New York State Department of Health

Home Care Registry User Manual



HCR User Manual version 3.7

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HCR User Manual Introduction

This Section: HCR User Manual Introduction

In this introductory section of the HCR User Manual, you will learn more about the purpose and goals of the HCR. This section also provides a list of common terms and abbreviations and a table of HCR timeframes.

The Home Care Registry (HCR) User Manual is divided into seven main sections:

- 1. Home Care Registry Data Entry
- 2. Training Entity Procedures
- 3. Home Care Agency Procedures
- 4. General Public Procedures
- 5. Appendix
- 6. Additional Resources
- 7. Contact Information

Section 1: Home Care Registry Data Entry

This table provides details on entering information on students and aides.

Section 2: Training Entity Procedures

This section contains step-by-step instructions for completing tasks commonly performed by training entities in the HCR. Important reminders are found in boxes at the beginning of sections. Also look for Quick Tip boxes that contain valuable hints and additional information.

Section 3: Home Care Agency Procedures

This section contains step-by-step instructions for completing tasks commonly performed by home care agencies.

Section 4: General Public Procedures

This section contains information on how the general public can use the HCR.

Section 5: Appendix

The appendix includes the New York State statute that mandates the HCR.

Section 6: Additional Resources

This section contains links to other HCR-related information.

Section 7: Contact Information

Here you will find the toll-free number and email address to the HCR Customer Service.

► Quick Tips are found in boxes like this.

Important reminders look like this.

Introduction to the New York State Home Care Registry

The Law

Chapter 594 of the Laws of 2008 establishes the HCR, a web-based registry of all personal care and home health aides who have successfully completed a personal care or home health aide training program approved by either the New York State Department of Health (DOH) or the New York State Education Department (SED).

Content

The HCR provides identifying information, certifications, past home care agency employment in New York, administrative findings (if any) of the New York State Department of Health and the Department of Health's determination of employability of each aide as a home care worker. The HCR makes this information available to both home care agencies and the general public.

Information Sources

Training programs and home care agencies are the sources for most of the information in the HCR on specific aides. The HCR is located on the Health Commerce System (HCS). Training programs and home care agencies submit the required information on trainees and aides to the HCR through the HCS. Therefore, in order to use the HCR, all home care agencies and SED training programs must have Health Commerce System (HCS) accounts and HCS Coordinators.

Updater Roles

Only staff assigned to the appropriate role on the HCS may submit the required information on trainees and aides to the HCR. Each training program and home care agency must designate at least two such persons to access and enter data in the HCR. These persons must be designated on the HCS by the HCS Coordinator. The HCS Coordinator must submit the name, position and contact information for each person to the New York State Department of Health through the training program's or home care agency's HCS account in the form of "roles."

Training Program Roles:

Home Care Registry Training Program Updater

An individual designated by an organization with a DOH or SED approved personal care or home health aide training program to access the HCR and view all of the training program information that it contains. This person can add classes and students to the HCR and can also modify any information on aides that the training program entered into the Registry.

Home Care Registry Training Program Viewer

An individual designated by an organization with a DOH or SED approved personal care or home health aide training program to access the HCR and view all of the training program information that it contains.

Home Care Registry Certification Form Printer

An individual designated by an organization with a DOH or SED approved personal care or home health aide training program to access the HCR and view all of the training program's information that it contains. In addition, this person can assign a Senior Official to a list of students and produce the hard copy Certification Form in a written sworn statement to be signed by the Senior Official.

Home Care Registry Training Program Certificate Printer

An individual designated by an organization with a DOH or SED approved personal care or home health aide training program to access the HCR and view all of the training program information that it contains. In addition, this person can print the DOH created certificates for students who have successfully completed their classes.

Home Care Agency (Employer) Roles:

Home Care Registry Agency Updater

An individual designated by a home care services agency to access the HCR and view all agency information that it contains. In addition, this person will have the ability to add personal, certificate, and employment information for any aide employed by the agency who is not already listed in the HCR. They will also be able to enter employment information for aides already listed in the HCR. This person will also have the ability to modify any information on aides that the agency entered into the HCR.

Home Care Registry Agency Viewer

An individual designated by a home care services agency to access the HCR and view all of the agency information that it contains.

Obtaining an HCS Account

DOH approved training programs that are not associated with an agency and either do not have or are unsure if they have an HCS account should contact 1 (866) 529-1890. SED approved training programs that do not have an HCS account should contact the HCR Customer Service at 1 (877) 877-1827.

Sources of Information on Aides

Personal care aides, home health aides and trainees may submit information to a training program or employer for inclusion in the HCR.

Retaining Documentation

DOH approved training programs must establish, maintain, and retain such records to show compliance with HCR requirements for six (6) years after the successful completion of training, unless otherwise directed by the DOH (7 years for SED programs). Home care agencies must establish, maintain, and retain such records to show compliance with HCR requirements for six (6) years after the termination of a worker's employment, unless otherwise directed by the DOH.

Policies and Procedures

Each training program and each home care agency must have written policies and procedures that set forth how it will ensure compliance with HCR requirements.

Effective Date

The Home Care Registry became effective on September 25, 2009.

Additional Assistance

Call toll-free: 1 (877) 877-1827

Or send questions and receive information from: HCReg@health.state.ny.us

Also, be sure to consult the HCR Alerts and Dear Administrator Letters (DALs) that are posted on the HCS.

Common Terms and Abbreviations

Certificate

The certificate printed from the HCR indicates that the aide whose name is printed on the certificate has successfully completed a training program. It contains the following information:

- Unique certificate number in the top left corner;
- Aide's name and registry number;
- Title of the training program and whether it is a DOH or SED approved training program (If it is an SED approved training program, it will also include the number of training program hours);
- Position for which the recipient is qualified: personal care aide or home health aide;
- Date the aide successfully completed the training program;
- Name and address of the training program responsible for issuing the certificate;
- Signature and license number of the Nurse Instructor or Supervising Nurse; and
- Signature of the Director/Coordinator or Official Agency Designee

Certification Form

This is the statutorily required written sworn statement printed from the HCR that lists, at any given time, the names of aides who have successfully completed training and the type of training program (PCATP or HHATP) that they completed. It also includes home address, date of birth, and the date of successful completion. This Certification Form must be signed by a Senior Official and notarized within 10 business days of the day on which the aide successfully completed the training program.

Certified

An aide is considered certified when the Senior Official has signed and notarized the Certification Form, attesting to the aide's identity and his/her successful completion of the training program.

Director/Coordinator

The PCATP Director/Coordinator has oversight responsibility for the Personal Care Aide Training Program and ensures that the personal care aide has successfully completed all training requirements. The PCATP Director/Coordinator must be a registered professional nurse, a social worker, or a home economist who has, at a minimum, a bachelor's degree in an area related to the delivery of human services or education.

Home Care Registry (HCR)

Chapter 594 of the Laws of 2008 establishes the HCR, a web-based registry of all personal care and home health aides who have successfully completed a personal care aide or home health aide training program approved by either the New York State Department of Health (DOH) or the New York State Education Department (SED).

Nurse Instructor

PCATPs and HHATPs may

The following abbreviations appear throughout this User Manual:

NYSDOH/DOH – New York State Department of Health NYSOLTC/OLTC – New York State Office of Long Term Care NYSED/SED – New York State Education Department HCR – Home Care Registry HCS– Health Commerce System HCSA – home care services agency PCA/HHA – personal care aide/home health aide PCATP – personal care aide training program HHATP – home health aide training program

have more than one Nurse Instructor. For PCATPs, the Nurse Instructor is the registered nurse who teaches personal care skills. She/he must be currently licensed and approved by the Home Care Registry program. For HHATPs, the Nurse Instructor is any registered nurse who teaches a portion of the HHATP curriculum, other than the Supervising Nurse. The minimum qualifications of an HHATP Nurse Instructor are two years' experience as a registered professional nurse, one of which is in the provision of home health care services in an Article 36 or 40 approved agency or its equivalent for out-of-state home care agencies. HHATP Nurse Instructors must be approved by the Regional Office.

Official Agency Designee

Only HHATPs have an Official Agency Designee, whose signature appears on all HHATP certificates. HHATPs may have more than one Official Agency Designee.

Senior Official

Both HHATPs and PCATPs must designate at least one Senior Official. This person must be authorized to execute a legally binding instrument on behalf of the operator of the home care agency or owner of the training entity. The Senior Official is required to sign a written sworn statement, made under penalty of perjury and notarized, certifying that each person listed on the Certification Form has successfully completed the training. The Certification Form identifies each aide by name, address, date of birth and date on which such training was successfully completed. It also indicates whether the training was PCA or HHA. Training programs are required to keep the signed Certification Forms on file and provide them when requested by the DOH or SED.

Supervising Nurse

The Supervising Nurse is the registered nurse responsible for the supervised practical portion of home health aide training. HHATPs may have more than one Supervising Nurse. The minimum qualifications of a Supervising Nurse are 2 years' experience as a registered professional nurse, of which one year is in the provision of home health care services in an Article 36 or 40 approved agency or its equivalent for out-of-state home care agencies. Supervising Nurses must be approved by the Regional Office.

Section 1: Home Care Registry Data Entry

Group	What Data Must Bo Enterod?	By When?	By Whom?
1 Trained in a class	Class information:	Within top (10) business	Only the training
starting on or after 9/25/09 and <u>not</u> <u>listed in</u> HCR.	trainee's name and date of birth.	days of start of class. Day one (1) is first day of class.	program can enter training information for this group of trainees.
2. Trained in a class starting on or after 9/25/09 and <u>not</u> <u>listed in</u> HCR.	Rest of personal information on aide other than name and date of birth.	Within ten (10) business days of successful completion of the training program. Day one (1) is the day the aide successfully completes the training program.	Only the training program can enter training information for this group of aides.
3. Trained in a class starting on or after 9/25/09 and <u>listed in</u> HCR.	Only employment information. Aides in this group are already listed in the HCR. If the aide is not listed in the HCR, the training program must be told to enter the aide's personal and training information. The employer cannot do it.	Within ten (10) business days of employment. Day one (1) is any day between the day that the employer is reasonably sure it is going to hire the aide, and the first day that the aide works for pay for the employer.	Employer.
4. Trained in a class that started before 9/25/09, employed on 9/25/09, and not <u>listed in</u> the HCR.	Personal, training and employment information.	By 9/25/10.	Employer of record on 9/25/09.
5. Trained in a class that started before 9/25/09, not employed on 9/25/09, and not listed in the HCR.	Personal, training and employment information.	Prior to providing home care services.	First employer on or after 9/26/09.
6. Trained in a class that started before 9/25/09, not employed on 9/25/09, and <u>listed</u> in the HCR.	Current employment information.	Within ten (10) business days of employment. See Group 3 for definition of day one (1).	Current employer.



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Instructions for HHA and PCA Training Programs

What you need to use the HCR:

Computer

ℰ G HCS access and account

 ${\mathscr D}{\mathbin{ \ G } }$ Roles assigned by HCS Coordinator

 ${\mathscr D}{\mathbin{ \ G } }$ Written policies and procedures regarding the HCR

☐ Important Reminders for Setting up a Class

Only for classes that begin on or after September 25, 2009, enter class start date, time and methodology, and choose the corresponding instructor from the drop-down menu in the HCR.

Then enter name and date of birth for each person in the class within 10 business days of class start date. Day one is class start date.

Print and execute the Certification Form within 10 business days of the day that the student successfully completes the training program. Day one is the day the student successfully completes training. The Certification Form is a list of students who have successfully completed training.

Print, sign and present certificates to each aide listed on the Certification Form within 10 business days of the date the Certification Form is executed (i.e., printed, signed and notarized.) Day one is the date the Certification Form is executed. Print and sign a second set of certificates to keep on file.

Retain the Certification Form and all original signed certificates, as well as documentation that each trainee's identity has been verified.

Search for a Registrant

Search for a Registrant 📾 Search 📾 View Selected Results



2

To search for a Registrant, enter the information you have, such as Registry Number, DOB, Last Name, etc., and click "Search."

Registrant Search				
Registry Number:	Certificate #:		Certificate Status:	All
First Name:	Middle Name:		Last Name:	
DOB: MM/DD/YYYY	Gender:	All 💌	Aide Type:	All
City:	State:	All	Zip Code:	
Approved for Employment:	Employment Status:	All		
Show Advanced Search				
Search Clear				

If you wish to search by the training entity or the home care services entity, click "Show Advanced Search" to bring up those search options. Choose the training entity or home care services entity by finding the desired entity in the list and clicking on it. Then click the "Search" button.

Registry Number:		Certificate #:		Status:	All	~
First Name:		Middle Name:		Last Nam	e:	
008:	MM/DD/YYYY	Gender:	All 💌	Aide Typ	at All	~
City:		State:	All	V Zip Code		
Approved for		Employment	All	~		
Hide Advanced Search		Status:	Home Care Services Ag	ency:		
Hide Advanced Search Fraining Entity:		Status:	Home Care Services Age	ency:		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CAF A & Staffing (previously Sta	E SERVICES f Builders)	Status:	Home Care Services Age 1ST CHOICE HOME CARE : & & A STAFFING HEALTH	ency: SERVICES, INC. CARE SERVICES		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CAF A & Staffing (previously Sta A & THEALTHCARE LLC A = THEALTHCARE LLC	E SERVICES f Builders)	Status:	Home Care Services Age 1ST CHOICE HOME CARE : A & A STAFFING HEALTH A & B HEALTH CARE SER	ency: SERVICES, INC. CARE SERVICES VICES, INC.		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CAF A & S TAFFING HEALTH CAF A & THEALTHCARE LLC A & THEALTHCARE LLC A & THEALTHCARE LLC A & THEALTHCARE LLC	E SERVICES f Builders)	Status:	Home Care Services Age 1ST CHOICE HOME CARE : A & A STAFFING HEALTH A & B HEALTH CARE SERV A & D PERSONNEL SERVI A & E HOME CARE. INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. ZES, INC.		
All Hide Advanced Search Training Entity: A & A STAFFING HEALTH CAF A & A Staffing (previously State) A & THEALTHCARE LLC A & T HEALTHCARE LLC	E SERVICES f Builders) RARY SERVICES, INC	Status:	Home Care Services Age 1ST CHOICE HOME CARE : A & A STAFFING HEALTH A & B HEALTH CARE SER: A & D FERSONNEL SERVI A & E HOME CARE, INC. A & J HOME CARE, INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. DES, INC.		
All All Hide Advanced Search Irraining Entity: A & A Staffing (previously State) A & A Staffing (previously State) A & THEALTHCARE LLC A & THEALTHCARE LLC A & THEALTHCARE LLC A & THEALTHCARE LLC	E SERVICES If Builders) RARY SERVICES, INC	Status:	Home Care Services Age IST CHOICE HOME CARE : A & A STAFFING HEALTH A & B HEALTH CARE SER' A & D PERSONNEL SERVI A & J HOME CARE, INC. A & J HOME CARE, INC. A & T HEALTH CARE, INC. A & T HEALTH CARE, INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		

3

Click on the top box to remove the checks from all the search results. Then click on the check box next to the registrant you wish to view. Click on "View Selected Result(s)" to bring up the registrant's profile.

Add a Training Site

Jump to My Training Entity 📾 General 📾 Add Training Site 📾 Add Training Site Details 📾 Save



Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employ is an active registry and changes can occur at any given time.

Use These Quick Links To Get Started:

∢	Search for a Registrant
>	Search for a Training Entity
∢	Search for a Home Care Agency

Jump to my Training Entity(s)
 Jump to my Agency(s)



The approved training programs for your agency are listed below. Click on "Add Training Site"

Training En	tity Genera	al Information				
General	Programs	Certification	ReCertification	Print Certific	ates Admin Personnel	
Z Test LHCS	A Training E	ntity				
Address:	800 North Pearl Albany,NY,1220	Street, 14	Туре:		Home Health Agency	
County:	Albany		Approving State Dep	partment:	Department of Health	
Phone:	(777)777-7777		Associated Agency	License Number:	8888Z888	
Training Prog	ram Approva	ıls			/	
Туре	Language	St	art Date	End Date	Action	
HHA	Abkhazian	1	1/02/2011	11/01/2014	Add Training Site	
PCA	Romance (Other)	0 0	1/01/2011		Add Training Site	j
PCA	Swedish	C	4/28/2012	01/01/2013	Add Training Site	1
HHA	French	C	1/01/2012	12/31/2014	Add Training Site	j
HHA	English	C	3/01/1900		Add Training Site	j
PCA	English	C	3/01/1900		Add Training Site]

3 Add Training Program Details

Add Tra	ining Program				
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Z Test LH	ICSA Training E	Intity			
Approval	Details:				
Туре:	Personal Care Aide		Start Date:	03/01/1900	
Language:	English		End Date:		
Program	Details:		Start Da Precede	ate Cannot Approval	<u> </u>
Name:*			Start Da	ate	
Start Date:*	03/01/1900 MM/D	סאיאא	End Date:	MM/DD/Y	YYY
Street1:*			Street2:		
City: *			Zip/Postal Code: *	t	
County:*	All 💙		Phone:		
				Save	Cancel

Double check your data before hitting "save". As of now, there is no option to "edit", so please be accurate!



ning Program Created Successfully

Training Entity Programs

i i anning i	-mary r rogra	inio -			
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel

Training Program created successfully.

Z Test LHCSA Training Entity

Location	Course	Start Date	End Date	Training Type	Language	License #
Allie's PCA Training Program		05/01/2012	12/31/9999	PCA	English	Show
100 Candy Lane, Albany,NY,12206						

Now you can add classes and students

► If you have just received approval and this is your first training program site, you will now need to contact DOH Staff to input your Training Program Personnel (Nurse Instructors, Supervising Nurse, Director/Coordinator).

Add a Class

Jump to my Training Entity 📾 Programs 📾 Show 📾 Add Class



Incorrect information here? Contact your Regional Office or SED contact.

Click "Show" next to the program to which you want to add a class.



► These fields are pre-populated.

<u>Notes</u>

Add info in the boxes highlighted and click "Add Class" button.

4

5

Training Entities	Registrants Iv> Search Training Entity Results	Agencies	Ba	r on the	right.	
Training Classes						
General Progra	ms Certification P	Print Certificates				
Program General P	rogram Classes Supervising	Nurse Nursing Instructor	Director/Coordinat	or Official Agency De	esignee Certifier	
TEST POST SEC TEST POST SEC	CONDARY EDUCATION S	SCHOOL SCHOOL		License #		
HHA - English	Channel 1				2	
lass Start	Methodology	Registered Nurse	Created By	Roster	Tool Bar	
MM/DD/YYYY) (HEMM AM/ 19/09/2009 09:00 AM	PM) Core Training	Johnny, Instructor 💙		Add Class	 Print Entity Class Listing 	
/01/2500 08:00 AM	C etency Evaluation	Johnny, Approver	sxy03	Show	Print Program Class Listing	1
2/02/2010 08:10 AM	Core The ving	Johnny, Approver	ajc04	Show	Selected Training Entities	
/01/2010 08:00 AM	Core Training	Johnny, Instructor	ajc04	Show	Z TEST POST SECONDARY EDUCATION	12
/12/2009 08:00 PM	Nurse Aide Transfor	Johnny, Approver	ajc04	Show		[
/03/2009 09:00 PM	Core Training	Johnny, Instructor	ajc04	Show		\setminus
1/03/2009 08:56 PM	Nurse Aide Transition	Johnny, Approver	ajc04	Show		
/03/2009 06:33 PM	Core Training	Johnny, Approver	ajc04	Show		N
/02/2009 08:30 AM	Personal Care Aide Upgrade	Johnny, Approver	ajc04	Show	Training Programs	
0/22/2009 10:00 PM	Nurse Aide Transition	Johnny, Approver	sxy03	Show	Z TEST POST SECONDARY EDUCATION	
10/2009 11:00 PM	Personal Care Aide Upgrade	Johnny, Instructor	sxy03	Show	Z TEST POST SECONDARY EDUCATION	
3/11/2009 10:00 AM	Core Training	Johnny, Instructor	ajc04	Show		
9/11/2009 08:00 AM	Personal Care Aide Upgrade	Johnny, Instructor	ajc04	Show		
				<u> </u>	<u><</u>	

Training Entitions	Registrants	Agencies			
Fraining Classes					
General Program	Certification	Print Certificates			
Program Consul	Changes Supervis	ing Murse Narsing Instructo	Director/Coordinator	Official Agency Designee	Certifier
attuac At M	Dew				No. of Party
NAMES OF TAXABLE PARTY OF TAXABLE PARTY.					100 bar
lass Start IM/00/YYYY) (REMM AM/P	u) Methodology	Registered Hurse	Created By Ro	ster Print	Training Entity Profile
lasa Start IMOGYYYYY) (IREAM AMP	All Methodology Select One	Select One	Created By Ro	Add Cases	Training Entity Profile Entity Clease Listing - Program Clease Listing
inte Start MUDDIYYYYY (REEMM AMP	Wethodology	Registered Rume Select One	Created By Ro	Add Cases	Training Entity Profile Entity Case Lating Program Cases Lating
INTER STATE	a) Methodology Select One P Tarias Nove Frankram Com Training Personal Care Ade Upgrade	Select One Select One Johnry Approver Johnry Approver	approx ap	Add Cases Show Show	Tranning Entity Profile Entity Cases Listing Program Cases Listing Selected Training Entities
INTER Start INTEGRATION DECIMINATION VED/2009-DE-33 PM VED/2009-DE-35 AM BE22/2009-DE-35 AM	A) Methodology Select One Parama Core Training Personal Care Ade Upgrade Narse Ade Transition	Select One	Created By Ro	Add Cases Add Cases Show Show Show Show Show	Toon bar Tranng Edity Polle Ently Case Lating Program Case Lating Solected Training Entities Post SECONDARY EDUCAT

Add a Student to a Class

Jump to My Training Entity See General Programs Show Program Classes Show Class Roster Add Student No Match Student Roster



2

From the Training Entity General Information page, click the "Programs" tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certifica	ates	Admin Personnel
Z Test LHC	SA Training E	Intity				
Address:	800 North Pearl Albany,NY,1220	Street, 04	Туре:		Home Health	n Agency
Country	Albany		Approving State Dep	artment:	Department	of Health
county:						

From the Training Programs page, click "Show" next to the program to which a student is to be added.

Training E	intity Prograi	ms						
General	Programs	Certification	ReCe	rtification	Print	Certificates	Adı	min Personnel
Z Test LHC	SA Training E	ntity						
Location			Course	Start Date	End Date	Training Type	Language	License #
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl St Albany,NY,12204	treet,							
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl St Albany,NY,12204	treet,							

4

3

Click "Show" next to the class to which a student is to be added.

Training (Classes							
General	Programs	Certification	ReCertifica	ation	Print Ce	ertificates	Admir	Personnel
Program Ger	neral Program C	lasses Sup	ervising Nurse	Nurse	Instructor	Director/Coord	inator	Official Agency De
Z Test LHO Z Test LHO HHA - Eng Status: Ope	CSA Training H CSA Training H dish	Entity Program						License #
Class Start (MM/DD/YYYY) ((HH:MM AM/PM)	thodology	R	egistered	Nurse	Created By	Action	Roster
	Se	lect One	v	Select One	*			Add Class
07/02/2010 09:3	0 AM Co	re Training		Irma Mi Instr	ructor	jxs39	Edit	Show
09/25/2009 09:0	0 AM Pe	rsonal Care Aide Upgrad	le	Irma Mi Instr	uctor	cxf12	Edit	Show

Enter the student last name, first name, date of birth and click the "Add Student" button.

Training Class Roster

General	Pro	ograms	Certific	ation	ReCertifica	ition	Print Ce	rtificates	Adr	nin Personnel
Program Ge	eneral	Program	Classes	Class Ros	ster	Superv	vising Nurse	Nurse Inst	ructor	Director/Coordinat
Senior Of	ficial									
Z Test LH	CSA T	Training E	ntity							
Z Test LH	CSA T	Training P	rogram							License #
HHA - Co	re Trai	ning - En	glish					07	7/02/20	10 09:30 AM
Registry Number	Name (Last)		(First)		DOB (MM/DD/YY	ryy) St	atus C P	ertificate rinted	Action	
	Doe		Jane		04/18/1960				Add	d Student
<u>152461</u>	Johnn	Doe			11/11/1977	Ce	rtified 0	7/06/2010	Edit	Uncertify

6

5

If aide is not found, click "No Match."

Matched Aides

Jane Doe				04/18/1960
Registry Number	Name	County	Select	
No matching aides found.				
No Match Retu	urn to Roster			

7 On the Training Programs Student page, click "Save."

Training Entities	Registrants	A CONTRACTOR OF						
		Agendea		Reports		Administration		
ining Programs Stu	ident							
neral Programs	Certification	ReCertification	Print Cer	tificates	Admin	Personnel		
ogram General Program	Classes Class Root	Student		Supervising N	Nurse	Nurse Instructor	Director/Coordinator]
icial Agency Designee Se	nior Official							
est LHCSA Training E	ntity							
est LHCSA Training P	rogram					License #		
A - Core Training - En	ghsh			0	7/02/201	0.09:30 AM	153554.65	
	227						Tool Bar	
nographic Informatio	on						 Print Training Entity Profil Print Program Class Lists 	e 10
stry bert								-
ie i	Streett: **		* Date of	04/18/1960	MADDYY	W.		
it Name: Lace	Streeth		Gender:	Select One			Selected Training	Entities
lie .			1	goages and Se	A		Z Test LHCSA Training Entit	y (Albany)
e:	City: **		Ethnicity:	Select One	×		Z Test Post Secondary Edu	cation Sch
t Name: Doe	State: **	*	Race:	Select One		*		
	Zip/Postai						3	
(here and	Country:" Select	000		~			٤	
	Contraction (1997)			101			Testisten Permi	100
marked with * are required to sav	e Student Information						7 Test I NCSA Training Progr	tines (NOVA
marked with ** are required to sa	ve Student Approval Informatio	in.					Z Test LHCSA Training Prog	pram (PCA
urity Information								
4 digits of								
or.							<	1
bers Sen Name								
and								
of Birth **								
and)					
hers First				1				

General	Programs	Certifi	cation	ReCertification	Pri	int Certificates	Ad	min Personnel
Program	General Prog	gram Classes	Class Ros	ter	opervising Nur	se Nurse In:	structor	Director/Coordina
Test	TOPA T	E.C.						
Z Test Ll HHA - Co	HCSA Trainin HCSA Trainin ore Training -	g Program English					07/02/20	License # 10 09:30 AM
Z Test Ll HHA - Co legistry lumber	HCSA Trainin HCSA Trainin ore Training - Name (Last)	g Entity g Program English (First)		DOB (MM/DD/YYYY)	Status	(Certificate Printed)7/02/20 Action	License # 010 09:30 AM
Z Test LI HHA - Co legistry umber	HCSA Trainin HCSA Trainin ore Training - Name (Last)	g Entity g Program English (First)	ļ	DOB (MM/DD/YYYY)	Status	(Certificate Printed)7/02/20 Action	License # 010 09:30 AM Id Student
Z Test LI Z Test LI HHA - Co legistry lumber	ACSA Trainin HCSA Trainin ore Training - (Last) last Johnn Doe	g Entity g Program English (First)		DOB (MM/DD/YYYY) 11/11/1977	Status	(Certificate Printed 07/05/2010	07/02/20 Action	License # 010 09:30 AM Id Student

Important Reminders for Approving a Student

Only the designated Senior Official can approve a student's successful completion of a class, and this must be done within 10 business days of completing the class.

All approved students' names will be printed on the Certification Form.

The Certification Form must be signed and notarized by the Senior Official within 10 business days of the day that the student successfully completes the training program.

The Certification Form must be kept on file along with documentation that the aide's identity was verified.

Approve a Student

Jump to My Training Entity 📾 General 📾 Programs 📾 Program Classes 📾 Class Roster 📾 Edit 📾 Student 📾 Approve 📾 Save

From the "Class Roster" page, click "Edit" next to the student who is to be approved.

Training Ent	ities Re	ogistrants	Agencies				
and a							
raining Clas	ss Roster						
General	Programs Cert	tification	Print Certificates				
Program General	Program Classes	Class Roster	Super	vising Nurse	Nursing Instructor	Director/Coordinator	Official Agency Designee
Certifier							
udent Sayed succ	essfully.						
TEST POST	SECONDARY H	EDUCATION	SCHOOL				
TEST POST	SECONDARY B	EDUCATION	SCHOOL			License #	
IHA - Core T	raining - English				09/24/20	09 09:00 AM	
HA PT1						100000000000000000000000000000000000000	
legistry Number	Name (First) (L		006	Status	Action		Tool Bar
	1000000 100	100			Add	Student	Print Training Entity Profile
	Doherty Shannon		04/19/1961	Enrolect	ER	[] hdraw]	Print Entity Class Listing

2

On the "Training Programs Student" page, fill in all required fields, select the appropriate name from the drop down menu next to "Course completed and approved by" and then click "Save."

	Registrants	Agencies				
	122					
aining Programs Stud	ent		-			
General Programs	Certification	Print Certificates		Supervision Nurse	Burning Instructor	Director/Coordinator
fficial Agency Designen Cer	tifier					
TEST POST SECONDAF TEST POST SECONDAF	RY EDUCAT	TON SCHOOL TON SCHOOL		100000	License #	
IA + Core Training - Engli	sh			09/24/	2009 09:00 AM	
1A P 1 I						Tool Bar
emographic Information gistry mber:						Prot Training Ently Profile Prot Ently Class Listing Prot Program Class Listing
efiac	Streett:**		* Date of	04/19/1963		✓ Print Class Roster
inst Name: Sharpon	Street?-		Gender:	Select One W		
dde					-	-
me.	City;**		Ethnicity:	Select One	M	Selected Training Entities
ant Name: Doherty	State: **	*	Races	Select One	~	Z TEST POST SECONDARY EDUCATI
flic	Zip/Postal Code: **					
	Country:**	Select one		*		
						¢
ts marked with " are required to save o	Student Approval In	formation.				Training Programs
curity Information						Z TEST POST SECONDARY EDUCATI
est 4 digits of						Z TEST POST SECONDARY EDUCATI
or						
aiden Name						
ano Iy of Birth "						
					-	

3 The student status now shows "Approved."

1	New Yor	k State		Welcome			
	Home	Care Regist	ry	Home Page	Contact OLTC F/	AQs I Rules & Regulations	1.8
Training Er	itities	Registrants	Agencies				
aining Cla	iss Roster						
General	Programs	Certification	Print Certificates				
Program Genera	I Program	n Classes Class Roste	Supervising	Nurse Nursing Instructor	Director/Coordinator	Official Agency Designee	
dent Saved suc TEST POS TEST POS HA - Core 7 HA PT1	cessfully. T SECOND T SECOND Fraining - En	ARY EDUCATIO ARY EDUCATIO Iglish	ON SCHOOL ON SCHOOL	09/24/2	License # 009 09:00 AM		
gistry Number	Name (First)	(Lest)	DOB (MM/DD/YYYY) St	atus Action		Tool Bar	
	Doherty , Shann	100.	0419/1983	Adv	Student	Print Training Entity Profile Print Entity Class Listing Print Program Class Listing Print Class Roster	

Enter the Successful Completion Date for Certification

Certification Senior Official Successful Completion Date Print Certification Sheet

To certify to a student's successful completion, the Home Care Registry Training Program Updater clicks on "Certification:"

Certification

The next steps are to select the Senior Official, enter the date the student successfully completed the training program and then click "Print Certification Sheet."

Click "Certification."

Training Class Certification Queue

General	Programs	Certification	Print Certificates		
 Please 	select a Senior (Official		Z Select a Senior Offic	cial

Z Test LHCSA Training Entity

Registry Number	Name	Training	Methodology Class St		Approved	Successful Completion Date	
	David Smithers	HHA	Core Training	02/11/2010	03/04/2010	03/04/2010	
	rubels ryan	HHA	Competency Evaluation	09/01/2010	01/26/2010		
	John Deer	HHA	Personal Care Aide Upgrade	01/01/2100	02/05/201		
	colleen colleen	HHA	Personal Care Aide Upgrade	01/01/2100	2.702/2010		
	fryin ryan	HHA	Personal Care Aide Upgrade	01/01/5700	03/03/2010		
	ryan ryan						
		3 Enter	the successful co	ompletio	n date.		

► Check the spelling of all names before printing the Certification Form! Names on certificates will be spelled the way they are spelled on the Certification Form.

Print Certification Sheet

Click "Print Certification Sheet."

5 From the Certification page, click the "Download Certification" button.

New Y	ork State		Welcome	
Home	e Care Registi	ry	Home Page I Contact OLTC I	FAQs I Rules & Regulators I Help
Training Entities	Registrants	Agencies		
Download Certificati	on			
Ganeral Programs	Certification	Priot Certificates		
Z TEST POST SECON	DARY EDUCATIO	N SCHOOL		
				Tool Bar
Please click the Download Certificato	on button to download the gen	eraled Certification Sheet	ad Certification	Print Training Entry Printie Remain to Certification
				Selected Training Entities
After downloading the Certification a	heet, use the link "Return to Cr	intification" available in the lost har to	return to the Training Class Certification Queue	Z TEST POST SECONDARY EDUCATION
				c
© 2009 NVS Department of Health	- Home Care Registry			



"Save" the file and then "Open" to verify the name(s) on the Certification Form and print; this form must be signed by the Senior Official and notarized.

	Registrants	Agencies		
Download Certification	on	_	File Download	
Z TEST POST SECON	DARY EDUCATION	SCHOOL	Do you want to open or save this file? Name: CertificationForm.pdf Type: Adole Acrobat Document From: binsm02.health.state.ny.us Open Save Cancel	tities
		and the second states with the second states of the second states and second state	e to r	DUCAT

This Certification Form is signed by the Senior Official under penalty of perjury and must be notarized.

► **Don't forget!** The Certification Form must be executed within 10 business days of the day the student successfully completes the training program. Certificates must be printed, signed and given to aides within 10 business days of execution of the Certification Form.

► What does *successfully complete* mean? For purposes of executing the Certification Form and giving signed certificates to aides, *successfully completed* or *successful completion* means, in connection with personal care aide training, the trainee has completed the forty hour home care curriculum and passed the home care curriculum evaluations or, alternatively, the trainee has passed the alternative competency demonstration administered by a DOH approved PCATP. In connection with home health aide training, it means the trainee has completed the forty hour home care curriculum and thirty-five hour home care health related tasks curriculum and passed the home care curriculum and home care health related tasks curriculum evaluations or, alternatively, that the trainee has passed a competency evaluation program administered by a DOH approved HHATP.

Notes:

Reprint Certification Forms

Certification 📾 Reprint Certification Form 📾 Print Certification 📾 Open 📾 Print

From the Training Class Certification Queue page, click "Reprint Certification Form" from the Tool Bar on the right.



3

On the left, locate the date of the certification that needs to be reprinted and click "Print Certification" on the right.

General	Programs	Certification	Print Certificates			
Z Test LH	CSA Training	Entity				
Date		Certi	fier		Tool Bar	
01/28/2010 02:47	PM	Carol M	li Cage	Print Certification	Print Training Entity Profile	
01/28/2010 10:14	AM	Carol M	li Cage	Print Certification	Return to Certification	
01/28/2010 09:52	AM	Carol M	li Cage	Print Certification		
01/27/2010 02:55	PM	Carol M	li Cage	Print Certification		
01/27/2010 11:23 AM		Carol M	li Cage	Print Certification	Solosted Training Entities	
01/26/2010 03:57 PM		Carol M	i Cage	Print Certification	Selected training truttes	
01/26/2010 03:51 PM		Carol M	li Cage	Print Certification	Z Test LHCSA Training Entity (Albany) Z Test Post Secondary Education School	
01/26/2010 03:46 PM		Carol M	li Cage	Print Certification		
01/26/2010 03:23	PM	Carol M	li Cage	Print Certification		
01/26/2010 02:57	PM	Carol M	li Cage	Print Certification		
01/21/2010 03:43	PM	Chris M	li Certifier	Print Certification	< ×	
01/21/2010 03:23	PM	Carol M	li Cage	Print Certification		
01/20/2010 12:11	PM	Cyrus I	Mi Crawford	Print Certification		
01/19/2010 11:35	AM	Carol M	i Cage	Print Certification		
01/19/2010 11:24	AM	Chris M	li Certifier	Print Certification	×	



	File Download	
Print Certificates	Do you want to open or save this file?	
	Name: Certification.pdf	
	Type: Adobe Acrobat Document	
	From: bhnsm02.bealth.state.ny.us	
r	Open Save Cancel	
		ntities
ord	While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?	(Alban) ation Sc
r		
r	Print Certification	
	Print Certification	
r	Print Certification	_

5

Click the printer icon to print the Certification Form.



Edit Certification Form

Jump to my Training Entity(s) 📾 Certification 📾 Reprint Certification Form 📾 Edit 📾 Print Certification Sheet 📾 Download Certification 📾 Open/Save 📾 Print



Click the Certification tab and then click the "Reprint Certification Form" link from the Tool Bar on the right.

	g Class Certification Que	Red	Certification Print	Certificates	_		
7 7							
Z Test L	LHCSA Training Entry						
Z Test LHC	CSA Training Program - HHA - English		Senior Official: Select On	e 💙		<u>^</u>	Tool Bar
Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)	 Print Training Entity Profile Print Entity Class Listing Reprint Certification Form
	colleen dwyer	HHA	Core Training	01/13/2010	05/03/2010		
2008	Edna J Bleary	HHA	Core Training	02/11/2010	04/12/2010		
	rubels ryan	HHA	Competency Evaluation	03/01/2010	01/26/2010		
	Foxy Samantha	HHA	Competency Evaluation	07/01/2010	03/22/201		
	bert cert	HHA	Competency Evaluation	07/01/2010	05/05/2010		Selected Training Entition
	John J Deer	HHA	Personal Care Aide Upgrade	01/01/2100	03/09/2010		
	colleen colleen	HHA	Personal Care Aide Upgrade	01/01/2100	03/02/2010		Z Test LHCSA Training Entity (Albany) Z Test Post Secondary Education Schoo
	fryin ryan	HHA	Personal Care Aide Upgrade	01/01/2100	03/03/2010		
	ryan ryan	HHA	Personal Care Aide Upgrade	01/01/2100	01/26/2010		
Z Test LHC	CSA Training Program - Test Regen - PCA	- English	Senior Official: Select On	e 💌			

3

On the Reprint Certifications page, click the Edit button across from the date of original certification.

General Progr	rams Certification	ReCerti	ification	Print Certificates			
Z Test LHCSA T	raining Entity						
69 Forms found, displa	aying 1 to 25.			 Display 25 [First/F 	Display 50 Prev] 1, 2, 3, 4,	 Display 100 5, 6, 7 [Next/Last] 	Tool Bar
Certification Nate	Senior Official	Status	Successor Forn Date	n Action			Return to Certification
5/10/2010 10:34 AM	Carol Mi Cage			Print Ce	rtificat n	Edit	
4/26/2010 01:34 PM	Cyrus Mi Crawford			Print Ce	rtification	Luit	
4/22/2010 10:05 AM	Carol Mi Cage			Print Ce	rtification	Edit	
4/21/2010 01:54 PM	Carol Mi Cage			Print Ce	rtification	Edit	Selected Training Entities
4/21/2010 11:56 AM	Carol Mi Cage			Print Ce	rtification	Edit	Z Test LHCSA Training Entity (Albany)
4/16/2010 02:17 PM	Chris Mi Certifier	Regenerated	04/21/2010 11:56	AM Print Ce	rtification		Z Test Post Secondary Education School
4/16/2010 02:16 PM	Chris Mi Certifier	Regenerated	04/16/2010 02:17	PM Print Ce	rtification		
4/16/2010 02:12 PM	Carol Mi Cage	Regenerated	04/16/2010 02:16	PM Print Ce	rtification		
4/13/2010 04:35 PM	Carol Mi Cage	Regenerated	04/16/2010 02:12	PM Print Ce	rtification		< >

4

Make the changes needed and then click "Print Certification Sheet."

Coneral	Programs	Certification	ReCo	ertification	Print Certificates			
Test L	HCSA Training	Entity						
				Senior Official:	Select One		2	Tool Bary
gistry mber	Name		Training	Methodology	Class Start	Approved	Successful Completion Date	 Print Training Entity Profile Print Entity Class Listing Return to Reprint Certification Form
122	Aga Lownes		PCA	Basic Training	11/10/2009	11/16/2009	11/15/2009	
123	Ana Winana		PCA	Basic Training	11/10/2009	11/16/2009	11/20/2009	
								¢
5 Click the "Download Certification" button.



After downloading the Certification sheet, use the link "Return to Certification" available in the tool bar to return to the Training Class Certification Queue.



Click "Open" or "Save."



Click the printer icon at the top left of the screen.

NEW YORK STATE DEI Office of Long Term Can	PARTMENT OF HEALTH		Home	e Care Regis	try Certification	n Foi
Training Entity: Z Test 800 No Albany	LHCSA Training Entity inth Pearl Street , NY 12204					
Certifying Official: Ch	ris Mi Certifier					
By executing this docum	ent, I hereby certify that:					
 The persons listed b The true identity of e Public Health Law § I will promptly notify Certification are no listed by 	elow have successfully comp each of the persons listed belo 3613 and 10 NYCRR §403.4; the New York State Departm onger accurate.	eleted the iden ow has been v and ent of Health i	tified trainin rerified by the the time of time of time of the time of tim	g program; his training entity a that any of the sta	s required by itements made in this	
Training Program: Z T 800 Alb	est LHCSA Training Program 0 North Pearl Street any, NY 12204	n - Test Reger	n			
1.10			Successful			Train
Name of Person Completing Training	Person's Address	Date of Birth	Completion Date	Type of Training	Training Methodology	Langu
Name of Person Completing Training Aja Lownes	Person's Address 123 Anytown Street Anytown, NY 12345	Date of Birth 07/01/1982	Completion Date	Type of Training Personal Care Aide	Training Methodology Basic Training	Langu Englis

Change the Methodology of a Class

Jump to my Training Entity(s) 📾 Programs 📾 Show 📾 Edit 📾 Select 📾 Save



3 Click "Show."

Training E	ntity Progra	ms						
General	Programs	Certification	ReCe	rtification	Print Certificates			
Z Test LHC	SA Training H	Entity						
Location			Course	Start Date	End Date	Training Type	Language	License #
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl Si Albany,NY,12204	treet,							
Z Test LHCSA Tra	aining Program - Test	Regen		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl St Albany,NY,12204	treet,							

4

Click the Edit button next to the class needing the methodology change.

Training C	lasses								
General	Programs	Certification	ReCertifica	tion	Print Ce	ertificates			
Program Gene	eral Program C	lasses Su	pervising Nurse	Nurse	Instructor	Director/Coord	linator	Of	ficial Agency De
Z Test LHC	SA Training I	Entity							
Z Test LHC	SA Training I	Program							License #
HHA - Engli	ish	-							
Status: Open	Show	·							
Class Start (MM/DD/YYYY) (H	н:мм ам/рм) ^{Ме}	thodology	R	egistered	Nurse	Created B	y Acti	on	Roster
	Se	lect One	¥ 5	Select One	*				Add Class
01/01/2100 08:00	AM Pe	rsonal Care Aide Upgra	de I	rma Si Instr	ructor	ajc04	Ec	lit	Show 📤
07/01/2010 09:00	PM Co	mpetency Evaluation	I	rma Si Instr	uctor	cxf12	Ec	lit	Show
06/01/2010 09:00	AM Co	re Training	I	rma Si Instr	ructor	jjn04	Ec	lit	Show
05/10/2010 09:00	AM Co	mpetency Evaluation	I	rma Si Instr	ructor	cxf12	Ec	lit	Show
05/05/2010 10:00	AM Pe	rsonal Care Aide Upgra	de I	rma Si Instr	ructor	cxf12	E	lit	Show
04/10/2010 09:00	AM Co	re Training	1	rma Si Instr	uctor	cxf12	Ec	lit	how

5

Select the methodology from the drop-down menu and click "Save."

Training Classes

General	Programs	Certification	ReCertifica	tion	Print C	ertificates		
Program Gene	iral Program C	asses Sup	ervising Nurse	Nurse 1	Instructor	Director/Coordinator		Official Agency De
Z Test LHC Z Test LHC HHA - Engl	SA Training E SA Training F ish	Entity Program						License #
Class Start:	04/10/2 (MM/00	010 09:00:00 AM						
Methodology :	Core T	raining	· 1					
Registered Nur	se: Ima Si	nstructor	•			G	ave	Cancel

6

The training class has been updated. Now all students in the class must be recertified, since the methodology has changed.

Training Classes Print Certificates General Certification ReCertification Progra Official Agency Des Director/Coordinator Training Class updated successfully. ٠ • The saved changes affect the existing Certification Form. Please Recertify. ٠ The Certificate(s) have been successfully regenerated for the Training Class. Z Test LHCSA Training Entity Z Test LHCSA Training Program License # HHA - English Status: Open 🗸 Show Class Start Methodology Created By Action Roster **Registered Nurse** (MM/DD/YYYY) (HH:MM AM/PM) Add Class Select One ~ Select One ~ 01/01/2100 08:00 AM Irma Si Instructor Personal Care Aide Upgrade ajc04 Show Edit 07/01/2010 09:00 PM Competency Evaluation Irma Si Instructor cxf12 Edit Show Core Training 06/01/2010 09:00 AM Irma Si Instructor jjn04 Edit Show Irma Si Instructor cxf12 05/10/2010 09:00 AM Competency Evaluation Edit Show 05/05/2010 10:00 AM Personal Care Aide Upgrade Irma Si Instructor cxf12 Edit Show 04/18/2010 10:00 AM Competency Evaluation Irma Si Instructor lxf11 Edit Show

Click the "ReCertification" tab and then click "ReCertify" across from the date the methodology was changed.

ReCertific	cation Forn	n Queue					
General	Programs	Certification	ReCertification	Print Certificates			
Z Test LH	CSA Training	g Entity					
Date		Senio	r Official				
05/13/2010 12:58	3 PM	Cyrus	Mi Crawford	(ReCertify	D	^
05/13/2010 11:10	5 AM	Carol I	li Cage	(ReCertify)	
04/26/2010 10:3	1 AM	Carol M	li Cage	(ReCertify]	
04/22/2010 10:05	5.AM	Carol M	li Cage	(ReCertify)	

8

7

Select the Senior Official, verify the successful completion date and print the certification sheet.

General	Programs	Certification	ReCe	ertification	Print Certificates		
Z Test I	HCSA Training	Entity					
05/13/20	010 12:58 PM					Cvrus	Mi Crawfor
				Senior Official: Cy	rus Mi Crawford 😽		-
Registry Number	Name		Training	Methodolov /	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
3802	George Harmon		ННА	Competer cy Evaluatio	n 04/18/2010	05/13/2010	05/13/2010
1							1
						Print Ce	ertification Sheet

Glick "Download Certification."



After downloading the Certification sheet, use the link "Return to Certification" available in the tool bar to return to the Training Class Certification Queue.

10 Click "Open."



Don't forget! The Certificates must also be re-printed.

11

To print off the certificates for the students in a class where the methodology has changed, access the class roster and click on the first aide's registry number on the left.



2 From the Registrant General Information page, click the "Training" tab.

Gameri Traini	ng Eniployment	Employability/Determinations		
George Harmo	III		Registry Number	3802
				Tool Bar
Address	1 04. Tray, MY, 12111	Approved for Employment:	UNITOWN.	🛩 Print Registrant Pruffa
00:	2506/1960	Date Approved for Employment:	65/13/2018	Search Reputrate
Senden	Mare	Determination(x) of Abuse.		Selected Registrants
		Neglect or other Misconduct:	Mit	George Harmon - 5882

13

Click "Print Original" and the certificate for this aide will print. To access other aides in this class, double-click on the names in the Selected Registrants tool bar on the right.

Ceneral Trainin	Employment	Employability/Determinations		
George Harmon			Registry Number 3802	
	and the second second			Tool Bar
ertification:	None Health Alde	Certificate Status:	Active 🗠	Prot Report and Profile
Vaining Entity:	2 Test LHCSA Training Entity	Certificate Status Date:	06/130910	 Search Reputrant
ddress:	600 North Pearl Street Albany, NY, 10204	Certificate #	2006	Selected Registrants
rogram Name:	2 Test LHCSA Training Program	Training Methodology:	Competency Evaluation	George Harmon - 3802
tart Dote:	04/16/2010	State Department:	DOH	
legistered Nurse:	Sally Ex Supervisor	Instructors	Imme Si Instructor	
ensor Officials	Cyrus Mi Crawford	Successful Completion Date:	05/150010	
		Date Certificate Reintert:	25/13/2010 (Corrected Centificate)	

Update Class Start Date & Time

Jump to my Training Entity 📾 Programs 📾 Show 📾 Edit 📾 Enter Date 📾 Save



Z Test LHCSA Training Entity						
Location	Course	Start Date	End Date	Training Type	Language	License #
Z Test LHCSA Training Program		03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl Street, Albany,NY,12204						\cup
Z Test LHCSA Training Program - Test Regen		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl Street, Albany,NY,12204						

4 Click "Edit" across from the class which needs the start date or time corrected.

Training Clas	sses							
General	Programs	Certification	ReCertific	ation	Print Co	ertificates		
Program General	Program Class	es Supe	rvising Nurse	Nurse Ir	structor	Director/Coordin	ator O	fficial Agency De
Z Test LHCSA	Training Ent	ity						
Z Test LHCSA	Training Pro	gram						License #
HHA - English								
Status: Open	Show							
Class Start (MM/DD/YYYY) (HH:M	M AM/PM) Metho	dology	F	Registered N	urse	Created By	Action	Roster
	Select	One	*	Select One	*			Add Class
06/01/2010 09:00 AM	Core T	raining		Irma Si Instruc	ctor	jjn04	Edit	Show 📤
05/17/2010 09:15 AM	Core T	raining		Irma Si Instruc	ctor	cxf12	Edit	Show
05/13/2010 08:00 AM	Compe	etency Evaluation		Irma Si Instruc	ctor	gtj01	Edit	Show
05/10/2010 10:00 AM	Core T	raining		Irma Si Instruc	ctor	cxf12	Edit	Show
05/05/2010 10:00 AM	Persor	nal Care Aide Upgrade	•	Irma Si Instruc	ctor	cxf12	Edit	Show
04/18/2010 10:00 AM	Compe	etency Evaluation		Irma Si Instruc	ctor	kf11	Edit	Show
04/10/2010 09:00 AM	Compe	etency Evaluation		Irma Si Instruc	ctor	bxf11	Edit	Show
03/30/2010 10:00 AM	Compe	etency Evaluation		Irma Si Instruc	ctor	cxf12	Edit	Show
03/20/2010 10:00 AM	Persor	nal Care Aide Upgrade	•	Irma Si Instruc	ctor	bxf11	Edit	Show



Make the changes in the boxes provided and click "Save."



Training Classes

General	Pr	ograms	Certificat	ion	
Program Ge	neral	Program C	asses	Supe	ervis
Training	g Class	updated suc	cessfully.		

The class now appears in the class listing with the new start date and time.

Training C	lasses									
General	Programs	Certificati	on R	eCertification	n	Print Cert	ificates			
Program Gene	eral Program (Classes	Supervising	Nurse	Nurse Instr	ructor	Director/Coord	inator	Official Ag	ency De
Training	Class updated su	iccessfully.								
Z Test LHC	SA Training I	Entity								
Z Test LHC	SA Training	Program							Licer	ise #
HHA - Engli	ish									
Status: Open	n 💙 Show	v								
Class Start (MM/DD/YYYY) (H	ін:мм ам/рм) ^{Ме}	thodology		Regis	stered Nurs	se	Created By	Actio	n Roste	F
	Se	elect One	*	Sele	ct One	~			Add	Class
01/01/2100 08:00	AM Pe	ersonal Care Aide	Jpgrade	Irma	Si Instructor		ajc04	Edi	t Shov	v 🔺
07/01/2010 09:00	PM Co	ompetency Evaluat	ion	Irma	Si Instructor		cxf12	Edi	t Shov	v 🗉
06/01/2010 09:00	AM Co	ore Training		Irma	Si Instructor		met05	Edi	t Shov	
05/16/2010 10:15	AM Co	ore Training		Irma	Si Instructor		jxs39	Edi	t Shov	v
05/13/2010 08:00	AM Co	ompetency Evaluat	ion	Irma	Si Instructor		gtj01	Edi	t Shov	v
05/10/2010 10:00	AM Co	ore Training		Irma	Si Instructor		cxf12	Edi	t Shov	v
05/05/2010 10:00	AM Pe	ersonal Care Aide	Jpgrade	Irma	Si Instructor		cxf12	Edi	t Shov	v
04/18/2010 10:00	AM Co	ompetency Evaluat	ion	Irma	Si Instructor		lxf11	Edi	t Shov	v
04/10/2010 09:00	AM Co	ompetency Evaluat	ion	Irma	Si Instructor		bxf11	Edi	t Shov	v

Please note that to change the start date or time, the class cannot already exist for that date, time and methodology. Also, the new date and start time must be less than or equal to all of the approval and successful completion dates for the students in the class.

Update the Class Instructor

Jump to my Training Entity 📾 Programs 📾 Show 📾 Edit 📾 Select Registered Nurse 📾 Save

Jump to my Training Entity(s).
 Use These Quick Links To Get Started:
 Search for a Registrant
 Search for a Training Entity
 Search for a Home Care Agency
 Jump to my Training Entity(s)
 Jump to my Agency(s)



Training	g Entities	Registrants	Agencies	Reports	Administration
Home					
Training E	ntity Genera	Information			
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Z Test LH(CSA Training E	ntity			
Address:	800 North Pearl Albany,NY,1220	Street, 14	Туре:	Home H	ealth Agency
County:	Albany		Approving State Dep	artment: Departm	nent of Health
Phone:	(777)777-7777		Associated Agency I	License Number: 8888Z8	88

3 From the Training Entity Programs page, click "Show."

Training E	Training Entity Programs										
General	Programs	Certification	ReCe	rtification	Print	Certificates	Ad	min Personnel			
Z Test LHC	SA Training E	intity									
Location			Course	Start Date	End Date	Training Type	Language	License # Classes			
Z Test LHCSA Trai	ining Program			03/01/1900	10/01/2010	HHA	English	Show			
800 North Pearl Str Albany,NY,12204	reet,										
Z Test LHCSA Trai	ining Program			03/01/1900	10/01/2010	PCA	English	Show			
800 North Pearl Str Albany,NY,12204	reet,										

4

On the Training Classes page, click "Edit" next to the class where the instructor needs to be changed.

Training Cla	sses								
General	Programs	Certification	n	ReCertifica	ition	Print Co	ertificates	Adm	in Personnel
Program Genera	Program C	asses	Super	vising Nurse	Nurse I	nstructor	Director/Coor	dinator	Official Agency Des
Z Test LHCSZ Z Test LHCSZ HHA - English Status: Open	A Training H A Training H 1 Show	Entity Program							License #
Class Start (MM/DD/YYYY) (HH:I	MM AM/PM) ^{Met}	hodology		R	egistered I	lurse	Created B	y Actio	n Roster
	Se	ect One		*	Select One	*			Add Class
06/15/2010 09:00 AM	l Nu	rse Aide Transition	ı	1	rma Mi Instru	ictor	jjn04	Ed	t Show 🛆
06/15/2010 09:00 AM	l Co	e Training		1	rma Mi Instru	ictor	bxf11	Ed	t Show

Select a different instructor from the dropdown menu next to "Registered Nurse" and click "Save."

Edit Training Class



6 The training class has been updated successfully.

Training Classes

General	Pro	ograms	ion		
Program Ge	neral	Program C	Supe	rvi	
 Trainin 	a Classe	undated cur	cooofully		

Training Class updated successfully.

Update the Class Location

Jump to my Training Entity 📾 Programs 📾 Show 📾 Edit 📾 Select Training Program 🚎 Save

Jump to my Training Entity(s). Use These Quick Links To Get Started: ÷ Search for a Registrant

- ÷
 - Search for a Training Entity
- ÷ Search for a Home Care Agency





Click on the "Programs" tab.

General (Programs	Certification	ReCertification	Print Certific	ates	Admin Personnel
Test LHC	SA Training E	intity				
Address:	800 North Pearl Albany,NY,1220	Street, I4	Туре:		Home Health	Agency
Address: County:	800 North Pearl Albany,NY,1220 Albany	Street, 14	Type: Approving State Depa	artment:	Home Health Department	of Health

3

From the Training Entity Programs page, click "Show."

Training Entity Programs

General	Programs	Certification	ReCe	rtification	Print	Certificates	Ad	min Personnel
Z Test Post	Secondary Ed	lucation School	1					
Location			Course	Start Date	End Date	Training Type	Language	License #
Z Test Post Secon	ndary Training Program	<u>n II</u>		03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl St Albany,NY,12204	treet,						-	
Z Test Post Secon	ndary Training Program	n		03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl St Albany,NY,12204	treet,							
Z Test Post Secon	ndary Training Program	n		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl St Albany,NY,12204	treet,							

From the Training Classes page, click "Edit" next to the class where the program needs to be changed.

I raining Ci	asses							
General	Programs	Certification	ReCertifica	ation	Print Ce	rtificates	Adm	iin Personnel
Program Gene	ral Program C	asses Sup	ervising Nurse	Nurse	Instructor	Director/Coor	dinator	Official Agency De
Z Test Post Z Test Post HHA - Engli	Secondary Ed Secondary Tr	lucation School aining Program	II					License #
Status: Open	Show							
Class Start (MM/DD/YYYY) (H	H:MM AM/PM) Met	hodology	R	legistered	Nurse	Created B	y Actio	on Roster
	Sel	ect One	¥	Select One	~			Add Class
07/29/2010 08:30	AM Per	sonal Care Aide Upgrad	e	ALLISON S	RYAN	jjn04	Ed	lit Show 🛆
07/14/2010 08:00	AM Per	sonal Care Aide Upgrad	e	ALLISON S	RYAN	jjn04	Ed	lit Show
05/25/2010 07:00	PM Per	sonal Care Aide Upgrad	e .	ALLISON S	RYAN	jjn04	Ed	lit Show

On the Edit Training Class page, click the drop-down arrow and select a different training program location. Then click "Save."

Program General Program Classes Supervising Nurse Nurse Instructor Director/Coordinator Official Ag Z Test Post Secondary Education School Licen Licen Z Test Post Secondary Training Program II Licen HHA - English Training Program : Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Class Start : 07/29/2010 08:30 AM MMDD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade V Registered Nurse: ALLISON S RYAN End Date: Save Cancel Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Select One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	General	Programs	Certification	ReCertifica	ation	Print Cer	rtificates	Adı	min Personnel
Z Test Post Secondary Education School Z Test Post Secondary Training Program II Licen HHA - English Training Program : Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Class Start : 07/29/2010 08:30 AM MMDD/YYYY HH.MM AM/PM Methodology : Personal Care Aide Upgrade V Registered Nurse: ALLISON S RYAN V End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Select One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V	Program General	Program Cla	isses Sup	ervising Nurse	Nurse	Instructor	Director/Coo	rdinator	Official Agency D
Z Test Post Secondary Training Program II Licen HHA - English Training Program : ZTest Post Secondary Training Program II (HHA - English - 03/01/1900) V Class Start : 07/29/2010 08:30 AM MM/DD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade V Registered Nurse: ALLISON S RYAN V End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Save Cancel Close Class Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Select One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	Z Test Post Sec	condary Ed	ucation School						
HHA - English Training Program : Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Class Start : 07/29/2010 08:30 AM MM/DD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade Registered Nurse: ALLISON S RYAN End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900) Class Secondary Training Program II (HHA - English - 03/01/1900)	Z Test Post Sec	condary Tra	aining Program	II					License #
Training Program : Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Class Start : 07/29/2010 08:30 AM MM/DD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade Registered Nurse: ALLISON S RYAN End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Èelect One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900)	HHA - English	-	0 0						
Training Program : Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ♥ Class Start : 07/29/2010 08:30 AM MM/DD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade ♥ Registered Nurse: ALLISON S RYAN ♥ End Date: ● Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ♥ Save Cancel Close Clas Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ♥ Select One Test Post Secondary Training Program II (HHA - English - 03/01/1900)									
Class Start : 07/29/2010 08:30 AM MM/DD/YYYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade ♥ Registered Nurse: ALLISON S RYAN ♥ End Date: Close Class Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ♥ ielect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	Training Program :	Z Test	Post Secondary Trainir	ng Program II (HHA	- English - (03/01/1900) 💙			
MM/DD/YYY HH:MM AM/PM Methodology : Personal Care Aide Upgrade ♥ Registered Nurse: ALLISON S RYAN ♥ End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ♥ ielect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	Class Start :	07/29/2	010 08:30 AM				1		
Methodology : Personal Care Aide Upgrade Registered Nurse: ALLISON S RYAN End Date: Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) Elect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)		MM/DD/	(YYY HH:MM AM/P)	N					
Registered Nurse: ALLISON S RYAN End Date: Save Cancel Close Clas Close Clas Concel Close Clase Concel Close Clas Concel Close Clase Concel Close Clas Conc	Methodology :	Person	al Care Aide Upgrade	~			7		
End Date: Save Cancel Close Clase Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) ielect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	Registered Nurse:	ALLISO	N S RYAN 💌						
Save Cancel Close Clas Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) elect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)	End Date:								
Save Cancel Close Clas Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V ielect One Test Post Secondary Training Program II (HHA - English - 03/01/1900)									
Save Cancel Close Clas Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Select One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900)									
Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) V Select One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900)					(Save	Can	cel	Close Class
Z Test Post Secondary Training Program II (HHA - English - 03/01/1900) 🔽 Select One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900)					_				
2 Test Post Secondary Training Program II (HHA - English - 03/01/1900) 💌 Select One 7 Test Post Secondary Training Program II (HHA - English - 03/01/1900)			-						
Select One Z Test Post Secondary Training Program II (HHA - English - 03/01/1900)	2 Test Post Seco	ndary Trainin	g Program II (HHA	A - English - 03	01/1900) 🚩			
Test Post Secondary Training Program II (HHA - English - 03/01/1900)	Select One	den Terinia	- D	English 02	104 14 000				
Test Post Secondary Training Program (HHA - English - 03/01/190(N	Test Post Secon	idary Trainin Idary Trainin	g Program II (HHA g Program (HHA	English - 03/0	1/1900)			

Please note the following conditions:

- A class can only be moved to an open training program.
- If certification forms and certificates exist, certificates are automatically regenerated and students must be recertified.

Additionally, the class can only be moved to a training program that:

- Is open
- Is of the same certification type
- Has the same instructor
- Has the same roles assigned

Close a Class

Jump to my Training Entity See Programs Show See Edit Close Class See Enter Date

Jump to my Training Entity(s).

Use These Quick Links To Get Started:

- Search for a Registrant
 - Search for a Training Entity
- Search for a Home Care Agency



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Jump to my Training Entity(s) ' Jump to my Agency(s)



Click the Programs tab.



3 Click "Show."

Course	Start Date	End Date	Training Type	Language	License #
	03/01/1900	10/01/2010	HHA	English	Show
					\sim
	03/01/1900	10/01/2010	PCA	English	Show
	Course	03/01/1900 03/01/1900	03/01/1900 10/01/2010 03/01/1900 10/01/2010	03/01/1900 10/01/2010 PCA	Course Start bate End bate Type Language 03/01/1900 10/01/2010 HHA English 03/01/1900 10/01/2010 PCA English

Click "Edit" next to the class you want to close.

Training Clas	ses							
General	Programs Ce	rtification	ReCertific	ation	Print Co	ertificates		
Program General	Program Classes	Supe	rvising Nurse	Nurse I	nstructor	Director/Coordin	ator ()fficial Agency De
Z Test LHCSA	Training Entity							
Z Test LHCSA	Training Progra	m						License #
HHA - English								
Status: Open 💊	Show							
Class Start (MM/DD/YYYY) (HH:MI	M AM/PM) ^{Methodolo}	gy	R	Registered N	lurse	Created By	Action	Roster
	Select One		*	Select One	*			Add Class
06/01/2010 09:00 AM	Core Traini	ıg		Irma Si Instru	ctor	jjn04	Edit	Show 📤
05/17/2010 09:15 AM	Core Traini	ıg		Irma Si Instru	ctor	cxf12	Edit	Show
05/13/2010 08:00 AM	Competenc	y Evaluation		Irma Si Instru	ctor	gtj01	Edit	Show
05/10/2010 10:00 AM	Core Traini	ıg		Irma Si Instru	ctor	cxf12	Edit	Show
05/05/2010 10:00 AM	Personal Ca	are Aide Upgrade	•	Irma Si Instru	ctor	cxf12	Edit	Show
04/18/2010 10:00 AM	Competenc	y Evaluation		Irma Si Instru	ctor	kf11	Edit	Show
04/10/2010 09:00 AM	Competenc	y Evaluation		Irma Si Instru	ctor	bxf11	Edit	Show
03/30/2010 10:00 AM	Competenc	y Evaluation		Irma Si Instru	ctor	cxf12	Edit	Show
03/20/2010 10:00 AM	Personal Ca	are Aide Upgrade	•	Irma Si Instru	ctor	bxf11	Edit	Show



Click the button, "Close Class."

Edit Training Class





A message appears indicating the training class has been updated successfully.

Training Classes

General	Pro	ograms	Certificat	ion	ReCertif
Program Ge	Program General Program Cl		asses	Supe	ervising Nurse
	~				

Training Class updated successfully.

8

The class will disappear from the list of open training classes. To view closed classes, select "Closed" from the drop down menu and click "Show."

I raining (Classes							
General	Programs	Certification	ReCert	ification	Print C	ertificates		
Program Ge	neral Program	Classes	Supervising Nurse	e Nurse	Instructor	Director/Coord	linator	Official Agency De
Z Test LH Z Test LH HHA - Eng Status: Clo	CSA Training CSA Training glish	Entity Program						License #
Class Start (MM/DD/YYYY)	(HH:MM AM/PM) ^M	ethodology		Registered	l Nurse	Created By	y Action	n Roster
	S	elect One	*	Select One	*			Add Class
04/10/2010 09:0	0 AM C	ompetency Evaluation		Irma Si Instr	ructor	bcf11	ReOp	en Show 🛆

Note: when closing a class, the close date must be greater than or equal to all of the approval and successful completion dates for the students in the class.

Reopen a Closed Class

Jump to my Training Entity 📾 Programs 📾 Show 📾 Closed 📾 Show 📾 Reopen

Jump to my Training Entity(s). Use These Quick Links To Get Started: ÷ Search for a Registrant ÷ Search for a Training Entity ÷ Search for a Home Care Agency ÷ Jump to my Training Entity(s) ÷ Jump to my Agency(s) Click the "Programs" tab. Training Entity General Information Certification Programs ReCertification Print Certificates General Z Test LHCSA Training Entity Address: 800 North Pearl Street, Type: Home Health Agency Albany,NY,12204 County: Albany Approving State Department: Department of Health Phone: (777)777-7777 Associated Agency License Number: 8888Z888



Click "Show."

Training Entity Programs

General	Programs	Certification	ReCe	rtification	Print	Certificates		
Z Test LHC	SA Training E	Entity						
Location			Course	Start Date	End Date	Training Type	Language	License #
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl Si Albany,NY,12204	treet,							\sim
Z Test LHCSA Tra	aining Program - Test I	Regen		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl Si Albany,NY,12204	treet,							

Select "Closed" from the Status drop down menu and click "Show."

Training Class	ses							
General	Programs	Certification	ReCertifica	ation	Print Ce	rtificates		
Program General	Program C	asses Sup	ervising Nurse	Nurse	Instructor	Director/Coord	inator (Official Agency Des
Z Test LHCSA Z Test LHCSA HHA - English Status: Closed V	Training E Training P	Entity Program	,					License #
Class Start (MM/DD/YYYY) (HH:MN	/AM/PM) ^{Met}	hodology	R	legistered	Nurse	Created By	Action	Roster
	Sel	ect One	*	Select One	*			Add Class
01/01/2100 08:00 AM	Per	sonal Care Aide Upgrad	le	Irma Si Instr	uctor	ajc04	Edit	Show 📤
07/01/2010 09:00 PM	Cor	mpetency Evaluation		Irma Si Instr	uctor	cxf12	Edit	Show
06/01/2010 09:00 AM	Cor	e Training		Irma Si Instr	uctor	jjn04	Edit	Show



Click "Reopen."

I raining Clas	sses									
General	Programs	Certification	n R	eCertificati	ion	Print Co	ertificates			
Program General	Program C	lasses	Supervising	Nurse	Nurse	Instructor	Director/Coor	dinator	Official A	gency Des
Z Test LHCSA Z Test LHCSA HHA - English Status: Closed	A Training H A Training H	Entity Program							Lice	nse #
Class Start (MM/DD/YYYY) (HH:M	IM AM/PM) ^{Met}	thodology		Reg	gistered	Nurse	Created B	y Actio	on Rost	er
	Se	lect One	*	Se	lect One	*			Add	Class
04/18/2010 10:00 AM	Cor	mpetency Evaluatio	n	Irm	a Si Instru	uctor	lxf11	ReO	pen Bho	w 🛆
01/01/1900 12:00 AM	Unl	known					HCR		Shor	w

6

The training class updated successfully.

General	ograme Certif	cation ReCer	tification	Print Carl	lificates		
Provenue	Program Classes	Envervising Nurs	e Hurse Instra	eter	Director/Coordin	ator 0	efficial Agency (
Training Class	updated successfully.	>					
Z Test LHCSA	Fraining Entity						
Z Test LHCSA	Fraining Program						License #
HHA - English							
Slatus: Open M	Show						
Class Start (MM/DD/YYY) (HR/MM)	AMPRO Methodology		Registered Nurs		Created By	Action	Roster
	Select One	*	Select One	¥			Add Cises
			the second se				
01/01/2100 00:00 AM	Personal Care /	Aide Upgrøde	Ima Si Instructor		ajc04	Eat	Show 1
01/01/2100 00:00 AM	Personal Care / Competency Ev	kide Upgrøde økustipo	Intel Sillestructor		8(004 cx/12	Edit Edit	Show
01/01/2100 08:00 AM 07/01/2010 09:00 PM 08/01/2010 09:00 AM	Personal Care / Competency Ev Core Training	lide Upgrøde alustice	Inna Si Instructor Inna Si Instructor Inna Si Instructor		8)004 0x112 3x04	Est Est	Show Show
01/01/2100 08:00 AM 07/01/2010 09:00 PM 08/01/2010 09:00 AM 09/17/2010 09:15 AM	Personal Care / Competency Ex Core Training Core Training	lide lipgrade aluation	Inna Si Instructor Inna Si Instructor Inna Si Instructor Inna Si Instructor		ajo04 cx/112 jx04 cx/112	Edit Edit Edit	Show Show Show Show
01/01/2100 00:00 AM 07/01/2010 09:00 PM 08/01/2010 09:00 AM 09/17/2010 09:15 AM 09/13/2010 06:00 AM	Personal Care J Competency Ev Core Training Core Training Competency Ev	ude Upgrade aluation	rma Si Instructor rma Si Instructor rma Si Instructor rma Si Instructor rma Si Instructor		8)004 0x112 9x04 0x112 9(01	Est Est Est Est	Shaw Shaw Shaw Shaw Shaw Shaw
01/01/2100 00:05 AM 07/01/2010 09:00 PM 08/01/2010 09:00 AM 05/17/2010 09:15 AM 05/17/2010 09:15 AM 05/13/2010 00:00 AM	Personal Care J Competency Ex Core Training Core Training Competency Ex Core Training	lide Upgrade aluation	rma Si Instructor rma Si Instructor rma Si Instructor rma Si Instructor rma Si Instructor rma Si Instructor		8(004 0x112 9/04 0x112 9(01 0x112	Est Est Est Est Est	Stow Stow Stow Stow Stow Stow
01/01/2100 00:05 AM 07/01/2010 09:00 PM 08/01/2010 09:03 AM 05/17/2010 09:03 AM 05/13/2010 08:09 AM 05/19/2010 10:00 AM 05/19/2010 10:00 AM	Personal Care A Competency Ex Core Training Consettancing Competency Ex Core Training Personal Care A	kde Upgrøde økuston Akuston	ma Si Individor Ima Si Individor Ima Si Individor Ima Si Individor Ima Si Individor Ima Si Individor Ima Si Individor		8(094 0/112 (2/112 0/112 0/112 0/112 0/112	Est Est Est Est Est Est	Show Show Show Show Show Show Show

Un-approve a Student

Jump to my Training Entity 📾 Programs 📾 Show 📾 Show 📾 Edit 📾 Save



4 .

Click "Show" across from the class which contains the approved student needing to be un-approved.

Training Class	es									
General Pro	ograms Certifi	ation	ReCertifica	ation	Print C	ertificates				
Program General	Program Classes	Supe	rvising Nurse	Nurse 1	Instructor	Director/Coord	inator	Off	icial Agen	cy Des
Z Test LHCSA T	raining Entity									
Z Test LHCSA T	raining Program								License	e #
HHA - English										
Status: Open 🗸	Show									
Class Start (MM/DD/YYYY) (HH:MM /	AM/PM) Methodology		R	egistered	Nurse	Created By	Acti	ion	Roster	
	Select One		*	Select One	*				Add Cla	ss
06/01/2010 09:00 AM	Core Training			Irma Si Instru	ictor	met05	E	dit	Show	
05/16/2010 10:15 AM	Core Training			Irma Si Instru	ictor	jxs39	E	dit	Show	
05/13/2010 08:00 AM	Competency Eva	luation		Irma Si Instru	ictor	gtj01	E	dit	Show	
05/10/2010 10:00 AM	Core Training			Irma Si Instru	ictor	cxf12	E	dit	Show	
05/05/2010 10:00 AM	Personal Care A	ide Upgrade		Irma Si Instru	ictor	cxf12	E	dit	Show	
04/18/2010 10:00 AM	Competency Eva	aluation		Irma Si Instru	ictor	bxf11	E	dit	Show	
04/10/2010 09:00 AM	Competency Eva	aluation		Irma Si Instru	ictor	bxf11	E	dit	Show	
04/01/2010 09:00 AM	Core Training			Irma Si Instru	ictor	cxf12	E	dit	Show	
03/30/2010 10:00 AM	Competency Eva	aluation		Irma Si Instru	ictor	cxf12	E	dit	Show	

5

Click "Edit" across from the student's name.

Training Class Roster

General	Pro	ograms	Certific	ation	ReCertifica	tion	Print C	ertificates]	
Program G	eneral	Program	Classes	Class Ros	iter	Super	vising Nurse	Nurse Inst	ructor	Director/Coordinat
Senior Of	ficial									
Z Test LH	ICSA T	Training E	Intity							
Z Test LH	ICSA I	Training P	rogram							License #
HHA - Co	mpeter	icy Evalu	ation - E	nglish				0.	4/18/20	10 10:00 AM
Registry Number	Name (Last)	1	(First)		DOB (MM/DD/YY	YY) St	atus	Certificate Printed	Action	
	last		first						Ad	d Student
	Dean	Curtis			06/12/1959	Ap	proved		Edit	Show 🛆
<u>3881</u>	Georg	e Harmon			05/06/1960	Ce	rtified		Edit	Uncertify

6

On the Training Programs Student page, un-select the supervising nurse and click, "Save."

Trainin	g Collifies	Registrants		Agencies		Reports					
aining P	Programs St	udent									
Ceneral Doorson Cen	Programs	Certification	ReCarti	fication	Print Car	Grane	North I	Waran Tastroctor	Operators	Yourdiaster	
ficial Agen	cy Designee S	eniter Official		statest		-	(this is a	No. 10 10 10 10 10	Constantion,	CONTRACTOR .	
est LH	CSA Training I	Entity									
est LH	CSA Training I	Program						License #			
A - Cor	npetency Evah	ation - English				-	04/18/20	10 10:00 AM	~	arrowsee)	
		2041						3		Tool Bar	
mograp	one informati	ou.c							- Post Progra	in Case Lating	
mbert											
rfiic (Streetfi "	t Warn St.		" Date of Birth: "	05/12/1959	MM DD/Y	YYY			
rat Barne:	Dean	Street2:			Gender	Male	8		Solect	end Training End	Den.
Idle		City: =	Scheriectazy		Entricity	Not Provided			Z Test Lucisa Z Test Point S	Training Entity (A	bane) In Schi
nat Name:	Curta	State: **	NY W		Racer	Not Provided	-	- 			
eller's		ZpiPostal	12505					.103			
		Code: **	Lauren er er						<.	1	- 19
			Country account	4			2		-	alashada Maraa ahaa	
da marked vi	es.* are required to ai	ive Student Information.							Tree Lincole	Training Program	CHOILA .
is marked se	et are recored to a	eve Student Approval In	formation.						Z Test LINCSA	Training Program	- Teal
curity I	nformation										
8											
ithers	or								8		9
aiden Kame	- L										
	and										
ty of Birth *											
ithera Fira	t II										
mega	1	6	1000			1					
	-Course completi	ed and sporovedby	Seed One	~				Canad			
				-			ine il	Cancel			

The student now shows a status of "enrolled."

Training Class Roster

George Harmon

3881

<u> </u>									
General	Programs	Certif	ication	ReCertificati	on	Print	Certificates		
Program Gene	eral Progr	am Classes	Class Ro	ster	Superv	vising Nurse	Nurse In	structor	Director/Coordinat
Senior Offici	al						-		
Student S	aved successfu	illy.							
Z Test LHC	SA Training	Entity							
Z Test LHC	SA Training	Program							License #
HHA - Com	petency Eva	luation - I	English					04/18/20	10 10:00 AM
Registry Number	Name (Last)	(First)		DOB (MM/DD/YYY	Y) St	atus	Certificate Printed	Action	
	last	first						Ad	d Student
	Dean Curtis			06/12/1959	(En	rolled		Edit	Withdraw

05/06/1960

Certified

Edit

Uncertify

Uncertify a Student

Jump to my Training Entity 📾 Programs 📾 Show 📾 Show 📾 Uncertify



3

Click "Show" across from the appropriate training program.

General	Programs	Certification	ReCe	rtification	Print	Certificates		
Z Test LHO	CSA Training E	Intity						
Location			Course	Start Date	End Date	Training Type	Language	License # Classes
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl S Albany,NY,12204	treet,							
Z Test LHCSA Tra	aining Program - Test I	Regen		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl S Albany,NY,12204	treet,							

4 Click "Show" across from the class containing the student who needs to be uncertified.

Training Classes							
General Programs	Certification	ReCertifica	ation	Print Ce	ertificates		
Program General Progra	m Classes So	upervising Nurse	Nurse I	nstructor	Director/Coordin	ator Of	fficial Agency De
Z Test LHCSA Trainin	g Entity						
Z Test LHCSA Trainin	g Program						License #
HHA - English							
Status: Open 🗸 SI	how						
Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	R	Registered N	urse	Created By	Action	Roster
	Select One	*	Select One	*			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgr	ade	Irma Si Instru	ctor	ajc04	Edit	Show 📤
07/01/2010 09:00 PM	Competency Evaluation		Irma Si Instru	ctor	cxf12	Edit	Show
06/01/2010 09:00 AM	Core Training		Irma Si Instru	ctor	met05	Edit	Show
05/17/2010 09:15 AM	Core Training		Irma Si Instru	ctor	cxf12	Edit	Show
05/13/2010 08:00 AM	Competency Evaluation		Irma Si Instru	ctor	gtj01	Edit	Show
05/10/2010 10:00 AM	Core Training		Irma Si Instru	ctor	cxf12	Edit	Show
05/05/2010 10:00 AM	Personal Care Aide Upgr	ade	Irma Si Instru	ctor	cxf12	Edit	Show
04/18/2010 09:00 AM	Competency Evaluation		Irma Si Instru	ctor	lxf11	Edit	Show
04/10/2010 09:00 AM	Competency Evaluation		Irma Si Instru	ctor	lxf11	Edit	Show



Click the button, "Uncertify."

Training Class Roster

General	Pro	grams	Certific	ation	ReCertifica	tion	Print Co	ertificates]	
Program Ger	neral	Program	Classes	Class Ros	ster	Super	vising Nurse	Nurse Inst	ructor	Director/Coordinat
Senior Offi	cial									
Z Test LHO	CSA T	raining E	Intity							
Z Test LHO	CSA T	raining P	rogram							License #
HHA - Con	npeten	cy Evalu	ation - E	nglish				0	4/18/20	10 09:00 AM
Registry Number	Name (Last)		(First)		DOB (MM/DD/YY	YY) St	atus (Certificate Printed	Action	
	last		first						Add	i Student
<u>3802</u>	George	Harmon			05/06/1960	Ce	rtified	05/13/2010 *	Edit	

6 The student now shows a status of "enrolled."

Training Class Roster Certification General ReCertification Programs **Print Certificates** Program General Program Classes Supervising Nurse Nurse Instructor Director/Coordinat Class Roster Senior Official • Student Saved successfully. Z Test LHCSA Training Entity Z Test LHCSA Training Program License # HHA - Competency Evaluation - English 04/18/2010 09:00 AM Registry Number Name DOB Certificate Action Status (MM/DD/YYYY) (Last) (First) Printed Add Student first last George Harmon 05/06/1960 Enrolled Edit Withdraw \wedge

► **Don't forget!** The new certification form must now be reprinted, signed, and notarized.

Reprint the Certification Form after Uncertifying a Student

Jump to my Training Entity @ Programs @ Show @ Show @ Uncertify @ Certification @ Reprint Certification Form @ Locate Date @ Print Certification @ Open @ Print

Jump to my Training Entity(s).

- Use These Quick Links To Get Started:
- Search for a Registrant
- Search for a Training Entity
- Search for a Home Care Agency

Jump to my Training Entity(s)
 Jump to my Agency(s)



General	Programs	Certification	ReCertification	Print Certific	ates
Test LHC	SA Training En	tity			
Address:	800 North Pearl St Albany,NY,12204	reet,	Туре:		Home Health Agency
Address: County:	800 North Pearl Sti Albany,NY,12204 Albany	reet,	Type: Approving State Dep	artment:	Home Health Agency Department of Health

3 Click "Show" across from the appropriate training program.

General	Programs	Certification	ReCei	rtification	Print	Certificates		
Z Test LHC	CSA Training E	Intity						
Location			Course	Start Date	End Date	Training Type	Language	License #
Z Test LHCSA Tra	aining Program			03/01/1900	10/01/2010	HHA	English	Show
800 North Pearl St Albany,NY,12204	treet,							
Z Test LHCSA Tra	aining Program - Test F	Regen		03/01/1900	10/01/2010	PCA	English	Show
800 North Pearl St Albany,NY,12204	treet,							

4

Click "Show" across from the class containing the student who needs to be uncertified.

Training Class	ses							
General Pr	rograms	Certification	ReCertific	ation	Print Ce	ertificates		
Program General	Program Class	es Supe	ervising Nurse	Nurse Ir	structor	Director/Coordin	ator	Dfficial Agency De
Z Test LHCSA	Fraining Ent	ity						
Z Test LHCSA	Fraining Pro	gram						License #
HHA - English	-	-						
Status: Open 🗸	Show							
Class Start (MM/DD/YYYY) (HH:MM	AM/PM) Method	lology	F	Registered N	urse	Created By	Action	Roster
	Select	One	~	Select One	*			Add Class
01/01/2100 08:00 AM	Person	al Care Aide Upgrad	е	Irma Si Instruc	tor	ajc04	Edit	Show 📤
07/01/2010 09:00 PM	Compe	tency Evaluation		Irma Si Instruc	tor:	cxf12	Edit	Show
06/01/2010 09:00 AM	Core T	raining		Irma Si Instruc	tor	met05	Edit	Show
05/17/2010 09:15 AM	Core T	raining		Irma Si Instruc	tor:	cxf12	Edit	Show
05/13/2010 08:00 AM	Compe	tency Evaluation		Irma Si Instruc	tor	gtj01	Edit	Show
05/10/2010 10:00 AM	Core T	raining		Irma Si Instruc	tor	cxf12	Edit	Show
05/05/2010 10:00 AM	Person	al Care Aide Upgrad	е	Irma Si Instruc	tor	cxf12	Edit	Show
04/18/2010 09:00 AM	Compe	tency Evaluation		Irma Si Instruc	tor	lxf11	Edit	Show
04/10/2010 09:00 AM	Compe	tency Evaluation		Irma Si Instruc	tor	lxf11	Edit	Show

5 Click the button, "Uncertify."

Training Class Roster

General	Pro	grams	Certific	ation		ReCertification		Print	Certificates		
Program Ge	eneral	Program	Classes	Class Ros	ster		Superv	vising Nurse	Nurse In	structor	Director/Coordinat
Senior Off	icial										
Z Test LH	Z Test LHCSA Training Entity										
Z Test LH	CSA T	raining P	rogram								License #
HHA - Cot	mpeten	cy Evalu	ation - E	nglish						04/18/20	10 09:00 AM
Registry Number	Name (Last)		(First)			DOB (MM/DD/YYYY)	St	atus	Certificate Printed	Action	
	last		first]			Ad	d Student
<u>3802</u>	George	e Harmon				05/06/1960	Ce	rtified	05/13/2010 *	Edit	

6

Now retrieve the original Certification Form and verify the date.

7 Click the tab "Certification."

Trainir	ng Entities	Registrants	Agencies	Reports
Home				
Training	Class Certi	fication Queue		
General	Programs	Certification	ReCertification	Print Certificates

8

Click the link "Reprint Certification Form" from the Tool Bar on the right.

General Programs Certification ReCertification			Cartification Drint	Print Certificates				
	TICCA Training B		Phile	Certificates				
L Test L	HCSA Training E	ntity					(128)	
Z Test LHC	SA Training Program - H	IHA - English	Senior Official: Select On	• •			_	Tool Bar
Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)		 Print Training Entity Profile Print Entity Class Listing Reprint Certification Form
	Foxy Samantha	HHA	Competency Evaluation	07/01/2010	06/03/2010			/
	bert cert	HHA	Competency Evaluation	07/01/2010	05/05/2010			
	John J Deer	HHA	Personal Care Aide Upgrade	01/01/2100	03/09/2010	-		
	colleen colleen	HHA	Personal Care Aide Upgrade	01/01/2100	03/02/2010			

9

Locate the date of the original certification and click the "Print Certification" button across from it.

General Prog	rams Certificat	ion R	eCertification	Print Certi	ficates		
Z Test LHCSA 7	Training Entity			10			
				(🖲 Display 25 🔵 Display	50 🔍 Display 100	Tool Bar
202 Forms found, displ	laying 1 to 25.				[First/Prev] 1, 2, 3, 4,	5, 6, 7, 8 [Next/Last]	Print Training Entity Profile
Certification Date	Senior Official	Status	Successor Form	Predecessor Form	Action		Return to Certification
06/10/2010 09:05 AM	Carol Mi Cage			Previous	Print Certification	Edit	
06/09/2010 01:21 PM	Carol Mi Cage	Recertified	Next		Print Certification		
06/08/2010 04:23 PM	Carel In Cage				Print Certification	Edit	
06/08/2010 10:36 AM	Chris Mi Certifier				Print Certification	Edit	Selected Training Entities
06/08/2010 10:22 AM	Cyrus Mi Crawford			Previous	Print Certification	Edit	Z Test LHCSA Training Entity (Albany)
06/04/2010 01:24 PM	Cyrus Mi Crawford			Previous	Print Certification	Edit	Z Test Post Secondary Education School
06/04/2010 01:23 PM	Chris Mi Certifier			Previous	Print Certification	Edit	
06/04/2010 01:18 PM	Chris Mi Certifier			Previous	Print Certification	Edit	
06/03/2010 03:57 PM	Cyrus Mi Crawford			Previous	Print Certification	Edit	<
05/20/2010 08:56 AM	Carol Mi Cage			Previous	Print Certification	Edit	
05/20/2010 08:52 AM	Carol Mi Cage			Previous	Print Certification	Edit	
05/17/2010 01:31 PM	Chris Mi Certifier				Print Certification	Edit	
05/13/2010 02:22 PM	Carol Mi Cage			Previous	Print Certification	Edit	

10 Click "Open."



11 Click the Print icon in the top left corner. This new Certification Form now needs to be signed and notarized.

🔁 Certific	ation[1].pdf - Adobe Reader						
File Edit V	/iew Document Tools Window Help						×
)- 🌍 👆 🐳 🔳 / 1 🕴	😑 🖲 108% 🕶 📑 🛃	Find	+			
(1)	NEW YORK STATE DEPAR Office of Yong Term Care	RTMENT OF HEALTH		Home	e Care Regis	try Certificatio	on Form
	Training Entity: Z Test LH 800 North Albany, N	CSA Training Entity Pearl Street Y 12204					
	Certifying Official: Cyrus By executing this document	Mi Crawford I hereby certify that:					1
	 I am a senior official of t The persons listed belov The true identity of each Public Health Law §361 I will promptly notify the Certification are no long 	the above named training e w have successfully comple n of the persons listed belov 3 and 10 NYCRR §403.4; a New York State Departme ler accurate.	ntity, as defin eted the iden w has been v and nt of Health i	ned in 10 N tified trainin rerified by th n the event	YCRR §403.2(j); g program; iis training entity a that any of the sta	s required by itements made in this	
	Training Program: Z Test 800 N Albany	LHCSA Training Program orth Pearl Street /, NY 12204					
	Name of Person Completing Training	Person's Address	Date of Birth	Successful Completion Date	Type of Training	Training Methodology	Training Language
	Matilda LUNA	950 JENNINGS STREET BRONX, NY 10460	09/01/1959	04/04/2010	Home Health Aide	Competency Evaluation	n English

Important Reminders about Certificates

Two certificates must be printed. One original certificate must be signed and given to the student within 10 business days of execution of the Certification Form. The other original certificate is signed and kept on file for 6 years (7 years for SED programs).

Print a Certificate

Print Certificates 📾 Certificate Signer 📾 Check box 📾 Save

Click "Print Certificates."

Training C	ertificate	Print Qu	leue				
General	Programs	Certific	ation	ReCertification	Print Certificates	Admin Pe	ersonnel
Z Test LHC	CSA Training Training Program	g Entity n - HHA - End	glish	Certificate Sig	ner : David Mi Designee 💙		
Registry Numbe	er Name	; T	raining	Methodology	Class Start	Approved	_/
152462	Lisa F	rance H	IHA	Personal Care Aide Upgrade	09/25/2009	07/02/2010	
152483	Jane I	Doe H	IHA	Core Training	07/02/2010	07/08/2010	



Check the box next to the student whose certificate is to be printed.

4 Click "Print Certificates" at the bottom of the screen.





Reprint Certificates

Search for a Registrant 📾 View Selected 📾 General 📾 Training

			et Starte	u.			
→	Search for a Registrant	>					
÷	Search for a Training Entity	у					
>	Search for a Home Care Ag	gency					
	luma to my Training Catity	(2)					
7	Jump to my Training Entity((S)					
7	lump to my Agency(s)						
	somp to my Agency(s)						
	samp to my Agency(a)						
	samp to my Agency(s)						
Enter the	certificate holder	r's search	informati	on.			
Enter the	certificate holder	r's search	informati	on.			
Enter the Registrant to Registry Humber	certificate holder	r's search Centificate #	informati	ON.	ificate Al	×	
Enter the Registrant 1 Registry Humber First Hame:	certificate holder	r's search Certificate # Middle Harrer:	informati	ON. Cert State Last	ficate Al no doe		
Enter the Registrant 3 Registry Humber First Hame: DOB:	certificate holder	r's search Certificate # Middle flame: Gender:	informati	ON. Cert Stat Last Adde	flicate Al Inc. Al Name: doe Type: Al	×	
Finiter the Registrant 3 Registry Humber First Hame: DOB: CRy:	certificate holder	r's search Certificate # Middle flame: Gender: State:	information	ON. State Last Adde	dicate Al re: Al Name: doe Type: Al cede:	× ×	
First Name: DOB: CRos Approved for Employment:	certificate holder	r's search Certificate # Middle flame: Gender: State: Disployment Status:	information	ON. Cert State Last Adde	ficate Al Name: doe Type: Al ode:	•	
Enter the Registrant 3 Registry Humber First Hanse DOB: City: Approved for Engloyment:	certificate holder	r's search Certificate # Middle flanse: Gender: State: Disployment States:	information	ON. Cert Stati Last Adde Y Zip (flicate Al nic Al Hamer doe Typet Al cedet	*	



Registrant Search Results

SEARCH	CRITERIA		DISPLAY RESU	JLT PREFERENCES		RI	ESULTS TOOLBOX
Registr	y #:	Certificate #:	Per Page:	💿 Display 25 🔘	Display 50 🔿 Display 100 🔿 Disp	lay All	
First Na	me:	Last Name: Doe	Selection:	Checked Only	Show All		View Selected Result(s)
S View All Search Criteria			Address:	O Show Address	Don't Show Address		View selected Result(s)
🍣 Print	Search Results						
One Reg	istrant found.						1 🛆
~	Registry #	Name		DOB	Gender	Approved for Employment	r
~	3406	Doe, John		03/26/1960	Male	U	
From the Registrant General Information page, click the "Training" tab.

Registre	ant Cener	al Information		
General	Training	Employment	Employability/Determinations	
John Do	e			Registry Number 3406
Address:		1 Main St. Schenectady ,NY,12303	Approved for Employn	nent: Unknown
DOB:		03/26/1960	Date Approved for Emp	ployment: 01/14/2010
Gender:		Male	Determination(s) of At Neglect or other Misco	buse, onduct: No

- Additional known Names No names found.



Select the appropriate button.

	ning Employment En	aleushilitu (Determinations	
General	Employment	nployability/ Determinations	
John Doe			Registry Number 340
Program Name:	Z Test LHCSA Training Program - Te	st Regen Training Methodology:	Alternative Competency Demonstration
Start Date:	11/13/2009	State Department:	DOH
Director/Coordinator:	Dennis Coordinator	Instructor:	Irma Instructor
Certifier:	Chris Certifier	Certification Date:	01/14/2010
		Date Certificate Print	0101472010
		Print Original	Print Duplicate Regenerate Certificate
Certification:	Home Health Aide	Certificate Status:	Active
Training Entity:	Z Test LHCSA Training Entity	Certificate Status Date:	01/14/2010
Address:	800 North Pearl Street Albany, NY, 12204	Certificate #:	3214
Program Name:	Z Test LHCSA Training Program	Training Methodology:	Core Training
Start Date:	12/21/2009	State Department:	DOH
Registered Nurse:	Susan Supervisor	Instructor:	Irma Instructor
Certifier:	Carol Cage	Certification Date:	01/14/2010
		Date Certificate Printed	: 01/14/2010
		Print Original	Print Duplicate Regenerate Certificate
Certification:	Home Health Aide	Certificate Status:	Inactive
<			>

Please note that these buttons will appear only for HCR certificates.

Print Original – Training program certificate printer can print a certificate marked 'Original' or 'Corrected Original', if one exists.

Print Duplicate – Training program certificate printer can print a certificate that is marked with 'Duplicate' or 'Corrected Duplicate', if one exists.

Regenerate Certificate – Training program certificate printer can use this button to correct certain features of a certificate and then, "Print Original."

Regenerate certificate is used for the following:

- Certificate formatting
- Director Coordinator changes
- Training Entity/Program name and address changes/corrections

Important!

This functionality:

- Does NOT enable the training program to change or correct the spelling of the aide's name;
- □ Is available ONLY to the training program that issued the certificate; and
- Will eventually be available for only 30 days after the date of successful completion that appears on the certificate.

Remove or Add a Certificate

Search for a Registrant 📾 View Selected 📾 Registrant General Information 📾 Training 📾 Remove/Add

Search for a Registrant using the Registry ID.

Registrant Search				
Registry llumber: 3406	Certificate #		Certificate Status:	All
First Name:	Middle Name:		Last Name:	
DOB: MM/DD/YYYY	Gender:	All	Aide Type:	All
City:	State:	All	V Zip Code:	
Approved for All	Employment Status:	AI		
Show Advanced Search				
Search Clear				
© 2009 NYS Department of Health - Home Care Registry				System Information



2 View Selected Result(s).

Registran	t Search	Results
-----------	----------	---------

SEARCH CHITERIA			DESPLAY RES	ULT PREFERENCES		RESULTS TOOL BOX	
Registry R. 3458 Certificate R. First Name: Last Name: 3 View Al Search Orlinia - Perform New Search		Certificate #:	Per Page:	O Dapay 25 O D	spiny At		
		Selection: O Directed Only O Show All				Universited Resulting	
		Address: O Show Address O Don't Show Address				Alem Selected Keather	
- Prys	Search Results						
ne Re	gistrant found.	100000		-	-	100000000000	~
4	angestly a	Autor			Control of	Employmen	nt i
2	3406	Doe, John		03/25/1960	state	Ų.	

Click	"Training	."
-------	-----------	----

Gener: Training	Employment	Employability/Determinations	
John Doe			Registry Number 3406
Address:	1 Main St. Schenectady ,NY,12303	Approved for Employment:	Unknown
DOB:	03/26/1960	Date Approved for Employment:	01/14/2010
Gender:	Male	Determination(s) of Abuse, Neglect or other Misconduct:	No
- Additional known Names			
john doe	Unknown		

Click "Remove" to remove a non-HCR certificate. To add a certificate, click "Add Certificate" to the right.

Registrant Tra	aining			
General Trainin	ng Employment	Employability/Determinations		
John Doe			Registry N	Jumber 3406
Program Name:	Alternate Staffing, Inc.	Training Methodology:	Unknown	Tool Bar
Start Date: Director/Coordinator:		State Department:	DOH	Search Registrant
Senior Official:		Success Completion Date:	03/14/1996	Selected Registrants
		Date Certificate Ph.	Remove	John Doe - 3406
Certification:	Home Health Aide	Certificate Status:	Inactive	
Training Entity:	ACCESS NURSING SERVICES IN	C Certificate Status Date:	06/03/2001	
Address:	20 EAST 46 STREET-4TH FLOOP NEW YORK, NY, 10017	Certificate #:		
Program Name:	ACCESS NURSING SERVICES IN	C Training Methodology:	Unknown	
Start Date:		State Department:	DOH	
Registered Nurse:		Instructor:		
Senior Official:		Successful Completion Date:	01/01/1900	
		Date Certificate Printed:		
			Remove	~
<				

*Note: a certificate cannot be removed if it is the only certificate. When removing one certificate to add another, please add the certificate first and then remove the other certificate.

5

Enter the date on the certificate and click "Retrieve Training Programs."

General Training Employment	Engloyability/Ostarminations		
hn Doe		Registry Number 3406	
			Tool flat
			C CONTRACT
Certificate Information	Petroeve Training Programs		Prot Registrant Profile Search Registrant
Certificate Information	Entrieve Training Programm		Post Registrant Profile Search Registrant Selected Registrants

Select the appropriate program from the drop down and enter the name on the certificate and click "Save."

Registrant -	Add Training In	formation					
General Tra	ining Employment	Employability	y/Determinations				
John Doe					Registry Numbe	er 3406	
						_	Tool Bar
Certificate I	nformation	_			•		Print Registrant Profile Search Registrant
Certificate Date: *	04/18/1999 Remove	2					
Program: *	A & A STAFFING HEALTH	CARE SERVICES - A AND	A STAFFING HEALTH CAR	E SERVICES - HHA		~	Selected Registrants
Name: *				Unknown			John Doe - 3406
	Last Name *	First Name *	Middle Name				
					Save C	Cancel	

Data Corrections for Training Programs

Jump to my Training Entity 📾 Programs 📾 Show 📾 Show 📾 Edit 📾 Save

The following steps are to correct the student's name, DOB, address, successful completion date or any other fields such as gender, ethnicity, and security information.

1

From the Class Roster page, click the "Edit" button next to the student whose information is to be changed.

Training C	lass Roster									
General	Programs	Certificatio	on	ReCertificatio	on	Print Ce	rtificates]		
Program Gen	eral Program	Classes Cl	ass Roster		Superv	ising Nurse	Nurse Inst	ructor	Director/Co	oordinat
Senior Offic	ial									
Z Test LHO	SA Training E	Intity								
Z Test LHC	CSA Training F	rogram							Licen	se #
HHA - Core	e Training - En	glish					03	3/30/20	10 10:00	AM
Registry Number	Name (Last)	(First)		DOB (MM/DD/YYY)	() Sta	atus C P	ertificate rinted	Action		
	last	first							t Student	
<u>3665</u>	Ann Black			02/12/1961	Cer	rtified (03/30/2010	Edit	Show	^
2009	ZUNILDA LUNA			09/01/1959	Cer	rtified		Luit	Show	

2

On the Training Programs Student page, changes can be made to any field, including "Successful Completion Date." After the changes are made, click "Save" at the bottom.

	Home Care	Regi	stry		Home Pa	ge 1 i	Contact DILTC	FAQs Rules & Reputat	ione I i
Training	Entities Re	pistrants	Agencies		Reports				
aining D	concome Chudoot								
Ceneral	Programs Student	fication	Refertification	Print Car	tificates				
Program Gene	val Program Classes	Cla	as Roster Student		Supervising No.		Name Instructor	Director/Coordinator	
Hicial Agency	Designee Senior Offici	ai							
Test LHC	SA Training Entity								
Test LHC	SA Training Program	i.			22	14000	License #		
IA - Core	Training + English				03	30/20)	0 10:00 AM	0	
			The second second second					Tool Bar	
			Data Corrections Only					- Print Program Class Listing	
emograph	tic Information								
imber:	665								
refic:		Streetter	123 Wait St.	1 Date of Birth: **	02/12/1961			Selected Training I	otities
irat Name:	kon.	Street2:		Gendert	Fendie 💌			2 Test LHCSA Training Ently	(Abany)
ddle		City:**	Schenectady	Ethnesity	Seed One	v)		Z Test Post Secondary Educ	ation School
Last Barnet	and a	Analas In	117 14	(Dece)	Report One				
		Zip/Postai		0.000	Tarana Aug		121		
UTTAC -		Code: **	12303						15
		Country	UNITED STATES		×			Training Progra	ms
itte marked with	* are inquired to save Student	internation.						2 Test LHCSA Training Progr	am (HHA+)
de marked with	" are required to save Duden	t Approval in	Termation.					- In close line of rop	ALC - I BALL
ecurity In	formation								
SN **	1234							<	3
others	or								
laiden liame									
	box								
ity of Birth **	1								
Aothers First	and								
ame **	4								
88	"Course completed and app	proved by :	Susan Wi Supervisor						
	"Secondaria Const	etion fields	Datescone						
	and the state of t	And I wanted	And the second s		C inn		Cancel 3		
					-	-		6	
The second s	and the second second	Delegator						Sust	in internal

3 The date of successful completion was changed and saved. To print the certificate, click on the registry number to the left of the aide's name.

General	Programs	Certification	ReCertification	Print	Certificates			
Program Gene	eral Program	Classes Class	Roster S	upervising Nurse	Nurse In	structor	Director/Coordinator	Official Agency Designee
Senior Officia	al					*		di d
• The Certif	SA Training E	ntity	ated for the Student.	erury.				
Test LHC: HA - Core	SA Training Pr Training - Eng	rogram glish				03/30/20	License # 10 10:00 AM	
Test LHC HA - Core gistry mber	SA Training Pr Training - Eng Name (Last)	rogram glish (First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	03/30/20 Action	License # 10 10:00 AM	Tool Bar
Test LHC: HA - Core pistry nber	SA Training P Training - Eng Name (Last)	rogram glish (First) first	DOB (MM/DD/YYYY)	Status	Certificate Printed	03/30/20 Action	License # 10 10:00 AM d Student	Tool Bar Print Training Entity Profile
Test LHC: HA - Core pistry nber	SA Training Pr Training - Eng Name (Last) Iast Ann Black	rogram glish (First) first	DOB (MM/DD/YYYY) 02/12/1961	Status Certified	Certificate Printed	03/30/20 Action Ad Edit	License # 10 10:00 AM d Student	Tool Bar Print Training Entity Profile Print Program Class Listing Print Class Roster
Test LHC: HA - Core istry ber 5 9	SA Training Pr Training - Eng Name (Last) last Ann Black 2. WDA LUNA	rogram glish (First) first	DOB (MM/DD/YYYY) 02/12/1961 09/01/1959	Status Certified Certified	Certificate Printed	03/30/20 Action Ad Edit	License # 10 10:00 AM d Student Show	Tool Bar Print Training Entity Profile Print Program Class Listing Print Class Roster
Test LHC: HA - Core gistry nber	SA Training Pr Training - Eng Name (Last) last Ann Black Zowin DA LUNA Annie White	rogram glish (First) first	DOB (MM/DD/YYYY) 02/12/1961 09/01/1959 03/26/1960	Status Certified Certified Enrolled	Certificate Printed *	03/30/20 Action Ad Edit Edit	License # 10 10:00 AM d Student Show Withdraw	Tool Bar Print Training Entity Profile Print Program Class Listing Print Class Roster Selected Training Entitle

4 From the Registrant General Information page, click "Training."

General Training	Employment	Employability/Determinations	
Ann Black			Registry Number 3665
Address:	123 Main St. Schenectady ,NY,12303	Approved for Employment:	Unknown
008:	02/12/1961	Date Approved for Employment:	03/30/2010
Genden	Female	Determination(s) of Abuse,	ha

- Additional known Names

No names found.

From the Registrant Training page, click "Print Original." This will bring up an Adobe pop-up. Click "Print Certificate."

Home --->Return to Class Roster

Registrant Training General Training Employment Employability/Determinations Ann Black Registry Number 3665 Certification: Home Health Aide Certificate Status: Active Training Entity: Z Test LHCSA Training Entity Certificate Status Date: 04/05/2010 Address: 800 North Pearl Street Certificate #: 3547 Albany, NY, 12204 Program Name: Z Test LHCSA Training Program Training Methodology: Core Training Start Date: 03/30/2010 State Department: DOH Registered Nurse: Susan Supervisor Instructor: Irma Si Instructor Successful Completion Senior Official: Carol Mi Cage Date: 04/05/2010 e Certificate Printed: Corrected Certificate) Print Original t Duplicate Regenerate Certificate Pr

6

Don't forget! The student must be re-certified. Click the link, "Return to Class Roster" and then click on the "ReCertification" tab. On this page, click the "ReCertify" button to the right of the date of the original certification.

	turn to Class Ro	ster				
Home						
ReCertific	cation Form	Queue	Refertification	Drint Cartificates	1	
Z Test LH	CSA Training	Entity			-	
Date		Senior O	fficial			
04/13/2010 02:53	2 PM	Carol Mi C	Cage	-	ReCertify	*
03/10/2010 12:12	2 PM	Carol Mi G	Carol Mi Cage			
03/03/2010 12:55	9 PM	Carol Mi (Carol Mi Cage			
02/22/2010 04:30	0 PM	Carol Mi C	Lage		ReCertify	
11/17/2009 04:20	7 PM	Chris Mi (Certifier	ReCertify		

On the ReCertification page, select the senior official, verify the successful completion date and click "Print Certification Sheet."

Tra	aining Entities Registre	nta	Agencies	Reports			
rainin	g Entity ReCertification (Dueue	1				
General	Programe Certification	ReC.	ertification	Print Certificates			
Test l	LHCSA Training Entity					N 4 840 M	
(13/2	010 02:52 PM		Senior Official	Nect One	(Carol Mi Cage	Tool far
pistry nber	Kame	Training	Methodology	Class Start	Approved	Successful Completion Date	Prot Training Ently Prote Prot Ently Class Lating Beturn to Refertification
5	Ann Black	INA	Core Training	03/30/2010	03/30/2010	04/05/2010	
					-		
				-			-
							Selected Training Entities
							Z Test Post Secondary Education Sch
							¢

8 Click "Download Certification."

7

Download	Certificati	on		
General	Programs	Certification	ReCertificatio	Print Certificates

After downloading the Certification sheet, use the link "Return to Certification" available in the tool bar to return to the Training Class Certification Queue.

Verify the information on the Certification Form, sign and notarize.

NEW YORK STATE DEPARTMENT OF HEALTH Office of Long Term Care

Home Care Registry Certification Form

Training Entity: Z Test LHCSA Training Entity 800 North Pearl Street Albany, NY 12204

Certifying Official: Carol Mi Cage

By executing this document, I hereby certify that:

- I am a senior official of the above named training entity, as defined in 10 NYCRR §403.2(j); 1.
- 2
- The persons listed below have successfully completed the identified training program; The true identity of each of the persons listed below has been verified by this training entity as required by Public Health Law §3613 and 10 NYCRR §403.4; and 3.
- I will promptly notify the New York State Department of Health in the event that any of the statements made in this 4. Certification are no longer accurate.

Training Program: Z Test LHCSA Training Program

800 North Pearl Street

Albany, NY 12204

Name of Person Completing Training	Person's Address	Date of Birth	Successful Completion Date	Type of Training	Training Methodology	Training Language
Ann Black	123 Main St. Schenectady , NY 12303	02/12/1961	04/05/2010	Home Health Aide	Core Training	English

Add a Senior Official or Official Agency Designee

Jump to my Training Entity Select Select Enter Date Select Save



From the Training Entity General Information page, click the "Admin Personnel" tab.

Training	Entibes	Registranta	Agencies	Reports	Administration	
raining E	intity Genera	I Information				
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel)
Test LHC	A174.54					
ddress:	000 North Peerl	Street.	Type:	Harrei Hara	th Agency	Tool Bar
	Advanty NY, 9220	1000 C				· Provi Entity Class Listing
toone:	(117)777-7777		Approving State Depar Associated Agency Lik	ense Numbert 68882265	and Header	And and and Description of Londonse
						The second training trades
						2 Test Post Secondary Education School

Choose one of these three options that correspond with the photo below:

- 1. If the person is already associated with your program, choose his name from the drop down menu and click "Go."
- 2. If he is new to your program, and he has an RN license number, you may enter it here and click "Search."
- 3. If he is new to your program, you enter his first and/or last name and click "Search."

Search T	Search Training Entity Personnel										
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel						
Z Test LH	CSA Trainir	ng Entity									
Available Per	sonnel :	Select One		Go 1							
	(0	OR)									
License #:		Search	2								
	((OR)									
First Name:				2							
Last Name:				v							
		Search									

4

After clicking search, a long list of names will appear. Please note that when searching personnel, results are listed in alphabetical order according to last name. Once you find who you are looking for, click "Select" next to his name. If you do not find the person you are looking for, you may click "Add New Person" at the bottom.

	le Personnel : Select One			Go		
		(OR)				
.icense #:		9	learch			
		(OR)				
irst Name:		Aaron				
.ast Name:		Smith				
		Search				
573098	AARON		JON	MOORE	Select	^
488802	AARON		RICHARD	NEWMAN	Select	197
601375	AARON		FRANCES	QUARLES	Select	
626673	AARON		ISAAC	ROMAIN	Select	
562067	AARON		LOUIS	SCARANI	Select	
451404	AARON		HOWARD	SCHNEIDER	Select	
591717	Aaron		М	Smith	Select	
620694	ABBEY		M	SMITH	Select	
387910	ABBY		SUE	SMITH	Select	
631160	ABIGAIL		A	SMITH	Select	
351822	ADAIR		THERESA M	SMITH	Select	
431245	ADASSA			SMITH	Select	
	ADELADE		CYNTHIA	SMITH	Select	~

5

6

On the "Edit Admin Personnel" page, you can correct his name if needed and enter in the appropriate dates for the role you which to assign him in. Be sure to click "Save" at the bottom of the page.

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel		
Z Test L	HCSA Tr	aining Entity					
License #	5917	17					
First Name:	: Aar	on					
Middle Nam	ne: M	- Editina	me here -				
Last Name:	Smit	th					
				Senior Officia	ıl	Official Agency	y Designee
Location				Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCS/	A Training Prog	jram		04/01/2011			
HHA - English) arl Otraat			Edit	Add		
Albany,NY,12	2204						
Z Test LHCS/	A Training Prog	<i>j</i> ram]	N/A	
PCA - English				7	1		
800 North Pea Albany NY 10	ari Street, 2204						
-moonly feet fra							
<							

The admin personnel updated successfully.

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
---------	----------	---------------	-----------------	--------------------	-----------------

Additional Notes on Adding a Senior Official or Official Agency Designee

Please note that when adding a Senior Official or Official Agency Designee, the name being added can be edited before saving.

Search T	raining En	tity Personnel					
General	Programs	Certification	ReCertificat	ion	Print Certificates	Admin Personnel	
Z Test LH	CSA Trainin	g Entity					
Available Pers	sonnel: Ch	arlie Ex Certifier	🗸 🖸 🖌		Select Person	anel and Click	
	(0	R)					
License #:		Search			G	0."	
	(0)	R)					
First Name:							
Last Name:							
		Search					

Make changes to the name, enter the start date & click "Save."

Z Test LHCSA		Certification	ReCertification	Print Certificate	25 A	dmin Personnel
	Training	Entity				
License #:	999994					
First Name:	Charlie					
Middle Name:	Ex					
Last Name:	Certifier - Ed	it Name Here 🛛 🖌				
			Senior Offic	ial	Official Agency	/ Designee
ocation			Start Date (MM/DD/YYYY	End Date () (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
: Test LHCSA Training IHA - English 00 North Pearl Street,) Program		01/01/2009	07/01/2009	06/30/2010	
Nbany,NY,12204 2 Test LHCSA Training 2CA - English 200 North Pearl Street, Albany,NY,12204) Program		01/01/2009	07/01/2009		

Please note also that when searching personnel, search results are listed in alphabetical order according to last name. If the name you are searching does not appear, you now have the ability to add a new person. Click the button "Add New Person."

delleral	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
7 Test I H	ICSA Training	Entity			
L TOST LT	ICSA Halling	Entity			
Available Per	sonnel : Selec	ct One 🗸	Go		
	(OR)				
license #:		Search			
Circle Marries	(OR)	-			
First Name:					
Last Name:	с	Canada			
		Search			
License #	First Name	Middle Name	1	Last Name	Action
523078	MARIA	CIELO ANDAL		CAACBAY	Select
403834	FELICISIMO	FRANCIA	1	CAAGBAY	Select
597238	MAC	ALVIN MENESES		CAALIM	Select
597023	OUDICTINA	551.10.1			
001020	CHRISTINA	FELISA		CAAMANO	Select
523155	SUSIE	LIN		CAAMANO CAAMANO	Select Select
523155 394547	SUSIE	LIN VILLAREAL		CAAMANO CAAMANO CAAMPUED	Select Select Select
523155 394547 600635	SUSIE JOSEPHINE KAROLINA	LIN VILLAREAL E		CAAMANO CAAMANO CAAMPUED CABA	Select Select Select Select
523155 394547 600635 563547	SUSIE JOSEPHINE KAROLINA LINDA	LIN VILLAREAL E S	י ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו ו	CAAMANO CAAMANO CAAMPUED CABA CABA	Select Select Select Select Select
523155 394547 600635 563547 563420	SUSIE JOSEPHINE KAROLINA LINDA RACHEL	E CHRISTINE	، ۱ ۱ ۱	CAAMANO CAAMANO CAAMPUED CABA CABA CABA	Select Select Select Select Select Select
523155 394547 600635 563547 563420 406940	SUSIE JOSEPHINE KAROLINA LINDA RACHEL CECILIA	ELISA LIN VILLAREAL E S CHRISTINE	، ۱ ۱ ۱ ۱ ۱	CAAMANO CAAMANO CAAMPUED CABA CABA CABA CABA	Select Select Select Select Select Select Select
523155 394547 600635 563547 563420 406940 238989	SUSIE JOSEPHINE KAROLINA LINDA RACHEL CECILIA CAROLYN	FELISA LIN VILLAREAL E S CHRISTINE CELESTINO	، ۱ ۱ ۱ ۱ ۱ ۱	CAAMANO CAAMANO CAAMPUED CABA CABA CABA CABA-BAJANA CABA-CANG	Select Select Select Select Select Select Select Select
523155 523155 500635 563547 563420 406940 238989 611255	SUSIE JOSEPHINE KAROLINA LINDA RACHEL CECILIA CAROLYN MARIE	ELISA LIN VILLAREAL E S CHRISTINE CELESTINO DARLENE SANTO	S	CAAMANO CAAMANO CAAMPUED CABA CABA CABA CABA CABA-BAJANA CABACCANG CABACCANG	Select Select Select Select Select Select Select Select Select Select

Enter the name and start date and click "Save."

General	Programs	Certification	ReCertifi	cation	Print Certificate	s Ad	min Personnel
Z Test LHO	CSA Training	g Entity		•			
First Name:		Charles					
Middle Name:							
Last Name:		Smith					
				Senior Official		Official Agency	Designee
ocation				Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Tr	aining Program			06/30/2010			
1HA - English 300 North Pearl S Albany,NY,12204	Street, 4						
Z Test LHCSA Tr PCA - English 800 North Pearl S Albany,NY, 12204	aining Program Street, 4					I	N/A
<							5
							Save Canc

The admin personnel has updated successfully.

Edit Admir	n Personne	el				
General	Programs	Certification	ReCertification	Print Certificate	is At	lmin Personnel
Admin Pa	ersonnel update	d Successfully				
Z Test LHC	SA Training	Entity				
License #:						
First Name:	Charles					
Middle Name:						
Last Name:	Smith					
			Senior Official	ĥ	Official Agency	Designee
Location			Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/00/YYYY)
Z Test LHCSA Tra HHA - English 800 North Pearl St Albany, NY, 12204	aining Program treet,		06/30/2010		· · · · · ·	
Z Test LHCSA Tra PCA - English 800 North Pearl St Albany NY 12204	sining Program treet,					

Edit a Senior Official or Official Agency Designee (Start Date, End Date, or Removal)

Jump to my Training Entity Select Select Select Go Edit Save



From the Training Entity General Information page, click the "Admin Personnel" tab.

Training	Entities	Registrants	Agencies	Repo	xta	Administration	-
raining E	ntity Genera	I Information				-	
Central	Programs	Certification	ReCentification	Print Certificate		Admin Personnel	
Test LHC	SA Training E	ntity			-		2
	330	1.1					Tool Bar
ddream	Attany NY, 1225	Street, 4	Type:	19	ione Heath Ag	essy.	✓ Print Training Exity Profile
ounty:	Abary		Approving State Depar	tment: 0	Negatives (at 1)	eath.	- Print Entity Cleas Listing
Nonet	ananam		Associated Agency Lic	cense Number: 3	0002308		Selected Training Entities
							Z Test LHCSA Tracing Entry (Abarry)
							Z Test Post Secondary Education School

3

Choose the name of the Senior Official or Official Agency Designee from the "Available Personnel" drop-down box. Then click the "Go" button.

Search	Training	Entity	Personnel	
--------	----------	--------	-----------	--

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Z Test LH	CSA Trainin	g Entity			
Available Pers	sonnel : Se	lect One	Go Go		
License #:	(0	R) Search			
First Name:					
Last Name:					
		Search			

4

This brings up the selected person's Senior Official and/or Official Agency Designee information. To edit the start date of either, click on the "Edit" button below the correct role (Senior Official or Official Agency Designee).

Edit Admir	n Personne	el					
General	Programs	Certification	ReCertification	Print Certificat	es A	dmin Personnel	
Z Test LHC	SA Training	Entity					
	a terretari ta						Tool Bar
License #:	999995						Print Training Entity Profile
First name:	Caris						Return to Personnel Search
Middle Name:	0.00						Remove Admin Personnel
Last Name:	Certifier						
1			Senior Offici	al	Official Agency	/ Designee	
Location			Start Date (MM/DD/YYYY	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	
Z Test LHCSA Tra	aining Program		01/01/2009			Long and the second second	Selected Training Entities
800 North Pearl St Albany,NY,12204	treet,		Edit	Add			Z Test LHCSA Training Entity - PREVIOU: Z Test LHCSA Training Entity (Albany)
Z Test LHCSA Tra PCA - English 800 North Pearl Si	aining Program		01/01/2009 Edit	Add	N/A		Z Test HHA Training Entity (Albany)
Albany,NY,12204							<
3						5	
						Save Cancel]

You may then make changes to the start date you chose to edit. When you are done, click the "Save" button below.

Edit Admi	in Personne	el				
General	Programs	Certification	ReCertification	Print Certificates	Ad	min Personnel
Z Test LH	CSA Training	Entity				
License #:	999995					
First Name:	Chris					
Middle Name:						
Last Name:	Certifier					
			Senior Offi	cial	Official Agency	Designee
Location			Start Date (MM/DD/YYY	End Date Y) (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Tr HHA - English 800 North Pearl S Albany,NY,1220	raining Program Street, 4		01/01/2009	Add		
Z Test LHCSA Tr PCA - English 800 North Pearl 9 Albany,NY,1220	raining Program Street, 4		01/01/2009 Edit	Add	N/A	
<u><</u>						

You will get a notice that the information was updated successfully.

5

To add an end date for the Senior Official or Official Agency Designee, click the "Add" button below the appropriate title and under the "End Date" heading.

General	Programs	Certification	ReCertification	Print Certificat	es 🗛	dmin Personnel	
Z Test LHO	SA Training	g Entity			181		
ioonno #	000005						Tool Bar
First Name:	Chris						Print Training Entity Profile
Middle Name:							Return to Personnel Search
Last Name:	Certifier						Renove Aumin Personnel
	Contraction						
			Senior Off	cial	Official Agency	/ Designee	
ocation			Start Date (MM/DD/YY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	
Test LHCSA Tr	aining Program		01/01/2009				Selected Training Entities
00 North Pearl 9 Ibany,NY,1220	treet,		Edit	Add			Z Test LHCSA Training Entity - PREV Z Test LHCSA Training Entity (Alban
Test LHCSA Tr CA - English	aining Program		01/01/2009 Edit	Add	N/A		Z Test HHA Training Entity (Albany)
00 North Pearl S bany, NY, 1220	treet,						
							<
							7

Enter the end date for the position selected and then click the "Save" button below.

ity	Senior Official			
	Senior Official			
	Senior Official			
	Senior Official		075-1-1	
	Senior Official		0/5 · · · •	
	Senior Official		015 - 1 4	
	Senior Official		0.00	
	Start Date		Official Agency	Designee
	(MM/DD/YYYY)	End Date (MM/DD/YYYY) (Start Date MM/DD/YYYY)	End Date (MM/DD/YYYY)
	01/01/2009			
	Edit			
	01/01/2009 Edit	Add	N/A	
		01/01/2009 Edit Edit	01/01/2009 Edit Add	01/01/2009 Edit Add N/A

If you receive a message stating: "End date cannot be before" and a date, you are trying to enter an end date that comes before the last date the Senior Official or Official Designee was selected for use in a class. You must choose a date after the date shown here.

6

To remove a Senior Official or Official Designee, choose "Remove Admin Personnel" from the Tool Bar on the right.

General	Programs	Certification	ReCertification	Print Certificate	15 A	dmin Personnel	
Test LH	CSA Training	Entity					
							Tool Bar
icense #:	999995						Print Training Entity Profile
irst Name:	Chris						Return to Personnel Search
liddle Name:	-						Remove Admin Personnel
ast Name:	Certifier						K
			Senior Offici	ial	Official Agency	y Designee	
ocation			Start Date (MM/DD/YYYY	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	
Test LHCSA T	raining Program		01/01/2009				Selected Training Entities
00 North Pearl	Street, 4		Edit	Add			Z Test LHCSA Training Entity - PREVI Z Test LHCSA Training Entity (Albany
Test LHCSA T CA - English 00 North Pearl 1 Ibany NY 1220	raining Program Street, 4		01/01/2009 Edit	Add	N/A		Z Test HHA Training Entity (Albany)
							<
						2	
						5	

This will bring you to the "Remove Admin Personnel" page. Click the check box next to the Senior Official you would like to remove and then click the "Remove" button below.



You will get a notice that the role was removed.



Section 3: Home Care Agency Procedures

Instructions for Home Care Agencies	94
Search for an Agency	95
Add an Aide	97
Entering a Home Health Aide with an Unlisted Training Program	102
Separate an Aide	108
Data Correction for Agencies	110
Changing an Aide's Personal Data	112
Add an Employer	118
Remove Employer	121
Invalid Duplicate Employment Information	123
View Training History	124
View Employability	127
View Employment History	130

Instructions for Home Care Agencies

What you need to use the HCR:

- Computer
- ICS access and account
- Coordinator
- Construction Written policies and procedures regarding the HCR

Don't forget – check your role!

Notes

Search for an Agency

Search for a Home Care Agency Search Search Check Agency –View Selected Results(s)



2 Enter the information you have and click "Search."

Alternation and search	- Billesenia						
Training Entities	Registrants	Agencies					<u>+</u>
-							
gency Search							
							-
lame i							
opertilicense		County:	AL.	~			
acility kt		Type:	All		*		
ine 🔪	1	Jip Code:					
alatina a ser a	State of Classes with						

3 You can select how many results you want to see at once.



► Clicking "Show Address" helps to differentiate agencies with multiple branches.



Check (1/3) the agency you want.

New York State Home Care Registry

Harte --- Admica Search

Agencies Search Results

SEARCH CRITERIA		INSPLAY RESULT PREFERENCES				RESULTS TOOLD	DX .
Namer z Facildz	Opcertillicense R: Type: All	Per Page: O Depley 25 O De Selection: O Checked Doly O	spiky 50 O Display 1 Show All	00 O De	piey Alt		
1 Vew All Search Orbins	 Perform New Search 	Address: O Show Address	O Don't Show Addre			View selected	Result(s)
TT JZANUS HOUE CARE IN	C . PATCHOGUE	Loanand Huma Care Service Anterio	beasie		Open	01/01/1000	
T N Z L HOME CARE AGE	NCY - BROOKHAVEN	Licensed Hume Care Service Agency	Desale		Open	0101/1900	
MZL HOME CARE AGE	NCY - BROOKHAVEN	Licensed Home Care Service Agency	bcssic		Open	01/01/1900	
T M.Z.L. HOWE CARE AGE	NOY - FOREST HILLS	Loansed Home Care Service Agency	PUSARC.		Open	01/01/1900	
WZL LMITED HOME CA	RE AGENCY	Licensed Home Care Service Agency	PCasic		Open	01/01/1900	
MENGRAH CAMPUS ADU	JET HOUE, INC - GETZVILLE	Licensed Hone Care Service Agency	Prease		Open	01/01/1000	
MOBLIZATION FOR YOU	TH HEALTH ASERVICES INC. HRA	Licensed Hame Care Service Agency	Possic		Open	01/01/1900	
MZL None Care Agency	ere.	Licensed Home Care Service Agency	hcaakc		Open	01/01/1900	
WY FILEN FOR SENIOR C	ITIZEN HOME ATT SERVS WC. HRA	Licenaed Hone Care Service Agency	DOMNC		Open	01/01/1900	
REDEWOOD BUSHWICK	SENIOR CITIZEN HHC. N.C. HRA.	Licensed Home Care Service Agency	bcasic		Open	01/01/1000	
П вроємого вланики	SENOR CITIZEN HHC, INC. HRA	Ucensed Hone Care Service Agency	hosaic.		Open	01/01/1900	
T ST. ELIZABETH HOME CA	ARE	Licensed Home Care Service Agency	hosaic		Open	01/01/1900	
TT ELIZABETH HOME CA	ARE	Licensed Hume Care Service Agency	Incasic		Open	01/0 1/1900	
St Elizabeth Certified Hor	ne Care	Certified Home Inwatth Agency		4720	Open	05/03/2001	
St Elzabeth Certified Har	nel Carle	Certified Hume Health Agency		4720	Open	03/03/2001	
TEST HHA		Cettified Home Health Agency		8888	Open	87722:1999	
2 TEST LHCSA		Licensed Hone Cars Service Agency	000822000		Open .	07/22/1990	





□ Important Reminders for Adding an Aide

Always search the HCR to access the aide's information prior to the aide beginning to provide home care services.

An aide who successfully completed a DOH or SED approved training program in a class that started on or after September 25, 2009, may not provide services unless the aide's training and personal information has been posted to the HCR *by the training program.*

Add an Aide

General 📾 Aides 📾 No Match 📾 Add Aide



2 Click the "Aides" tab.

	Home Care Degistry		Welcome						
E	Home Care Reg	gistry	Nome Page	Contact OLTC	1 FAQS	1 Rules	& Regulations	1 19	
In	aining Entities Registrant	s Agencies							
ns 34	annos Bearld+ Asaroba Search Results								
gency	y General Information								
-contal	risining Entry Adde								
TEST	HHA			OpCert # 8	888888				
ype:	Centiled Hone Hasits Agency	Open Da 07/22/1029					Tool Bar		
					8	- Print Agen	cy Pro De		
ddress	600 North Pearl Street CHHA Office Altany, New York, 12204	Closed Date:			1	Sek	ected Agenci	-	
					1	Z TEST HHA	5	1	
	(man)								
ounty:	-,cq11)								
ounty: scilityid:	0000								
ounty: Isolityid: Nomei	6000 (555)/22-4867								
county: Incitity(d) Incenti	40001) 8008 (555)122-4867								

3 Enter Last Name, First Name, DOB, and Hire Date; then click "Add."

Tre	ning Enlibes	Registre	effa	Agencies		Reports		
Agenc Gammal 1 ABC Cer	y Aide Inf	ormation	1 					
Registry Registry	e Aces Show	(fires)	Gender	BOB (MM/DDYYYY)	Hire Date (MM/SD/YYYY)	Separation Date (MM/DD/YYYY)		5
						6	Add	Tool Bar
_			:10		\$125/2008		Save	Prvs Agency Profile
674562	Smith, John Dek							and applied to state of applications
674562	Enth. John Dek Estrick, Wary		- F		8105/2008		Save	- manage carry
674562 484623	Entry, John Des Patrick, Wary Therma		7		3105/2508		Save	Selected Agencies

Select the matching name or click "No Match."

III III	ie Care Registry		Here Page Contact DLTC FAGe Rues & Regulature H
Training Entities	Registrants	Agencies	Reports
Search Agency -Search	Approx Results + Approx Approx	er mattern.	
ched Aides			X
e Doe			06/01/1942
try Number	lane	County	Select
The second se	Jane Dos	Altery	0
2443		- Heles	0
9443 4222	Jane Der	and appendix	
9443 4732 58254	Jane Do	s Schenedady	ŏ

Important Reminder for Verifying Information

Please remember that the HCR does NOT replace the process for verifying identity. Additionally, if the aide's certificate was not generated by the HCR, you must verify that it was issued to the aide by an approved training program.

▶ "What about aides who were already employed on September 25, 2009?"

All aides in the employ of an agency on September 25, 2009 must be submitted to the HCR *even if the aide no longer works for the agency at the time of submission*.

Training Entities	Registrants	Agencies	Reports	
Home->Agency Search->Agency Sea Agency Add Aide General Training Entity Aide	rch Results			
ABC Certified Home He	alth Agency		Opcert # 10	66
Certification Informat	on	Retrieve Training Progra	ms	
Demographic Informa	ition			
Prefix:	Street 1	:	Date of Birth: MM/DD/YYYY	
First Name:	Street 2		Gender: Select One	
Middle Name:	City:		Ethnicity: Select One	Tool Bar
Suffix:	Zip Coc	e:	Race: Select One	Selected Agencies
Security Information Last 4 digits of SSN: or				ABC Certified Home Health Agency 106 DEF Licensed Home Care Service Agen
Mother's Maiden Name: and		► Employm	nent refers or	nly to
City of Birth:and		employmen	t in a New Yo	ork State home
Question #3:		care agency	/.	
Employment Information Hire Date: 07/06/2009 Hire Date: 07/06/2009	on ABC Certified Home I Retrieve Agencies	Health Agency Separation	Date:	
			Save Cancel	

- 1. Enter the Certificate Date, click "Retrieve Training Programs," and then select the appropriate program from the drop down list. Don't forget to include the name on the certificate.
- 2. Enter the demographic information.
- 3. Enter either the last four (4) digits of the social security number (SSN) OR fill in the answers to all three questions. Please note that providing the last four digits of the social security number is optional and cannot be required.
- 4. Enter previous employment "Hire Date" and "Separation Date," click "Retrieve Agencies." Select the appropriate agency from the drop-down list and then "Save." (Repeat for each employment agency.)

Agency Add Aide

General	Training Entity	Aides	Add Aide
---------	-----------------	-------	----------

Z Test LHCSA

License # 8888Z888



Important Reminder:

For LHCSAs only...

Process for inputting aides whose employment spans the course of two license numbers:

When you are adding an aide under your current license number, but that license number differs from your previous license number, enter the Hire Date and then use the close date of the previous license number as the Separation Date. Use the current license open date as the next Hire Date for that employee. This will reflect continuous employment with the same agency through license number changes.

"The training program I am looking for is not in the dropdown list; what should I do?" Call the HCR Help Desk at 1 (877) 877-1827 or email <u>HCReg@health.state.ny.us</u>.

Enter a Home Health Aide with an Unlisted Training Program

Jump to my Agency(s) S Aides Add S No Match Retrieve Training Programs "Unlisted HHA Training Program" Save Save Save Save Save

Important Reminders for Entering a Home Health Aide with an Unlisted Training Program

The following are the criteria for using this Unlisted HHA Training Program option:

- 1. If the aide already exists in the Registry, there shall be no Home Health Aide Training of any type recorded for that aide, regardless of the status or currency of the training.
- 2. The aide's date of birth shall be December 31, 1975 or earlier.
- 3. The date on the aide's training certificate that indicates when the aide successfully completed training shall be prior to August 14, 1990.

Jump to my Agency(s).

Use These Quick Links To Get Started:

Search for a Registrant

- Search for a Training Entity
- Search for a Home Care Agency
- Jump to my Training Entity(s)
 Jump to my Agency(s)

2 Click the "Aides" tab.

Agency	General Information			
General	Training Entity Aides			
Z Test	LHCSA			License # 8888Z888
Type:	Licensed Home Care Service Agency	Open Date:	01/01/2006	
Address:	800 North Pearl Street Albany, New York, 12204	Closed Date:		
County:	Albany			
Facility ID:				
Phone:	(518)473-1809			

3

Enter the information in the boxes provided and click, "Add."

Agency	Aide Inform	ation					
General	Training Enti	ty Aides					
Z Test Ll	HCSA					License # 8	888Z888
Status Act	ve Aides 💌 Sho	w					
Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
	Practice	Aide		03/26/1961	09/24/2010		Add

When no match is found, click the "No Match" button.

Matched Aides

No Aides Found Matching Name and Date of Birth Provided



5

Enter the date of the certificate into the box and click the "Retrieve Training Programs" button.

Training Fortition	Basisteents		Renada	A descina to all an	
Transing Emilies	Registratis Ag	encer	MERCITA	ADMINISTRATION	
ency Add Aide					
Cemeral Libraria Eat	ty Adet Add Add				
Test LHCSA		10.0	L	icense # \$8\$8Z88	8
	1940				Tool Bar
ertificate Informati	OB	A Distances			Press Agency Profile
Service one -		2.002.000			
remographic inform	treat t *	Date of	Contractor Days		Selected Agencins
	annes to	Birth: *	022501361 0000	CROOTE.	Z Test HHA(Albany)
amer"	auverte	Gender	Select one		
liddle anse:	City, *	Cibolor	Select poe	×	
ant Practice	State: * New York	Racer	Select one	1	
arttas	Zip/Postal Code: *	1			
	Country: * UNITED STATES		*		
ecurity Information	14 C				1
ant 4 digits of SSIE	OR City of Births				
		end			
	Mother's Maiden N	ame:			
	Mother's First Nam	ies			
moloyment Informs	tion				•
Nire Separation	Agency Name				
pate pate					
09/24/2010	Z THE LHCSA				
Retrieve	e Agencies 📊				

From the drop-down list provided, select "Unlisted – Unlisted HHA Training Program – HHA - Undetermined – Unknown."

UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE borvices - HHA - English - 2117 CROMPOND ROAD UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 20 Wall Street UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 18 JULE HLL PLAZA UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 1477 HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 1477 HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 1477 HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 200 ACTIONATION TO A STREET UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 201 Chestnut Street
UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 310 Wall Street UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 18JUE HILL PLAZA UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 1477 HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 1700 EAST WATER STREET UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 271 Madison Avenue UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 1871 Madison Avenue UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 1871 Madison Avenue
UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 1 BLUE HLL PLAZA UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 147T HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 700 EAST WATER STREET UPJOHN Health Care Services - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 700 EAST WATER STREET UPJOHN Health Care Services - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 700 EAST WATER STREET UPJOHN Health Care Services - UPJOHN HEALTH CARE SERVICES - HHA - Engine, - 700 EAST WATER STREET
UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English = 1477 HYLAN BOULEVARD UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 700 EAST WATER STREET UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 271 Madison Avenue UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 121 Chestnut Street
UPJOHN HEALTH CARE SERVICES - UPJOHN HEALTH CARE SERVICES - HHA - English - 700 EAST WATER STREET UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 271 Madison Avenue UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 19 Chestnut Street
UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 271 Madison Avenue UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 19 Chestnut Street
UpJohn Health Care Services - UpJohn Health Care Services - PCA - English - 19 Chestnut Street
UPJOHN HEALTHCARE SERVICES - UPJOHN HEALTHCARE SERVICES - HHA - English - 2024 WEST HENRIETTA ROAD
UPJOHN HEALTHCARE SERVICES - UPJOHN HEALTHCARE SERVICES - HHA - English - 106 JOHN STREET
UPJOHN HEALTHCARE SERVICES - UPJOHN HEALTHCARE SERVICES - HHA - English - 271 MADISON AVENUE
UPJOHN HEALTHCARE SERVICES - UPJOHN HEALTHCARE SERVICES - HHA - English - ONE PENN PLAZA - SUITE 168
UPJOHN HEALTHCARE, SERVICES - UPJOHN HEALTHCARE, SERVICES - HHA - English - 23 SOUTH STREET
US ETHICARE-ERIE - US ETHICARE-ERIE - HHA - English - 210 FRANKLIN STREET
US HOME CARE - US HOME CARE - HHA - English - 141 SOUTH CENTRAL AVENUE
US Home Care - US Home Care - PCA - English - 800 North Broadway
US HOME CARE CORPORATION BROOKLYN - US HOME CARE CORPORATION BROOKLYN - HHA - English - 50 COURT STREET
US HOME CARE CORPORATION OF BRONX, INC - US HOME CARE CORPORATION OF BRONX, INC - HHA - English - 67 METROPOLITAN OVAL
US HOME CARE CORPORATION OF MANHATTAN, INC - US HOME CARE CORPORATION OF MANHATTAN, INC - HHA - English - 221 WEST 41ST STREET
US HOME CARE CORPORATION OF QUEENS, INC - US HOME CARE CORPORATION OF QUEENS, INC - HHA - English - 1611-17 NORTHERN BOULEVARD
US HOME CARE OF WESTCHESTER - US HOME CARE OF WESTCHESTER - HHA - English - 1075 CENTRAL PARK AVENUE
UTOPIA HOME CARE - Utopia Home Care - Brooklyn - PCA - English - 26 Court Street
UTOPIA HOME CARE, INC - Utopia Home Care - Riverhead - PCA - English - 180 Old Country Road
UTOPIA HOME CARE, INC - Utopia Home Care - Kings Park - PCA - English - 1 Village Plaza
UTOPIA HOME CARE, INC Utopia Home Care - Bronx - PCA - English - 708 Lydig Avenue
Utopia Home Care, Inc Utopia Home Care, Inc PCA - English - 60 East Main Street
UTOPIA HOME CARE, INC Utopia Home Care - Patchogue - PCA - English - 116 East Main Street
UTOPIA HOME CARE, INC Utopia Home Care - Babylon - PCA - English - 120 Deer Park Avenue
UTOPIA HOME CARE, INC Utopia Home Care - Rockville - PCA - English - 73 North Park Avenue
UTOPIA HOME CARE, INC Utopia Home Care - Elmhurst - PCA - English - 91-31 Queens Blvd.

T Enter the aide's name, complete the rest of the "Agency Add Aide" page and click, "Save".

		Marcala R			, none Pa		and shares of the	Printer, 1. Hus	en a roggiatoria	- nt
Training Entities	Regist	rants	Agencies		Reports	Ad	ministration	l.		
125										
gency Add Aid	le									
General Train	ing Entity Aides	Add Aide								
Z Test LHCSA					License # 8888Z888					
								-	Tool Bar	
Certificate Infor	mation							🛩 Privit Ag	ancy Profile	
Certificate Date:*	15/1990 Remove									
Program:*	LISTED A MINUSTED HHA T	RANNG PROGRAM	- HHA - Undelarmine	d - Uninéwn					telected Agencie	
Name:*	ettos D	lide		16	elect One	(4)	-	Zitestun	SA(Abany)	
Lat	Liverse * F	int Name *	Middle Name	115		-		Z Test 1064	(Altiany)	
Contificate Date -	1 Bette	va Tranico Program	-							
Demonsult on the In	Terrer at lease		<u> </u>							
Prefix	Street 1:	- providence - company		Data of	Contract of the	11				
	100.000	12 Main St		Birth: *	63/20/1961	Interestion and Interesting				
Hame: Ade	Street 2			Gender:	Female M					
Middle Bame:	City: *	Schenectady		Ethnicity	Not Provided	×				
Last Practice	State: *	New York		Racet	Not Previded			8		
Suffic	Zip/Post Code:*	1 12303								
	Country	UNITED STATES								
Security Inform	ation •									
Last 4 digits of SSM	1234 OR	City of Birth		-				<.		- 1
				and						
		Mother's M	laiden Name:	and						
		Mother's Fi	rat Name:	-			71			
	and a second second									
Employment Inf	ormation Agency Kan	10								
Date* Date	iommo									
09/24/2010	Z Test LHCS	5				1				
	Ratcieve Agencies					1				
						ave	Cancel			
Because you have selected the Unlisted HHA Training Program option from the drop-down menu, you will be asked to accept the User Agreement.



Accept the User Agreement by checking the box under "User Agreement." Next, click "Save."

Certificate Information								
Certificate Date: *	08/13/1990 Remo	ove						
Program: *	UNLISTED - UNLISTED I	HHA TRAINING PROGRA	M - HHA - Undetermined - U	hknown				
	<)		>			
Name: *	Practice	Aide	A	Unknown				
	Last Name *	First Name *	Middle Name					
	User Agreement :							
	By checking this	box, the user declar	es:					
	 the aide was t 	born on or before Dec	ember 31, 1975,					
	 the date the aide bas n 	ide successfully com	pleted home health aide	training is prior to August 14, 1	990,			
	 there has bee 	en no continuous peri	od of 24 consecutive mo	ths during which the aide per	formed no home health			
	aide services	for compensation.						
Certificate								
Date :		Retrieve Training Progra	ms					

10 The aide is added successfully.



Separate an Aide

Jump to my Agency(s) 📾 Aides 📾 Enter Date 📾 Save



3 Enter the separation date to the right of the aide's name and click "Save."

General	Training Entit	y Aīdes						
Z Test LHCSA License # 8888Z888								
Status Activ	e Aides 💉 Sho	w						Tool Bar
Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)		Print Agency Profile
L.	last	first	i i				Add	Selected Agencies
3414	Peter Jamie Ank	a.	Male	09/09/1980	03/01/2010		Save 📩	Z Test LHCSA(Albany)
3241	Betty Baker		Female	11/11/1967	12/09/2004	06/11/2010	Save	Z Test HRA(Albany)
2922	Edward A. Blac	:k	Male	04/18/1965	01/15/2010		Save	
2921	Stephen Jamie I	Black	Male	04/18/1965	01/01/2010		Save	
2008	Edna J Bleary		Female	11/25/1951	12/12/2008		Save	
3181	Bonnie Blue		Female	02/27/1970	01/01/2009		Save	

4

The aide is no longer showing on the list of active aides. To view inactive aides, select "Inactive Aides" from the status drop down menu and click, "Show."

Agency A	Agency Aide Information									
General	Training Entity	Aides								
Z Test LH	Z Test LHCSA									
Status Inacti	Status Inactive Aides 🗸 Show									
Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)				
1194	Madina J Abdusa	ttarova	Female	07/11/1982	10/20/2009	01/23/2010	^			
2743	LARRY AGREE		Male	10/06/1970	01/01/2009	01/31/2009				
3414	Peter Jamie Anka		Male	09/09/1980	01/04/2010	02/01/2010				
<u>3241</u>	Betty Baker		Female	11/11/1967	12/09/2004	06/11/2010				

Data Correction for Agencies

Jump to My Agency 📾 Aides 📾 Aide Name 📾 Data Correction 📾 Save



 ${f 3}$ Click on the Registry Number of the aide whose information needs to be edited.

Z Test LH	ICSA				License # 3	8888Z888	
Status Activ	re Aides 💉 Show						Tool Bar
Registry Number	Name (Last) (First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)		Print Agency Profile
						Add	Selected Agencies
166887	dylap okay	Male	06/01/1975	08/13/2010		Save 🔺	Z Test LHCSA(Albany)
167172	Aide Practice	Female	03/26/1961	09/24/2010		Save	
167207	Patricia Test	Female	03/15/1980	09/22/2009		Save	
166927	Natasha Quality Assurance Tester	Female	09/16/1980	08/17/2010		Save	

Click on "Data Correction" from the Tool Bar on the right.

General Training	Employment	Employability/Determinations		
Edward Black			Registry Number 2922	
				Tool Bar
Address:	123 Main St. Schenectady ,NY,12303	Approved for Employment:	Unknown	Print Registrant Profile
DOB:	04/18/1965	Date Approved for Employment:	11/04/2009	Data Correction
Gender:	Male	Determination(s) of Abuse, Neglect or other Misconduct:	No	Selected Registrants
				Tami Ace - 3142
- Additional known Names				b b - 3241 Only Best - 3407 Edward Black - 2922 Bonnie Blue - 3181

5

Edit the information as needed and click, "Save."

General Training	Employment	Employability/Determination	5			
dward Black				Registry	V Number 2922	
						Tool Bar
refix:	Str	reet 1: * 123 Main St.	Da	te of 04/18/1965		 Print Registrant Profile Search Registrant
rst Name:* Edward	Sti	reet 2:	Ge	Male 🗸	•	Colored Devictments
iddle Name:	Cit	y:* Schenectady	Eth	nicity Select one	~	Selected Registrants
ast Name:* Black	Sta	ite: * New York	✓ Ra	ce: St. ct one	~	Peter Anka - 3414
uffix:	Zij	de: *				Only Best - 3407 Edward Black - 2922
	Co	untry: * UNITED STATES		~		Bonnie Blue - 3181

6 HCR will generate a message indicating that the demographic information has been updated.

Change an Aide's Personal Data

Jump to My Agency and Aides Registry Number Address Change (Gender Change) (Security Changes) (Name Change) Save

Jump to my Agency(s). Use These Quick Links To Get Started: ÷ Search for a Registrant ÷ Search for a Training Entity ÷ Search for a Home Care Agency ÷ Jump to my Training Entity(s) ÷ Jump to my Agency(s) Click the "Aides" tab. Agency General Information Training Entity General Aides Z Test LHCSA License # 8888Z888 Licensed Home Care Service Agency Open Date: 01/01/2006 Type: Address: 800 North Pearl Street **Closed Date:** Albany, New York, 12204 County: Albany Facility ID: Phone: (518)473-1809

3

Click on the Registry Number of the aide whose information needs to be updated.

Z Test	LHCSA					License # 8	8888Z888	
Status	Active Aides 💉 Show]						Tool Bar
Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)		Print Agency Profile
							Add	Selected Agencies
166887	dylan ekay		Male	06/01/1975	08/13/2010		Save 🔺	Z Test LHCSA(Albany)
167172	Aide Practice		Female	03/26/1961	09/24/2010		Save	
167207	Patricia Test		Female	03/15/1980	09/22/2009		Save	
166927	Natasha Quality A	ssurance Tester	Female	09/16/1980	08/17/2010		Save	

For address changes see steps 4 - 6. For Gender changes see steps 7 - 9. For Security information changes see steps 10 - 12. For Name changes or Alias updates see steps 13 - 17.

Δ

In order to update an aide's address, click on "Address Change" from the Tool Bar on the right. This option is not for data entry errors, but for updating any changed information.

Patricia Test		Registry Number 167207		
				Tool Bar
Address:	1 Brow5way Altiany /VV,12223	Approved for Employment:	Untrawn	Print Registrant Profile
DOB	03/15/1300	Date Approved for Employment:	09/28/2010	
Gendert	fensie	Determination(s) of Abuse, Neglect or other Misconducti	No	Address Change Security Changes Interne Change
Security Information				Selected Registrants
Last 4 digits of SSN 999 Nothers Maiden Name City of Birth Nothers First Name	9			•o
Additional known Names				
Marie Patricia Test	Alta known as (alta)			(C)
Previously Assigned Regis	try Numbera			



Enter the new address information and click "Save."

Registrant - Char	nge Address				
General Training	Employment	Employability/Determin	ations	Matching]
Patricia Test				Regi	stry Number 167207
Date of Address Change *					
Date of Address Change.	09/28/2010	MM/DD/YYYY			
Street1: *	22 First Ave				
Street2:					
City: *	Albany				
State: *	New York	v			
Zip / Postal Code: *	12203 _				
* Address Date on file is 09/28	3/2010 . New Address	Effective Date must be after Addr	ess Date on file.		Save

6

HCR will generate a message indicating that the address has been updated.

Registrant General Information

General	Training	Employment	Employability/Determinations	Matching
 Add 	lress Informatio	on changed successf	ully.	

Home Care Registry User Manual 3.7

In order to update an aide's gender, click on "Gender Change" from the Tool Bar on the right. This option is not for data entry errors, but for updating any changed information.

Patricia Test		Registry Number 167207		
			an a	Tool Bar
Address	1 Broadway Aliany, NY, 12203	Approved for Employment	Unangiven	Prest Regularit Profile Search Residered
DOBI	03/15/1988	Date Approved for Employments	09/25/2010	Osta Correction
Gender	Fenale	Determination(s) of Abuse, Neglect or other Misconduct	No	Conter Change
				El Name Change
Security Information				Selected Registrants
Last 4 digits of SSN : Notions Malden Name City of Birth : Mothers First Name	9999			A
Approachagen ha	ces			
Marre Patricia Test	Albo known a	a (alus)		134
Previously Assigned	Registry Numbera			

8

Enter the new gender information and click "Save."

Registrant - Change Gender

General	Training	Employment	Employability/Determinations	Matching]
Patricia	a Test			Regi	stry Number 167207
Date of G	ender Change:	09/28/2010	MM/DD/YYYY		
Gender:*		Male	v		\frown
* Conder D)ato on filo in 00/2	9/2010 Now Conder Ef	factive Data must be offer Conder Data on file		Save Cancel
* Gender D	ate on file is 09/2	8/2010 . New Gender Ef	fective Date must be after Gender Date on file.		

9

HCR will generate a message indicating that the aide's gender has been updated.

Registrant General Information



In order to update an aide's security information, click on "Security Change" from the Tool Bar on the right.

r aurear rest			registry runtoer rorae	
Address	1 Browbynay Alberry NY, 12200	Approved for Employments	Unkoowen	Print Report and Profile
DOB	03/15/1900	Date Approved for Employment:	99/28/2018	Data Correction
Gender:	Famile	Determination(a) of Atruse, Neglect or other Misconduct:	80)	Address Change
Security information				Selected Registrants
Security information Last 4 digits of SSN Nothers Maiden Name City of Birth I Nothers First Name :	9999			Selected Registrants
Security Information Last 4 digits of SSN Nothers Naidein Name City of Birth Mothers First Name : Additional known Nam	9990			Selected Registrants

Enter the new security information and click "Save." Patricia Test Registry Number 167207 Last 4 digits of SSN * or Mothers Trial Maiden Name * and City of Birth * Rochester and Mothers First Bethany Name * Cancel

12

HCE

HCR will generate a message indicating that the aide's security information has been updated.

Registrant General Information

General	Training	Employment	Employability/Determinations	Matching
 Sec 	curity Informatio	n changed successfu	illy.	

13

In order to update an aide's name, click on "Name Change" from the Tool Bar on the right. This option is not for data entry errors, but for updating any changed information.

Patricia Test			Registry Number 167207	
				Tool Bar
Address: DOB:	1 Broadway Alliany NY, 12253 63r15/1998	Approved for Employment: Date Approved for Employment:	9w262010	Phil Repairant Profile Search Repairant Data Correction
Gender:	Fernie	Determination(x) of Abuse, Neglect or other Misconduct:	No.	El Address Change Concor Change El Security Change Tisere Change
Security information				Selected Registrants
Last 4 digts of SSN - 8995 Mothers Maden Name City of Birth Nothers Final Name				
Additional known Names				
Marie Patricia Test	Alte known as (ska)			
Previously Assigned Registr	v Numberg			

14

Enter the new name and click "Save."

Regist	rant - Cha	ange Name			
General	Training	Employment	Employability/Determinations	Matching	
Patricia	ı Test			Regi	istry Number 167207

New Pret	ïx:			
New Firs	t Name: *	Patrick		
New Mid	dle Name:			
New Last	t Name: *	Test		
New Suff	ix:			
				Save Cancel

Other Known Names

Name		Туре	Action		
Marie Patri	cia Test	Also known as (aka)	Remove		
Add O	ther Known Nam	e			
Prefix	First Name *	Middle Name Last Nam	ne* Suffix	Туре	Action
				Unknown	Add

15

In order to remove an alias, click on remove under "Other Known Names."

Registrant - Change Name

General Training	Employment	Employability/De	eterminations	Matching	
Patricia Test				Regi	stry Number 167207
New Prefix:					
New First Name: *	Patrick				
New Middle Name:					
New Last Name: *	Test				
New Suffix:					
					Save Cancel
Other Known Name	es				
Name	Туре	rici	uon		<u>^</u>
Marie Patricia Test	Also kno	wn as (aka)	emove		
Add Other Known	Name				
Prefix First Name *	' Middl	e Name Last Name *	Suffix	Туре	Action
				Unknown	Add

16

In order to add an alias, enter the alias information in the "Add Other Known Name" section and click "Add."

General Training	Employment	Employability/Determinations	Matching	
Patricia Test			Reg	stry Number 167207
r atricia i cost			rog.	Suly 14411001 107207
New Prefix:				
New First Name: *	Patrick			
New Middle Name:				
New Last Name: *	Test			
New Suffix:				
				Save Cancel
Other Known Nor	195			
lame	Туре	Action		
larie Patricia Test	Also knowr	n as (aka) Remove		
Add Other Known	Name			
Prefix First Name	* Middle	Name Last Name * Su	ıffix Type	Action
			Unknown	bbA I

17 HCR will generate a message indicating that the aide's name has been updated.

Add an Employer

Search for a Registrant is Search is View Selected Result(s) is Employment is Add Employment is Retrieve Agencies is Save

Click "Search for a Registrant."

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employer is an active registry and changes can occur at any given time.

Use These Quick Links To Get Started:

Search for a Registrant
 Search for a Training Entity
 Search for a Home Care Agency

2

To search for a Registrant, enter the information you have, such as Registry Number, DOB, Last Name, etc., and click "Search."

Registrant Sea	rch					
Registry Number:		Certificate #:			Certificate Status:	All
First Name:		Middle Name:			Last Name:	
DOB:	MM/DD/YYYY	Gender:	All 💌		Aide Type:	All
City:		State:	All	~	Zip Code:	
Approved for Employment:	All	Employment Status:	All	~		
Show Advanced Search						
	Search Clear					

If you wish to search by the training entity or the home care services entity, click "Show Advanced Search" to bring up those search options. Choose the training entity or home care services entity by finding the desired entity in the list and clicking on it. Then click the "Search" button.

Registry Number:		Certificate #:		Certificate Status:	All	~
irst Name:		Middle Name:		Last Name:		
08:	MM/DD/YYYY	Gender:	All	Aide Type:	All	~
lity:		State:	All	Y Zip Code:		
Approved for		Employment				
ide Advanced Search		Status:	All			
Hide Advanced Search		Status:	All			
Ide Advanced Search Training Entity:		Status:	Home Care Services Ag	ency:		
ide Advanced Search fraining Entity: A & A STAFFING HEALTH CARE S A & A Staffing (previously Staff B	ERVICES	Status:	Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH	ency: SERVICES, INC. CARE SERVICES		
ide Advanced Search fraining Entity: A & A STAFFING HEALTH CARE S A & A Staffing (previously Staff B A & T HEALTHCARE LLC A & T HEALTHCARE LLC	ERVICES	Status:	Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH A & B HEALTH CARE SER A & D PERSONNEL SERVI	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES. INC.		
Ide Advanced Search Fraining Entity: A & A STAFFING HEALTH CARE S A & A Staffing (previously Staff B A & T HEALTHCARE LLC	ERVICES	Status:	Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH A & B HEALTH CARE SER A & D PERSONNEL SERVI A & D PERSONNEL SERVI A & E HOME CARE, INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		
Ide Advanced Search Iraining Entity: A & A STAFFING HEALTH CARE S A & A Staffing (previously Staff B A & T HEALTHCARE LLC A & T HEALTHCARE LLC	ERVICES uilders) YY SERVICES, INC	Status:	Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH A & B HEALTH CARE SER A & D PERSONNEL SERVI A & E HOME CARE, INC. A & J HOME CARE, INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		
Ide Advanced Search Iraining Entity: A & A STAFFING HEALTH CARE S A & A Staffing (previously Staff B A & T HEALTHCARE LLC A & T HEALTHCARE LLC A & T HEALTHCARE LLC A ROUND-THE-CLOCK TEMPORAF A&T HEALTHCARE LLC A&T HEALTHCARE LLC A&T HEALTHCARE LLC	ERVICES Jilders) IY SERVICES, INC	Status:	Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH A & B HEALTH CARE SER A & D PERSONNEL SERVI A & E HOME CARE, INC. A & THALTH CARE, INC. A & THEALTH CARE, INC.	ency: SERVICES, NC. CARE SERVICES VICES, INC. CES, INC.		

Click "View Selected Result(s)."

SEARCH CRITERIA		DISPLAY RESU	ILT PREFERENCES		RESULTS TOOLBOX
Registry It: 3181	Certificate R:	Per Page	O Deplay 25 O Deplay	50 O Declary 100 O Declar	Al Al
First Name:	Last Name:	Selection	O Checked Doly () Sho	WAL	Many Selected Beauty
Vew At Search Creeria	Perform New Search	Address	O Show Address O Do	n't Show Address	New selected in and
Print Search Results			25 - 27 G		
One Registrant found.					
Registry #	Rame		DOB	Gender	Approved for Employment
161	Smith, Weissa		02/25/1961	Female	0

4

Click "Employment" from the Registrant General Information page.

General Traini	e Employment	Employability/Determinations		
Melissa Smith	\sim		Registry Number 3161	
Address:	123 Main St. Schenctady ,NY,12303	Approved for Employment:	Unknown	
DOB:	02/25/1961	Date Approved for Employment:	12/21/2009	
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No	

Registran	t Employment			
General	Training Employment Employabl	lity/Determinations		
Melissa Sm	nith		Registry Num	iber 3161
mployment T	ype: Al V Show			Tool Bar
Imployen	ALL PRO HOUE AND HEALTH CARE SERVICES.	Start Date:	000002008	Profile Profile Add Englishment
Address	3385 CHURCH AVE 2 FL BROOKLYN, NY, 11203	End Date:	07/15(2908	Selected Registrants
Imployers	A & A STAFFING HEALTH CARE SERVICES	Start Date:	02/15/2905	Address Science (States)
Address	175 MAN STREET WHITE PLANS, NY, 10001	End Date:		

6

Enter the Employment Start Date (MM/DD/YYYY) and click "Retrieve Agencies."

Central Training Employment Employability/Determinations	
Melissa Smith	Registry Number 3161
	Tool Bar
Employment Information Employment Start Date: * Retrieve Ageoces	Point Registrant Profile Search Registrant
ANNOTITY	Selected Registranta

7

Enter the employment separation date. Select the appropriate agency from the drop-down box and click "Save." Repeat as needed.



Remove Employer

Jump to my Agency(s) 📾 Aides 📾 Aide's name 📾 Employment 📾 Remove



3

Click on the Registry Number of the aide.

Z Test LH	ICSA					License #	8888Z888	
Status Activ	e Aides 🖌 Show]						Tool Bar
Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)		Print Agency Profile
							Add	Selected Agencies
166887	dylankay		Male	06/01/1975	08/13/2010		Save 🔺	Z Test LHCSA(Albany)
167172	Aide Practice		Female	03/26/1961	09/24/2010		Save	
167207	Patricia Test		Female	03/15/1980	09/22/2009		Save	
166927	Natasha Quality A	ssurance Tester	Female	09/16/1980	08/17/2010		Save	

From the Registrant General Information page, click on the "Employment" tab.

Registra	ant Gene	ral Information		
General	Training	Employment	Employability/Determinations	
John Do	e			Registry Number 3406
Address:		1 Main St. Schenectady ,NY,12303	Approved for Employment:	Unknown
DOB:		03/26/1960	Date Approved for Employment:	01/14/2010
Gender:		Male	Determination(s) of Abuse, Neglect or other Misconduct:	No
- Additional kr	iown Names			



5

On the Registrant Employment page, click "Remove" to remove an employer.

Registrar	nt Employment			
General	Training Employment	Employability/Determinations		
John Doe			Registry Number 340)6
Employment	Type: All 🔽 Show			
Employer:	Z Test LHCSA	Start Date:	01/04/2010	<u> </u>
Address:	800 North Pearl Street Albany, NY, 12204	End Date:		
			Remove	
Employer:	ABUNDANT LIFE AGENCY, IN	C. Start Date:	09/11/2009	
Address:	4912 CHURCH AVENUE BROOKLYN, NY, 11203	End Date:	12/01/2009	
			Remove	

Invalid Duplicate Employment Information

When entering employment information on an aide, the HCR does not allow duplicate employment information to be entered.

	New York State Home Care Registry		Home Page I Contact OLTC I FAQs I Rules & Regulations I	Help
Training	Entities Registrants	Agencies	Reports	
Home>Search F Registrant General	Redistrant>Search Redistrant Results t Employment Training Employment Employabi	lity/Determinations		
Edward A.	Black		Registry Number 2922	
Employment Ty	ype: All 💽 (Show)		Tool Bar	
Employer:	Z Test LHCSA	Start Date:	11/02/2009	
Address:	800 North Pearl Street	End Date:	11/19/2009 Selected Registrants	
	Albany, NY, 12204		Remove Edward A. Black - 2922	
Employer:	Z Test LHCSA	Start Date:	09/30/2009	
Address:	800 North Pearl Street Albany, NY, 12204	End Date:	11/19/2009 Remove	
Employer:	A & A STAFFING HEALTH CARE SERVICES	Start Date:	03/26/2006	
Address:	175 MAIN STREET WHITE PLAINS, NY, 10601	End Date:	05/19/2007	
A & A STAFF	FING HEALTH CARE SERVICES	Start Date:	03/03/2003	
175 MAIN STI WHITE PLAIN	REET S, NY, 10601	End Date:	04/03/2003	
			Remove	
				>
© 2009 NYS De	epartment of Health - Home Care Registry		System Informa	ation
<				The

2

If an identical span of dates is chosen for the same employer, an error message will appear.

Registrant	- Add E	Employment	Information		
General	Training	Employment	Employability/Determinations		
Duplicate	Employme	nt Information enter	ed. Please check if the Agency and Hire Dates :	already exist.	
Edward A. E	Black			Registry Number 2922	
					Tool Bar
Employmen	nt Infor	mation			Print Registrant Profile Search Registrant
Employment Sta	art Date: *	03/03/2003 Re	move		
Separation Date	:	04/03/2003			Selected Registrants
Agency: *		A & A STAFFING HE	ALTH CARE SEPACES - WHITE PLAINS - 175 MAIN S	STREET	Peter Jamie Anka - 3414 Betty Baker - 3241
				Save Cancel	Orly Best - 3407 Edward A. Black - 2922 Stephen Jamie Black - 2921
					II Bonnie Blue - 35/8

View Training History

Search for a Registrant 🖮 View Selected Results(s) 🖮 Training



All

~

~

Search

All

Employment:

Show Advanced Search

If you wish to search by the training entity or the home care services entity, click "Show Advanced Search" to bring up those search options. Choose the training entity or home care services entity by finding the desired entity in the list and clicking on it. Then click the "Search" button.

legistry Number:	Certificate #:		Certificate Status:	All	
irst Name:	Middle Name:		Last Name:		
NOB: MM/DD/YYYY	Gender:	All 💌	Aide Type:	All	
City:	State:	AI	Y Zip Code:		
Approved for	Employment	AI	~		
lide Advanced Search	Status:				
Hide Advanced Search	Status:				
Hide Advanced Search Training Entity:	Status:	Home Care Services Age	ency:		
Ide Advanced Search Fraining Entity: A & A STAFFING HEALTH CARE SERVICES A & A Staffing (previously Staff Builders)	Status:	Home Care Services Age 1ST CHOICE HOME CARE : A & A STAFFING HEALTH	ency: SERVICES, INC. CARE SERVICES		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CARE SERVICES A & A Staffing (previously Staff Builders) A & T HEALTH CARE LLC	Status:	Home Care Services Age 1ST CHOICE HOME CARE S A & A STAFFING HEALTH A & D HEALTH CARE SERVI A & D PERSONNEL SERVIO	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CARE SERVICES A & A Staffing (previously Staff Builders) A & T HEALTHCARE LLC A & T HEALTHCARE LLC A & T HEALTHCARE LLC	Status:	Home Care Services Age 1ST CHOICE HOME CARE S A & A STAFFING HEALTH A & D PERSONNEL SERVIC A & D PERSONNEL SERVIC A & D ENGLISTICATION OF A A & D PERSONNEL SERVIC	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CARE SERVICES A & A Staffing (previously Staff Builders) A & T HEALTHCARE LLC A & T HEALTHCARE L	Status:	Home Care Services Ago 1ST CHOICE HOME CARE : A & A STAFFING HEALTH A & D PERSONNEL SERVIO A & D FERSONNEL SERVIO A & D HOME CARE, INC. A & J HOME CARE, INC. A & J HOME CARE, INC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		
Hide Advanced Search Training Entity: A & A STAFFING HEALTH CARE SERVICES A & A Staffing (previously Staff Builders) A & T HEALTHCARE LLC A & T HEALTHCARE LLC A & T HEALTHCARE LLC A ROUND-THE-CLOCK TEMPORARY SERVICES, INC A & T HEALTHCARE LLC A & T HEALTHCARE, LLC A & T HEALTHCARE, LLC	Status:	Home Care Services Age 1ST CHOICE HOME CARE S A & A STAFFING HEALTH A & D HEALTH CARE SERV A & E HOME CARE, INC. A & I HOME CARE, INC. A & T HEALTH CARE, INC. A & T HEALTH CARE, ILC.	ency: SERVICES, INC. CARE SERVICES VICES, INC. CES, INC.		

3

Select the appropriate name, and then click "View Selected Result(s)."

Regi	istrant Search	h Results				
SEARC	H CRITERIA		DISPLAY RESU	ILT PREFERENCES		RESULTS TOOLBOX
Regist First N	try #: lame:	Certificate 2: Last Name: gonzalez	Per Page: Selection:	Daplay 25 O Daplay 50 O Dapl O Decked Only O Snow A8	ay 100. O Deplay A	
 Vie Print 	w All Search Criteria It Search Results	Partient New Search	Address	O Show Address O Don't Show Ad	West	Chew selected Resolution
10 Regi	istrants found, displa	lying all Registrants.				
	Registry #	Rame		008	Gender	Approved for Employment
2	123463	Gonzalez, Ana Maria	5		Fenale	Y
	1482	Gonzaiez, Jose Migu	el		Male	N
	15461	Gonzalez, Manuel Jo	eeph		Male	11
	12.7	Gonzalez, Maria The	1958		Female	X
	123457	Gonzaiez, Maria The	resa		Female	Ý
	123458	Gonzalez, Maria The	resa		Female	н.
	123458	Gonzalez, Maria The	resa		Female	¥.
Ö	123460	Gonzaiez, Maria The	1954		Female	U.
E)	123465	Gonzaiez, Miguei Jor	wph		Mate	Y
Ö	123464	Gonzalez, Rosa Mar	62 C		Fenale	¥.

From the "Registrant General Information" page, click the "Training" tab.

None Page I Contact OLTC I FAGs I Rules & Regulations None Page I Contact OLTC I FAGs I Rules & Regulations None Page I Contact OLTC I FAGs I Rules & Regulations Calification December Information Contact Difference Information None Page I Contact OLTC I FAGs I Rules & Regulations Calification December Information Contact Difference Information </th <th colspan="2">Home Care Registry</th> <th>rv</th> <th colspan="4"></th>	Home Care Registry		rv				
Training Entities Registrants Agencies c - Pearch RecenterPearch Recenter Resents c - Pearch Recenter Information raining Training Imployment Employability/Determinations aria Theresa Gonzalez Registry Number 123456 treess: Abany, NY 12005 aria Theresa Gonzalez Registry Number 123456 treess: Abany, NY 12005 Bit Approved for Employment: Y Bit Approved for Complexity Wit 4/2005 Bit Approved for Complexity Selected Registrant Bit Approved for Complexity Selected Registrant Bit Approved for Complexity No Bit Approved for Complexity Selected Registrant Bit Approved for Complexity No Selected Registrant Selected Registrant Bit Approved for Complexity No Selected Registrant Selected Registrant Bit Approved for Complexity No Bit Approved for Complexity Selected Registrant Bit Approved for Complexity No Bit Approved for Complexity No Bit Approved for Complexity No Dit Approved for Complexity <th></th> <th>nome cure regist</th> <th>.,</th> <th>Home Page Contact OLTC </th> <th>FAQs Rules & Regulations </th>		nome cure regist	.,	Home Page Contact OLTC	FAQs Rules & Regulations		
t → Banch Received → Search Received Results gistrant Ceneral Information Training temployment temployment temployment: Abany, NY 12205 Abar Approved for Employment: Abany, NY 12205 Abar Approved for Employment: Abany, NY 12205 Abar Approved for Employment: Abany, NY 12205 Abar Approved for Employment: Abany NY 12205 Abar Approved for Employment: Abar Approved for Employment: Abar Abar Abar Abar Approved for Employment: Abar Abar Abar Abar Abar Abar Abar Abar	Training Entit	Des Registrants	Agencies				
strain Ceneral Information Training Temployment temployment temployment temployment: Abarry, NY 12205 temate Approved for Employment: temate temployment: temate temployment temployment: temate temployment temploy		tent Search Registrant Results					
Training Employment Employability/Determinations arria Thereas Gonzalez Registry Number 123456 ress: Abany, NY 12205 Pret Approved for Employment: Y ide: Date Approved for Employment: W14/2008 ide: Perture Bet Approved for Employment: W1 Bet Approved for Employment: W1 Bet Approved for Employment: W1 Bet Approved for Employment: W1 Bet Approved for Employment: W1 <	gistrant G	eneral Information					
rina Theress Gonzalez Registry Number 123456 ress: Abary, NY 12205 der: Abary, NY 12205 der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie der: ressie	veral Trainin	g Employment En	ployability/Determinations				
Test: Abany, IV' 12205 Approved for Employment: Y e Date Approved for Employment: 00/14/2008 der: Female Determination(s) of Abure, Beglet or other Mileconduct: No domail incom fuenes mes found No Selected Registra Selected Registra Wetcome Meme Page 1 Contact OLTC 1 FAGs 1	ria Theresa	Gonzalez		Registry Number 1234	56		
Interest: Abany, NY 12205 Approved for Employment: Y Ider: Date Approved for Employment: 08/14/2008 Ider: Fenale Determination(s) of Abuse, tieglect or other Mileconduct: No Itemating for the state Determination(s) of Abuse, tieglect or other Mileconduct: No Selected Registration: Itemating for the state Determination(s) of Abuse, tieglect or other Mileconduct: No No Itemating for the state Determination(s) of Abuse, tieglect or other Mileconduct: No Itemating for the state Determination(s) of Abuse, tieglect or other Mileconduct: No Itemating for the state Vectore No Itemating for the state No No Itemating for the state Apencies No Itemating for the state Apencies No				inging) in an in the second	Tool Bar		
ternal incount Names wrees found.	iress:	Albany, NY 12205	Approved for Employment:	Y	- Print Registrant Profile		
der: Fenzie Determination(s) of Abuse, Heglect or other Misconduct: No Econal incourt Names mes found: Selected Registra Therees Contractor: No Selected Registra Selected Reg	e.,		Date Approved for Employment	08/14/2008	Search Registrant		
eternal trown Names wres found.	sder:	Female	Determination(s) of Abuse,	No	Selected Registrants		
etenal trever Nieres wes found. gistrant Training history displays here. New York State Home Care Registry Wescome Home Page 1 Contact OLTC 1 FAGs 1 Rules & Regulators Training freezes -State FiscationState Regulator Results					10 110 110 000 00 10002 1 K		
Agencies	iditional known Nam	23					
New York State Welcome Home Care Registry Home Page Contact OLTC FAGs Rules & Regulators Training Entities Registrants Agencies Agencies	ames found.						
Training Intilles Registrants Agencies	egistran	nt Training histor	y displays here.				
Training Entities Registrants Agencies	egistran	nt Training histor	y displays here.	Welcome			
Training Entities Registrants Agencies	egistran	nt Training histor New York State Home Care Registr	y displays here.	Wetcome Home Page Contact DLTC	FAGe I Roles & Regulations (
-Search Reputrary Search Reputrant Results	egistran	nt Training histor New York State Home Care Registr	y displays here.	Welcome Home Page 1 Contact OLTC 1	FAGe I Rales & Regulations (
	egistran	nt Training histor New York State Home Care Registr Registrants	y displays here. y	Welcome Home Page 1 Contact OLTC 1	FAGe I Rules & Regulations I		
istrant Training	egistran	nt Training histor New York State Home Care Registr Registrants Care Registrants	ry displays here. y	Welcome Home Page I Contact OLTC I	FAGe I Rules & Regulations (

Maria Theresa	Gonzalez		Registry Number 123456	
				Tool Bar
Certification	Home Health Akte	Certificate Statum	Active	- Print Receivant Profile
Training Entity:	Z TEST POST SECONDARY EDUCATION SCHOOL	Certificate Status Date:	09030009	- Search Registrant
Address:	800 North Pearl Street Albany, NY, 12254	Certificate #:	3	Selected Registrants
Program Name:	Z TEST POST SECONDARY EDUCATION SCHOOL	Training Methodology:	Personal Care Aide Upgrade	Maria Theresa Gonzalez - 123456
Start Date:	09/11/2009	State Department:	SED + OP	
Registered flurse:	Johnny Approver	Instructor:	Johnny Instructor	
Attestor	Johnny Attestar	Attentation Date:	09/23/2009	
		Date Certificate Printed:		

5

View Employability

Search 📾 Registrant General Information 📾 Employability/Determinations



Search for a Registrant
 Search for a Training Entity
 Search for a Home Care Agency

2

To search for a Registrant, enter the information you have, such as Registry Number, DOB, Last Name, etc., and click "Search."

Registrant Sear	ch					
Registry Number:		Certificate #:			Certificate Status:	All
First Name:		Middle Name:			Last Name:	
DOB:	MM/DD/YYYY	Gender:	All 💌		Aide Type:	All
City:		State:	All	~	Zip Code:	
Approved for Employment:	All	Employment Status:	All	~		
Show Advanced Search						
(Search Clear					

If you wish to search by the training entity or the home care services entity, click "Show Advanced Search" to bring up those search options. Choose the training entity or home care services entity by finding the desired entity in the list and clicking on it. Then click the "Search" button.

legistry Number:		Certificate #:		Certificate Status:	All	
first Name:		Middle Name:		Last Name:	1	
)OB:	MM/DD/YYYY	Gender:	All 💌	Aide Type:	All	~
City:		State:	All	Zip Code:		
Approved for		Employment	1			
ide Advanced Search		Status:	Al	M		
Hide Advanced Search Training Entity:		Status:	All Home Care Services Ag	ency:		_
Hide Advanced Search Training Entity: A & A STAFFING HEAL A & A Staffing (previou	All ▼ TH CARE SERVICES isly Staff Builders)	Status:	All Home Care Services Ag 1ST CHOICE HOME CARE & & A STAFFING HEALTH	ency: SERVICES, INC. CARE SERVICES		
Hide Advanced Search Training Entity: A & A STAFFING HEAL A & A Staffing (previous A & THEALTHCARE LI	All ▼ TH CARE SERVICES Isly Staff Builders)	Status:	All Home Care Services Ag 1ST CHOICE HOME CARE A & A STAFFING HEALTH A & B HEALTH CARE SER	ency: SERVICES, INC. CARE SERVICES VICES, INC.	į	
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Select the correct name from the search results and then click "View Selected Result(s)."

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	123463	Gonzalez, Ana Maria			Female	Y
	443462	Gonzalez, Jose Migu	el.		Male	н
3	1. 11	Gonzalez, Manuel Jo	seph		Male	14
	123450	Gonzalez, Maria The	1064		Female	Y
1	123457	Gonzalez, Maria The	1958		Female	Y
	123458	Gonzaiez, Maria The	188		Fenale	п
3	123459	Gonzalez, Maria The	185.6		Female	Y
	123460	Gonzalez, Maria The			Fertain	u .
	123455	Gonzalez, Miguei Jos	eph		Male	Y
	123484	Gonzalez, Rosa Mari			Female	Y.

From the "Registrant General Information" page, click the Employability/Determinations" tab.

Registrant Gene	eral Information			
General Training	Employment	Employability/Determinations		
Ana Maria Gonzale	ez		Registry Number 123463	
				Tool Bar
Address:	Test7, NY 12845	Approved for Employment:	Y	Print Registrant Profile
DOB:		Date Approved for Employment:	08/21/2008	Search Registrant
Gender:	Female	Determination(s) of Abuse.		Selected Registrants
		Neglect or other Misconduct:	No	Ana Maria Gonzalez - 123463
Additional known Names				
No names found.				

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This page displays employability if known, Date of Background Investigation, and Determinations (if any). The initial Employability field is set to "unknown" and can stay "unknown" for quite a while.

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Determinations						Ana	Maria Gonzalez - 12346	3
		and the local data and the second second						

View Employment History

Search 📾 Registrant General Information 📾 Employment

Click "Search for a Registrant." **Output Output O**

Search for a Registrant
 Search for a Training Entity
 Search for a Home Care Agency

2

To search for a Registrant, enter the information you have, such as Registry Number, DOB, Last Name, etc., and click "Search."

Registrant Sea	rch					
Registry Number:		Certificate #:			Certificate Status:	All
First Name:		Middle Name:			Last Name:	
DOB:	MM/DD/YYYY	Gender:	All 💌		Aide Type:	All
City:		State:	All	~	Zip Code:	
Approved for Employment:	All	Employment Status:	All	~		
Show Advanced Search						
	Search Clear					

If you wish to search by the training entity or the home care services entity, click "Show Advanced Search" to bring up those search options. Choose the training entity or home care services entity by finding the desired entity in the list and clicking on it. Then click the "Search" button.

Registry Number:		Certificate #:		Certificate Status:	All	~
First Name:		Middle Name:		Last Name		
DOB:	MM/DD/YYYY	Gender:	All 💌	Aide Type	: All	~
City:		State:	All	Y Zip Code:		
Approved for		Employment	AL			
Employment:		Status:	All			
Hide Advanced Search		Status:	All			
Employment: All Hide Advanced Search Training Entity:		Status:	Home Care Services Age	incy:		
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Select the correct individual from the list and then click "View Selected Result(s)."

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	123461	Gonzalez, Wanuel Jo	eeph		Maie	N
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D	1234.	Gonzalez, Mana The	1994		Female	Ŷ
	123460	Gonzenz, Mana The	1992		Female	U.
	122465	Gorizalez, Miguel Jon	reph		Male	Y
	123464	Gonzamz, Rosa Mar			Fernate	Y

From the "Registrant General Information" page, click the "Employment" tab.

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Registrant Gen General Training	eral Information	ability/Determinations		
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Address:	Altury , 107 12225	Approved for Employment	×	Free Registrant Profile Search Registrant
DOB: Geoden	Farmain	Date Approved for Employment: Determination(s) of Abuse, Determination(s) of Abuse,	5514(2005	Selected Registranta
			192 192	had been a branches and

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The "Registrant Employment" page displays the history of the individual's employment in New York State home care agencies.

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Address:	800 North Pearl Street LHCSA Office Albany, IV, 12204	End Date				Selected Registrants farm Therms Gonzainz - 123458
Employer:	HOEI	Start Date:	09/01/2006			
Address:	123 Care Street	End Date:				

► Don't HCR	forget to consult the FAQs located on the upper toolbar of the	
	Home Page I Contact OLTC FAQs Rules & Regulations I Help	



Section 4: General Public Procedures

In this section of the User Manual, you will learn how to use the Home Care Registry if you are a member of the general public and not a training program or home care agency.

How the General Public Can Access the Home Care Registry

The general public can access the HCR from the Department of Health website at this location:

www.health.state.ny.us

Click on the button at the right that says, "Health Care Professionals & Patient Safety."



Next, click the link on the main page that says, "Home Care." Then, click on the "New York State Home Care Registry" link.

Members of the general public should then follow these steps:

Step 1: To search for a home health or personal care aide, enter the information you have in the boxes provided and click "Search by Name." If you have the DOH registry number, enter it in the bottom box under "Search by Registry Number" and click the "Search by Registry Number" button.

True are learns income Dage > inactify Care Drafassionals IS Dataset lander > inome Care > New York State Home Care Registry New York State Home Care Registry	
Notice The Home Care Registry provides limited information about home care workers who have successfully completed a state approved training program in New York state. Information contained in the registry may be entered and updated by third parties, and the Department of Health does not guarantee the accuracy of third-party information provided nor endorse any midwala listed home. Individuali stated on the registry may not be currently certified or may be unemployable, or the information related to those individualis may be outdated. It is the responsibility of those accessing the registry to verify the credentials, employability and competency of any individual listed in the registry. Information on home care workers is being added to the registry over time and may not be complete at the time of your search.	Learn More Home Care Home Page Frequently Asked Questions State-Approved Training Help Desk
Instructions Iome Health Workers and Personal Care Workers listed on the Home Care Registry may be found by searching the episitry by name or by the worker's DDH assigned Home Care Registry Number. First enter the appropriate search formation, then click on the corresponding Search button. At least two characters of last name are required to search by name. Search	
Search by Name First Middle Last O Exact O Starts With Gender All County All Type HHA or PCA Search by Name	
Search by Registry Number DOH Registry Number Search by Registry Number	



Step 2: From the search results, select the name you want.

Step 3: Click on the name, and then the aide's information will be displayed. Information is available on employability determination, the type of training program, certification status, convictions and findings. Click on the tabs for further information. To print the entire profile, click on "Printable version" located in the "Tools" menu on the right.



Section 5: APPENDIX - New York Certified Aide Registry and Employment Search Act

THE LAWS OF STATE OF NEW YORK, 2008

CHAPTER 594

AN ACT to amend the public health law, in relation to home care services worker training and registration, became a law September 25, 2008, with the approval of the Governor. Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Short title. This act shall be known and may be cited as the "New York certified aide registry and employment search act".

§ 2. The public health law is amended by adding a new section 3613 to read as follows:

§ 3613. Home care services workers. 1. As used in this section, the following terms shall have the following meanings:

(a) "Home care services entity" means a home care services agency or other entity providing home care services subject to this article or exempt under section thirty-six hundred nineteen of this article.
(b) "Home care services worker" or "worker" means any person engaged in or applying to become engaged in providing home health aide services, as defined in subdivision four of section three thousand six hundred two of this article or "personal care services", as defined in subdivision five of section three thousand six hundred two of this article.

(c) Home care services worker registry" "or "registry" means the home care services worker registry established by this section.

(d)"State-approved education or training program" "or "program" means a program that provides education or training for persons to meet any requirement established by the department for providing home health aide services or personal care services, which program is approved by the department or the state education department.

2. The department shall develop and maintain a home care services worker registry of persons who have successfully completed a state-approved education or training program. Information in the registry shall be readily accessible on the department's website by the public, home care services workers, and home care services entities, subject to subdivision seven of this section. A home care services entity shall obtain information relating to a home care services worker, pursuant to paragraph(c) of subdivision seven of this section, prior to the worker beginning to provide home care services for that entity, except that a home care services worker employed by any entity prior to the effective date of this section may provide home care services as provided in subdivision eight of this section. No employer of a home care services worker other than a home care services entity shall be required to obtain information from the registry.

3. The registry shall include, but not be limited to, the following information concerning each person who has successfully completed a state-approved education or training program that is listed in the registry:

(a) Full name, including pre-marital name and any other names currently or previously used;

(b) Current home address;

(c) Gender;

(d) Date of birth;

(e) Name of each state-approved education or training program successfully completed, the name of the entity providing the program, and the date on which the program was completed;

(f) History of work in home care services through any home care services entity, including dates of employment and name of entity providing the employment;

(g) Final findings made in accordance with the provisions of statutorily established proceedings subject to the state administrative procedure act or other similar law, that the person engaged in physical abuse, mistreatment, neglect or misappropriation of a patient's property, while serving the patient as a home care services worker or in another capacity, the name of the governmental agency, case number if a number is assigned, and date of determination, together with any statement concerning such determination submitted by the person, that may not identify any other person and may not exceed one hundred fifty words; and (h) A record of any determination of the department regarding the approval or disapproval of a prospective employee pursuant to subdivision five of section eight hundred forty-five-b of the executive law, together with any statement concerning such determination submitted by the person, that may other person and may not exceed one hundred fifty words; and (h) A record of any determination of the department regarding the approval or disapproval of a prospective employee pursuant to subdivision five of section eight hundred forty-five-b of the executive law, together with any statement concerning such determination submitted by the person, that may not identify any other person and may not exceed one hundred fifty words.

4. The registry shall include a comprehensive list of all state-approved education or training programs. The list shall be updated at least monthly by the department and the state education department. The respective departments shall promptly submit updated information whenever such information changes.

5. (a) The department shall specify which information for the registry shall be submitted and updated by the state-approved education or training program, home care services worker and home care services entity, subject to the provisions of this subdivision.

(b) Any entity that offers or provides a state-approved education or training program shall provide the department the following documentation for every person who successfully completes any program provided by the entity, in the form and manner provided by the department: (i) a written sworn statement by the senior official of the entity that offers or provides such program, made under penalty of perjury, certifying that each person has in fact successfully completed the identified program, identifying each such person by name, address, date of birth and date on which such program was completed, and describing the nature of the education or training covered in such program; and (ii) proof that such entity has verified the true identity of each person who has successfully completed the identified program.

(c) A home care services worker employed by a home care services entity shall only be required to provide for the registry that information specified in paragraphs (a), (b), (c), (d) and (e) of subdivision three of this section, and, to the best of their knowledge and recollection, paragraph (f) of subdivision three of this section.

(d) The registry shall be updated at least monthly. Any person or entity required or choosing to provide information to the registry shall promptly submit updated information whenever such information changes.

6. No charges shall be imposed on any person or entity for any costs related to the registry.

7. (a) Members of the public may access and obtain information in the registry through the department's website, except information specified in paragraphs (b) and (d) of subdivision three of this section. The department shall also provide toll-free telephone access for members of the public to

access and obtain information from the registry, except information specified in paragraphs (b) and (d) of subdivision three of this section.

(b) A home care services worker may access or obtain any information in the worker's own listing in the registry.

(c) A home care services entity may access or obtain any information in the registry relating to any home care services worker the entity engages or is considering engaging to provide home care services.

(d) The department shall include security mechanisms in the registry to implement this subdivision and to maintain a record of accessing or obtaining information from the registry by every home care services entity.

8. The department shall provide reasonable and appropriate timetables, notices and phase-in mechanisms for applying various provisions of this section to state-approved education and training programs, home care services entities, persons becoming home care services workers and persons already engaged as home care services workers. Persons employed as home care services workers on the effective date of this section shall be registered as soon as practicable, but not later than twelve months after such effective date.

9. The commissioner shall make rules and regulations reasonably necessary to implement the provisions of this section.

§ 3. This act shall take effect one year after it shall have become a law. Provided, however, that the commissioner of health is authorized to promulgate rules and regulations and take any other measures reasonably necessary to implement this act on its effective date on or before such date.



Section 6: Additional Resources

Dear Administrator Letter HCBS 09-13

https://commerce.health.state.ny.us/hpn/hha/dals/DAL_DHCBS_09-13_Ch_594.pdf

FAQ

https://commerce.health.state.ny.us/hpn/hha/training/HCR_FAQ.pdf

Public HCR

https://apps.nyhealth.gov/professionals/home_care/registry

HCR on the HCS/HPN

https://commerce.health.state.ny.us/doh2/applinks/hcswr

To Locate Advisories and Dear Administrator Letters on the HCS:

At the top of your page on the HCS, click on "Documents"



Z Click on "Long Term Care" from your list of groups*.



*If you do not have "Long Term Care" listed in your groups, follow these steps:

Click the link that says "View All Document Groups"



Locate "Long Term Care" from the alphabetical listing and then click on the green plus symbol on the right to add this group:



3

After clicking on "Long Term Care" you will see two columns of topics, click on the Home Care Registry link in the left column.

Long Term Care Document Groups
<u>Calendars</u>
<u>Contacts</u>
Criminal History Record Check
Dear Administrator Letters
Dear Practitioner Letters
Diseases and Conditions
Family and Community Health
Forms
Guidelines
Health Insurance Programs
Help
Home Care Registry
NYSIIS
Newsletters
Patient Safety

Click on the "Alerts and DALs" folder to find our recent advisories and DALs.

<u>Groups</u> > <u>Lo</u>	ng Term Care >	Home Care Regis
	Long Term Care	Document Groups
	<u>Alerts and DALs</u>	
	Help	
Section 7: Contact Information

Home Care Registry Toll-Free Customer Service Assistance:

1 (877) 877-1827

E-mail Help Desk Assistance:

HCReg@health.state.ny.us

