application has been entered online. As action is taken, the information is recorded in the database and automatically posted to the Status Check.

After you are certified, this information is no longer available at this site. You will be able to view your status and obtain your certification number at <http://app.hpla.doh.dc.gov/weblookup/> or [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) and click on the Online Professional Licensure Search.

### **What do I do if I have an address change?**

Change of address should be emailed, faxed or mailed. You are required by regulation to report all changes of your residence address to the Board within 30 days. Failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses. HPLA will update the address change in your database record. Without an updated address, you may not receive your renewal notice.

### **When does my certification expire?**

Your HHA Certification will expire October 30, 2015 and will expire on October 30<sup>th</sup> of odd numbered years, thereafter. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your certification. Upon completion of the renewal application and payment of the renewal fee, your certification will be renewed for a two-year period.

## **IMPORTANT CONTACT INFORMATION**

### **District of Columbia Health Regulation and Licensing Administration**

**Mailing Address:** D.C. Board of Nursing  
P.O. Box 37802  
Washington, D.C. 20013

**DC Board of Nursing Location:** District of Columbia Department of Health  
899 North Capitol Street, NE  
Washington, DC 20002

**Check Application Status:** <https://app.hrla.doh.dc.gov/Weblookup/>

**Website:** <http://doh.dc.gov/service/health-professionals>

**Board of Nursing Email:** dc.bon@dc.gov

**Criminal Background Check Unit Email:** doh.cbcu@dc.gov