

**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

▶ Quick Tips are found in boxes like this.

□ Important reminders look like this.

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.

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:

► One individual may be assigned multiple 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.

Additional Information:

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: HCRreg@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 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.

► 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

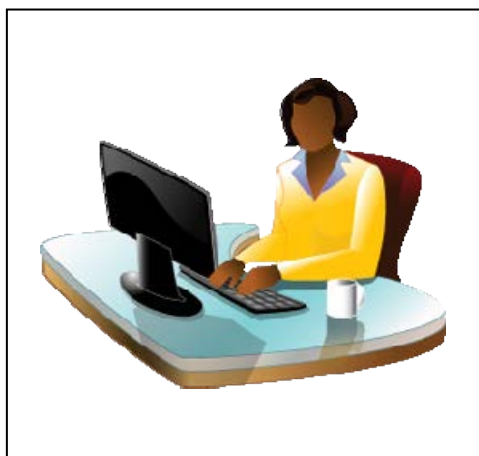
HHATP – home health aide training program

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 Be Entered?	By When?	By Whom?
1. Trained in a class starting on or after 9/25/09 and <u>not listed in</u> HCR.	Class information; trainee's name and date of birth.	Within ten (10) business days of start of class. Day one (1) is first day of class.	Only the training 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 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 <u>not 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, <u>not</u> employed on 9/25/09, and <u>not listed in</u> 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 in</u> the HCR.	Current employment information.	Within ten (10) business days of employment. See Group 3 for definition of day one (1).	Current employer.











Section 2: Training Entity Procedures

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Instructions for HHA and PCA Training Programs

What you need to use the HCR:

-   Computer
-   HCS access and account
-   Roles assigned by HCS Coordinator
-   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

1 From the home page, click “Search for a Registrant.”



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:	<input type="text"/>	Certificate #:	<input type="text"/>	Certificate Status:	All <input type="button" value="v"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
DOB:	<input type="text"/> MM/DD/YYYY	Gender:	All <input type="button" value="v"/>	Aide Type:	All <input type="button" value="v"/>
City:	<input type="text"/>	State:	All <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Approved for Employment:	All <input type="button" value="v"/>	Employment Status:	All <input type="button" value="v"/>		

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.

Registrant Search

Registry Number: Certificate #: Certificate Status:

First Name: Middle Name: Last Name:

DOB: Gender: Aide Type:

City: State: Zip Code:

Approved for Employment: Employment Status:

[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
- AAA SERVICE PROGRAMS INC

Home Care Services Agency:

- 1ST CHOICE HOME CARE SERVICES, INC.
- A & A STAFFING HEALTH CARE SERVICES
- A & B HEALTH CARE SERVICES, INC.
- A & D PERSONNEL SERVICES, INC.
- A & E HOME CARE, INC.
- A & J HOME CARE, INC.
- A & T HEALTH CARE, INC.
- A & T HEALTHCARE LLC
- A & T HEALTHCARE LLC

- 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


1 Click on “Jump to my Training Entity(s)”

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)

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

Training Entity General Information

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

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

Training Program Approvals

Type	Language	Start Date	End Date	Action
HHA	Abkhazian	11/02/2011	11/01/2014	
PCA	Romance (Other)	01/01/2011		
PCA	Swedish	04/28/2012	01/01/2013	
HHA	French	01/01/2012	12/31/2014	
HHA	English	03/01/1900		
PCA	English	03/01/1900		

3 Add Training Program Details

Add Training Program


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

Z Test LHCSA Training Entity

Approval Details:
Type: Personal Care Aide Start Date: 03/01/1900
Language: English End Date:

Program Details:

Name:*

Start Date:* 03/01/1900 MM/DD/YYYY  End Date: MM/DD/YYYY

Street1:* Street2:

City:* Zip/Postal Code:*

County:* All Phone:

Start Date Cannot Precede Approval Start Date

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

4
Trai

ning Program Created Successfully

Training Entity Programs

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 #	Classes
Allie's PCA Training Program		05/01/2012	12/31/9999	PCA	English		<input type="button" value="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

1 Click “Jump to my Training Entity(s).”



New York State
Home Care Registry

Training Entities

Registrants

Agencies

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employers in New York State. Please be mindful that while we believe this information is up to date, the registry 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)

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2 Click the “Programs” tab.

The screenshot shows the 'Training Entity General Information' page. At the top, there are tabs for 'General', 'Programs', 'Certification', and 'Print Certificates'. The 'Programs' tab is highlighted with a red circle. Below the tabs, the entity name 'Z TEST POST SECONDARY EDUCATION SCHOOL' is displayed. The page contains a table with the following information:

Address:	300 North Pearl Street, Albany NY 12254	Type:	University
County:	Albany	Approving State Department:	Education Department - DP
Phone:			

At the bottom of the page, there is a 'Tool Bar' with a link to 'Print Training Entity Profile' and a 'Selected Training Entities' section showing 'Z TEST POST SECONDARY EDUCATION'.

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

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

The screenshot shows the New York State Home Care Registry interface. At the top, there is a navigation bar with 'Training Entities', 'Registrants', and 'Agencies'. Below this, there are links for 'Home --> Search Training Entity --> Search Training Entity Results'. The main content area is titled 'Training Entity Programs' and has tabs for 'General', 'Programs', 'Certification', and 'Print Certificates'. The 'Programs' tab is active, showing a list of training entities. The first entry is 'Z TEST POST SECONDARY EDUCATION SCHOOL' with details: Location (800 North Pearl Street, Albany, NY, 12204), Course (HHA PT1), Start Date (02/05/2010), End Date (08/10/2010), Training Type (HHA), and Language (English). A red arrow points to the 'Show' button in the 'Classes' column for this entry. To the right, there is a 'Tool Bar' with options for 'Print Training Entity Profile' and 'Print Entity Class Listing', and a 'Selected Training Entities' section showing 'Z TEST POST SECONDARY EDUCATION'. The footer contains the copyright notice: '© 2009 NYS Department of Health - Home Care Registry'.

► These fields are pre-populated.

Notes

4

Add info in the boxes highlighted and click “Add Class” button.

► Verify your Training Program from the Tool Bar on the right.

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Roster
09/09/2009 09:00 AM	Core Training	Johnny, Instructor	sxy03	Add Class
01/01/2500 08:00 AM	Competency Evaluation	Johnny, Approver	sxy03	Show
12/02/2010 08:10 AM	Core Training	Johnny, Approver	ajc04	Show
12/01/2010 08:00 AM	Core Training	Johnny, Instructor	ajc04	Show
12/12/2009 08:00 PM	Nurse Aide Transition	Johnny, Approver	ajc04	Show
11/03/2009 09:00 PM	Core Training	Johnny, Instructor	ajc04	Show
11/03/2009 08:56 PM	Nurse Aide Transition	Johnny, Approver	ajc04	Show
11/03/2009 06:33 PM	Core Training	Johnny, Approver	ajc04	Show
11/02/2009 08:30 AM	Personal Care Aide Upgrade	Johnny, Approver	ajc04	Show
10/22/2009 10:00 PM	Nurse Aide Transition	Johnny, Approver	sxy03	Show
10/10/2009 11:00 PM	Personal Care Aide Upgrade	Johnny, Instructor	sxy03	Show
09/11/2009 10:00 AM	Core Training	Johnny, Instructor	ajc04	Show
09/11/2009 08:00 AM	Personal Care Aide Upgrade	Johnny, Instructor	ajc04	Show




5

The Training Class has been added successfully.

Training Class added successfully.

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Roster
11/03/2009 06:33 PM	Core Training	Johnny, Approver	ajc04	Show
11/02/2009 08:30 AM	Personal Care Aide Upgrade	Johnny, Approver	ajc04	Show
10/22/2009 10:00 PM	Nurse Aide Transition	Johnny, Approver	sxy03	Show
10/10/2009 11:00 PM	Personal Care Aide Upgrade	Johnny, Instructor	sxy03	Show

Add a Student to a Class

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

1 From the landing page, click “Jump to my Training Entity(s).”



[Home Page](#) | [Contact OLTC](#) | [FAQs](#) | [Rules & Regulations](#) | [Help](#)

[Training Entities](#) [Registrants](#) [Agencies](#)

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employers in New York State. Please be mindful that while we believe this information is up to date, the registry 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\(s\)](#)



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2 From the Training Entity General Information page, click the “Programs” tab.

Training Entity General Information

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

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

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

Training Entity Programs

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

Z Test LHCSA Training Entity

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

4 Click “Show” next to the class to which a student is to be added.

Training Classes

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

Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De:
-----------------	------------------------	-------------------	------------------	----------------------	---------------------

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Status: Open

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
07/02/2010 09:30 AM	Core Training	Irma Mi Instructor	jxs39	Edit Show	
09/25/2009 09:00 AM	Personal Care Aide Upgrade	Irma Mi Instructor	cx12	Edit Show	

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

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinat
Senior Official					

Z Test LHCSA Training Entity

Z Test LHCSA Training Program

HHA - Core Training - English

License #

07/02/2010 09:30 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	Doe	Jane	04/18/1960			<input type="button" value="Add Student"/>
152461	Johnn Doe		11/11/1977	Certified	07/06/2010	<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>

6 If aide is not found, click “No Match.”

Matched Aides

Jane Doe

04/18/1960

Registry Number	Name	County	Select
-----------------	------	--------	--------

No matching aides found.

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

New York State Home Care Registry

Welcome

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports | Administration

Home

Training Programs Student

General | **Programs** | Certification | ReCertification | Print Certificates | Admin Personnel

Program General | Program Classes | Class Roster | **Student** | Supervising Nurse | Nurse Instructor | Director/Coordinator

Official Agency Designee | Senior Official

Z Test LHCSA Training Entity
Z Test LHCSA Training Program
HHA - Core Training - English

License #
07/02/2010 09:30 AM

Demographic Information

Registry Number:

Prefix: Street1: * Date of Birth: MM/DD/YYYY

* First Name: Street2: Gender:

Middle Name: City: Ethnicity:

* Last Name: State: Race:

Suffix: Zip/Postal Code: Country:

Fields marked with * are required to save Student information.
Fields marked with ** are required to save Student Approval information.

Security Information

Last 4 digits of SSN: **

or

Mothers Maiden Name: **

and

City of Birth: **

and

Mothers First Name: **

**Course completed and approved by:

Save Cancel

Tool Bar

Print Training Entity Profile
Print Program Class Listing

Selected Training Entities

Z Test LHCSA Training Entity (Albany)
Z Test Post Secondary Education School

Training Programs

Z Test LHCSA Training Program (HHA - E)
Z Test LHCSA Training Program (PCA - E)

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8

The student has been saved successfully.

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinator
Senior Official					

• Student Saved successfully.

Z Test LHCSA Training Entity
Z Test LHCSA Training Program
HHA - Core Training - English

License #
07/02/2010 09:30 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
152461	Johnn Doe		11/11/1977	Certified	07/06/2010	<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>
	Jane Doe		04/18/1960	Enrolled		<input type="button" value="Edit"/> <input type="button" value="Withdraw"/>

❑ 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

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

New York State Home Care Registry

Training Entities | Registrants | Agencies

Home

Training Class Roster

General | **Programs** | Certification | Print Certificates

Program General | Program Classes | **Class Roster** | Supervising Nurse | Nursing Instructor | Director/Coordinator | Official Agency Designee

Certifier

Student Saved successfully.

Z TEST POST SECONDARY EDUCATION SCHOOL
Z TEST POST SECONDARY EDUCATION SCHOOL
HHA - Core Training - English
HHA PT1

License #
09/24/2009 09:00 AM

Registry Number	Name (First)	(Last)	DOB (MM/DD/YYYY)	Status	Action
	Doherty, Shannon		04/19/1963	Enrolled	

Tool Bar

- Print Training Entity Profile
- Print Entity Class Listing
- Print Program Class Listing
- Print Class Roster

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.”

New York State
Home Care Registry

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities Registrants Agencies

Home

Training Programs Student

General Programs Certification Print Certificates

Program General Program Classes Class Roster Student Supervising Nurse Nursing Instructor Director/Coordinator

Official Agency Designee Certifier

Z TEST POST SECONDARY EDUCATION SCHOOL
Z TEST POST SECONDARY EDUCATION SCHOOL
HHA - Core Training - English
HHA PT1

License #
09/24/2009 09:00 AM

Demographic Information

Registry Number: _____

Prefix: _____ Street: ** _____ * Date of Birth: 04/19/1963

* First Name: Shannon Street2: _____ Gender: Select One

Middle Name: _____ City: ** _____ Ethnicity: Select One

* Last Name: Doherty State: ** _____ Race: Select One

Suffix: _____ Zip/Postal Code: ** _____ Country: ** Select one

Fields marked with * are required to save Student information.
Fields marked with ** are required to save Student Approval information.

Security Information

Last 4 digits of SSN ** _____
or
Mothers Maiden Name: _____
and
City of Birth ** _____
and
Mothers First Name ** _____

Course completed and approved by: ** Johnny Approver

Save Cancel

Tool Bar

- Print Training Entity Profile
- Print Entity Class Listing
- Print Program Class Listing
- Print Class Roster

Selected Training Entities

- Z TEST POST SECONDARY EDUCATION

Training Programs

- Z TEST POST SECONDARY EDUCATION
- Z TEST POST SECONDARY EDUCATION

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3 The student status now shows "Approved."

The screenshot shows the New York State Home Care Registry interface. At the top left is the logo with a house icon and the text "New York State Home Care Registry". To the right, there is a "Welcome" message and a navigation menu with links for "Home Page", "Contact OLTC", "FAQs", "Rules & Regulations", and "Help". Below this is a dark blue navigation bar with "Training Entities", "Registrants", and "Agencies".

The main content area is titled "Training Class Roster" and contains a series of tabs: "General", "Programs", "Certification", and "Print Certificates". Under "Programs", there are sub-tabs: "Program General", "Program Classes", "Class Roster", "Supervising Nurse", "Nursing Instructor", "Director/Coordinator", and "Official Agency Designee". The "Class Roster" tab is selected.




Below the tabs, a message reads "Student Saved successfully." followed by the text: "Z TEST POST SECONDARY EDUCATION SCHOOL", "Z TEST POST SECONDARY EDUCATION SCHOOL", "HHA - Core Training - English", and "HHA PT1". To the right, the "License #" is "09/24/2009 09:00 AM".

The main data table has the following structure:

Registry Number	Name (First)	(Last)	DOB (MM/DD/YYYY)	Status	Action
	Doherty	Shannon	04/19/1983	Approved	Add Student, Edit, Show

The word "Approved" in the status column is circled in red. To the right of the table is a "Tool Bar" with the following options: "Print Training Entity Profile", "Print Entity Class Listing", "Print Program Class Listing", and "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."

1 Click "Certification."

Training Class Certification Queue

General Programs **Certification** Print Certificates

• Please select a Senior Official

2 Select a Senior Official.

Z Test LHCSA Training Entity

Z Test LHCSA Training Program - HHA - English Senior Official: Chris Mi Certifier

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
	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	02/05/2010	
	colleen colleen	HHA	Personal Care Aide Upgrade	01/01/2100	02/02/2010	
	fryin ryan	HHA	Personal Care Aide Upgrade	01/01/2100	03/03/2010	
	ryan ryan					

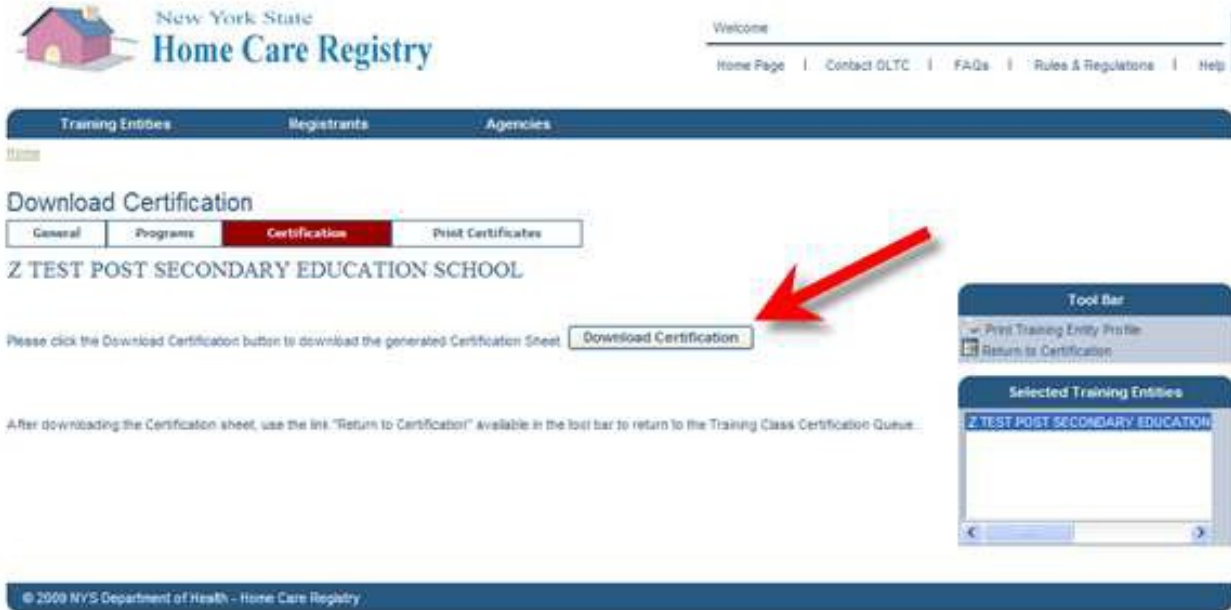
3 Enter the successful completion date.

► 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.

4 Click "Print Certification Sheet."

Print Certification Sheet

5 From the Certification page, click the “Download Certification” button.



6 “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.



► 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.

1 Click “Certification.”

2 Click “Reprint Certification Form.”

Training Class Certification Queue

General Programs **Certification** Print Certificates

Z Test LHCSA Training Entity

Z Test LHCSA Training Program - HHA - English Certifier: Select One

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
	PCA PCA	HHA	Competency Evaluation	01/06/2010	01/26/2010	
	Tom George	HHA	Core Training	02/21/2010	02/01/2010	
	rubels ryan	HHA	Competency Evaluation	09/01/2010	01/26/2010	
	ryan ryan	HHA	Personal Care Aide Upgrade	01/01/2100	01/26/2010	

Tool Bar

- Print Training Entity Profile
- Reprint Certification Form**

Selected Training Entities

- Z Test LHCSA Training Entity (Albany)
- Z Test Post Secondary Education School

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

Reprint Certifications

General Programs **Certification** Print Certificates

Z Test LHCSA Training Entity

Date	Certifier	Print Certification
01/28/2010 02:47 PM	Carol Mi Cage	Print Certification
01/28/2010 10:14 AM	Carol Mi Cage	Print Certification
01/28/2010 09:52 AM	Carol Mi Cage	Print Certification
01/27/2010 02:55 PM	Carol Mi Cage	Print Certification
01/27/2010 11:23 AM	Carol Mi Cage	Print Certification
01/26/2010 03:57 PM	Carol Mi Cage	Print Certification
01/26/2010 03:51 PM	Carol Mi Cage	Print Certification
01/26/2010 03:46 PM	Carol Mi Cage	Print Certification
01/26/2010 03:23 PM	Carol Mi Cage	Print Certification
01/26/2010 02:57 PM	Carol Mi Cage	Print Certification
01/21/2010 03:43 PM	Chris Mi Certifier	Print Certification
01/21/2010 03:23 PM	Carol Mi Cage	Print Certification
01/20/2010 12:11 PM	Cyrus Mi Crawford	Print Certification
01/19/2010 11:35 AM	Carol Mi Cage	Print Certification
01/19/2010 11:24 AM	Chris Mi Certifier	Print Certification

Tool Bar

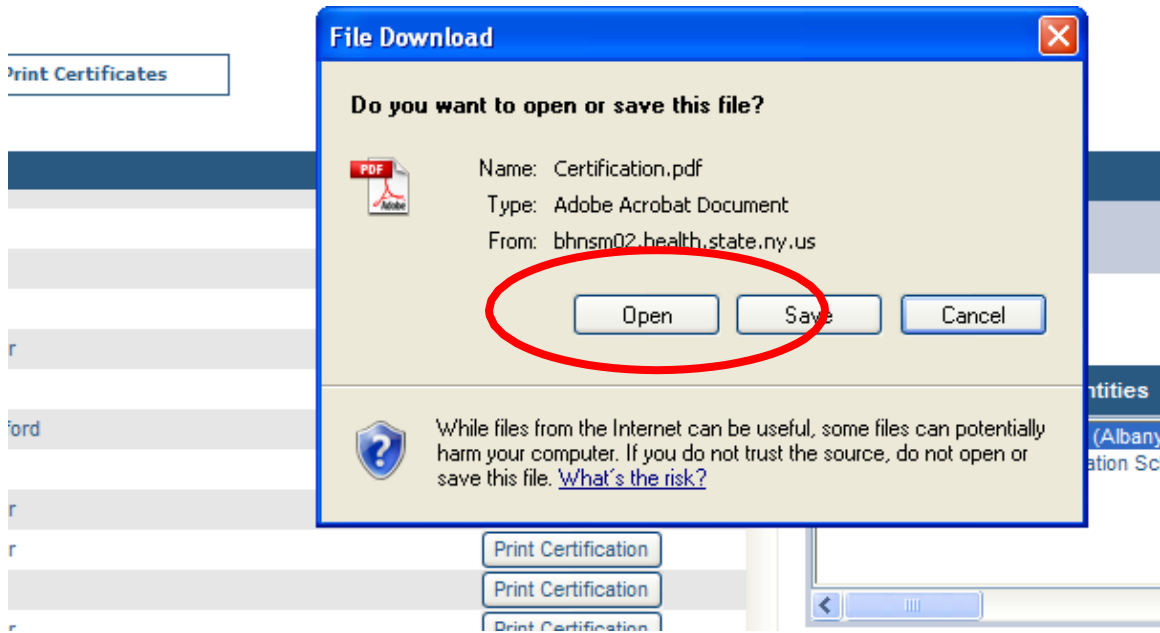
- Print Training Entity Profile
- Return to Certification

Selected Training Entities

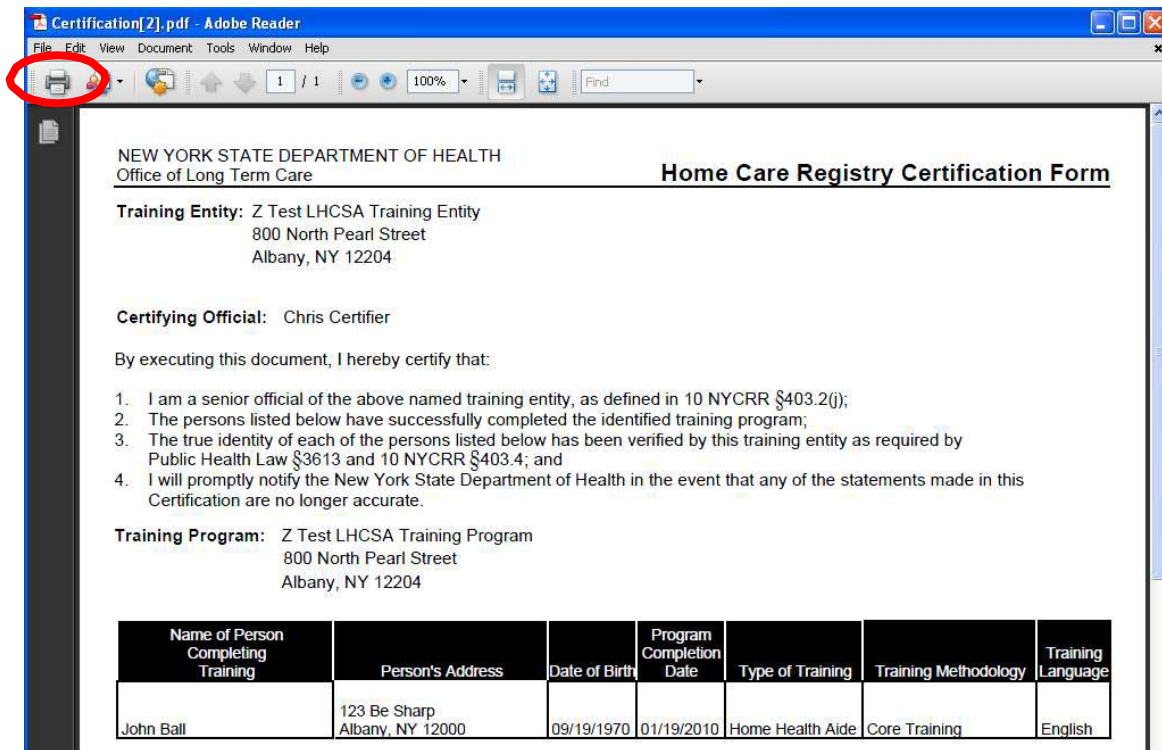
- Z Test LHCSA Training Entity (Albany)
- Z Test Post Secondary Education School

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4 Click "Open."



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

1 Jump to my Training Entity(s)

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Empl 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)

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

Training Class Certification Queue

General Program **Certification** ReCertification Print Certificates

Z Test LHCSA Training Entity

Z Test LHCSA Training Program - HHA - English Senior Official: Select One

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
2008	colleen dwyer	HHA	Core Training	01/13/2010	05/03/2010	
	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	03/22/2010	
	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	
	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 LHCSA Training Program - Test Regen - PCA - English Senior Official: Select One

Tool Bar

- Print Training Entity Profile
- Print Entity Class Listing
- Reprint Certification Form**

Selected Training Entities

- Z Test LHCSA Training Entity (Albany)
- Z Test Post Secondary Education School

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

Reprint Certifications

General Programs **Certification** ReCertification Print Certificates

Z Test LHCSA Training Entity

169 Forms found, displaying 1 to 25. [First/Prev] 1, 2, 3, 4, 5, 6, 7 [Next/Last]

Certification Date	Senior Official	Status	Successor Form Date	Action
05/10/2010 10:34 AM	Carol Mi Cage			Print Certification Edit
04/26/2010 01:34 PM	Cyrus Mi Crawford			Print Certification Edit
04/22/2010 10:05 AM	Carol Mi Cage			Print Certification Edit
04/21/2010 01:54 PM	Carol Mi Cage			Print Certification Edit
04/21/2010 11:56 AM	Carol Mi Cage			Print Certification Edit
04/16/2010 02:17 PM	Chris Mi Certifier	Regenerated	04/21/2010 11:56 AM	Print Certification
04/16/2010 02:16 PM	Chris Mi Certifier	Regenerated	04/16/2010 02:17 PM	Print Certification
04/16/2010 02:12 PM	Carol Mi Cage	Regenerated	04/16/2010 02:16 PM	Print Certification
04/13/2010 04:35 PM	Carol Mi Cage	Regenerated	04/16/2010 02:12 PM	Print Certification

Tool Bar: Print Training Entity Profile, Return to Certification

Selected Training Entities: Z Test LHCSA Training Entity (Albany), Z Test Post Secondary Education School

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

Training Entity ReCertification Queue

General Programs Certification **ReCertification** Print Certificates

Z Test LHCSA Training Entity

Senior Official: Select One

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
3022	Aja Lowmes	PCA	Basic Training	11/10/2009	11/16/2009	11/15/2009
3023	Ana Winans	PCA	Basic Training	11/10/2009	11/16/2009	11/20/2009

Tool Bar: Print Training Entity Profile, Print Entity Class Listing, Return to Reprint Certification Form

Selected Training Entities: Z Test LHCSA Training Entity (Albany), Z Test Post Secondary Education School

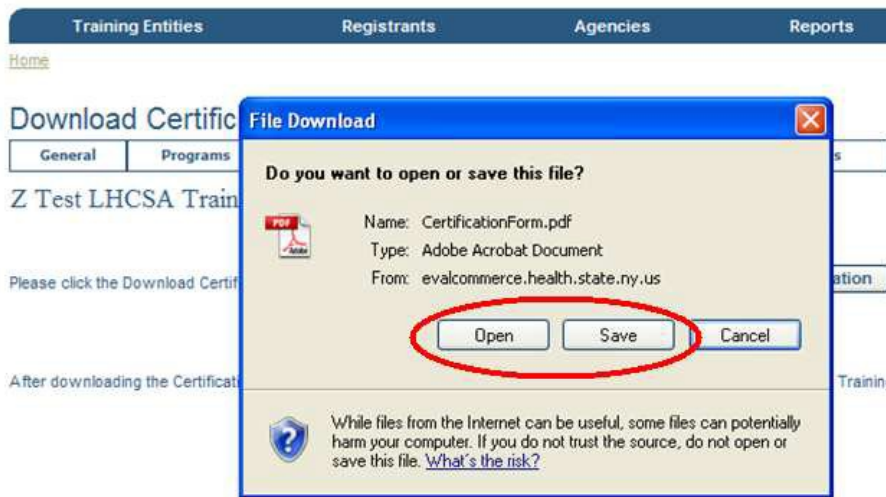
Print Certification Sheet

5 Click the “Download Certification” button.

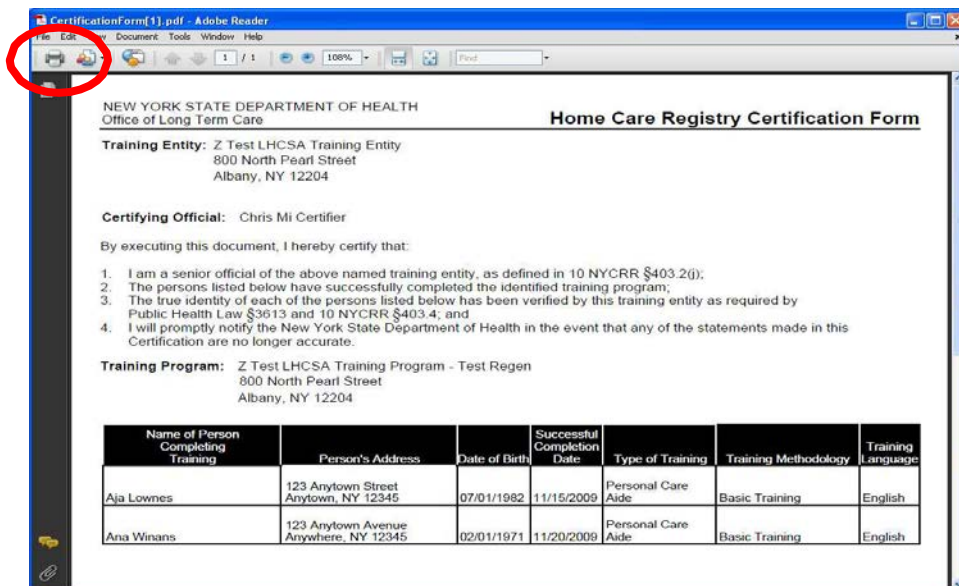


After downloading the Certification sheet, use the link "Return to Certification" available in the tool bar to return to the Training Class Certification Queue.

6 Click “Open” or “Save.”



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



Change the Methodology of a Class

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

1 Jump to my Training Entity(s).



[Home Page](#) | [Contact OLTC](#) | [FAQs](#) | [Rules & Regulations](#) | [Help](#)

Training Entities

Registrants

Agencies

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employers in New York State. Please be mindful that while we believe this information is up to date, the registry 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\(s\)](#)

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2 Click "Programs."

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
----------------	-----------------	----------------------	------------------------	---------------------------

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3

Click "Show."

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
---------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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



4

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates
---------	-----------------	---------------	-----------------	--------------------

Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De
-----------------	------------------------	-------------------	------------------	----------------------	--------------------

Z Test LHCSA Training Entity

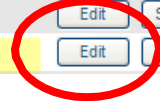
Z Test LHCSA Training Program

License #

HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	Edit	Show
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	Edit	Show
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	jjn04	Edit	Show
05/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	cx12	Edit	Show
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	Edit	Show
04/10/2010 09:00 AM	Core Training	Irma Si Instructor	cx12	Edit	Show



5

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Class Start : 04/10/2010 09:00:00 AM
 (MM/DD/YYYY HH:MM AM/PM)

Methodology : Core Training

Registered Nurse: Irma Si Instructor

Save Cancel

6

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

- Training Class updated successfully.
- The saved changes affect the existing Certification Form. Please Recertify.
- 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 (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	Edit	Show
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	Edit	Show
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	j1n04	Edit	Show
05/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	cx12	Edit	Show
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	Edit	Show
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	bx11	Edit	Show

- 7 Click the “ReCertification” tab and then click “ReCertify” across from the date the methodology was changed.

ReCertification Form Queue

General Programs Certification **ReCertification** Print Certificates

Z Test LHCSA Training Entity

Date	Senior Official	
05/13/2010 12:58 PM	Cyrus Mi Crawford	ReCertify
05/13/2010 11:16 AM	Carol Mi Cage	ReCertify
04/26/2010 10:31 AM	Carol Mi Cage	ReCertify
04/22/2010 10:05 AM	Carol Mi Cage	ReCertify

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

Training Entity ReCertification Queue

General Programs Certification **ReCertification** Print Certificates

Z Test LHCSA Training Entity

05/13/2010 12:58 PM

Cyrus Mi Crawford

Senior Official:

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
3802	George Harmon	HHA	Competency Evaluation	04/18/2010	05/13/2010	05/13/2010

9 Click "Download Certification."

Download Certification

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	---------------	------------------------	--------------------

Z Test LHCSA Training Entity

Please click the Download Certification button to download the generated Certification Sheet.

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.

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinator
Senior Official					

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - Competency Evaluation - English License # 04/18/2010 10:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
3802	George Harmon	frat	05/06/1960	Certified	05/13/2010 *	<input type="button" value="Add Student"/> <input type="button" value="Edit"/> <input type="button" value="Show"/>

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

Registrant General Information

General	Training	Employment	Employability/Determinations
---------	-----------------	------------	------------------------------

George Harmon Registry Number 3802

Address:	1 Bl Troy, NY, 12111	Approved for Employment:	Unknown
DOB:	05/06/1960	Date Approved for Employment:	05/13/2010
Gender:	Male	Determination(s) of Abuse, Neglect or other Misconduct:	No

Tool Bar

Selected Registrants

George Harmon - 3802

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.

Registrant Training

General	Training	Employment	Employability/Determinations
---------	-----------------	------------	------------------------------

George Harmon Registry Number 3802

Certification:	Home Health Aide	Certificate Status:	Active
Training Entity:	Z Test LHCSA Training Entity	Certificate Status Date:	06/13/2010
Address:	800 North Pearl Street Albany, NY, 12204	Certificate #:	3686
Program Name:	Z Test LHCSA Training Program	Training Methodology:	Competency Evaluation
Start Date:	04/16/2010	State Department:	DOH
Registered Nurse:	Sally Ex Supervisor	Instructor:	Yme Si Instructor
Senior Official:	Cyrus M Crawford	Successful Completion Date:	06/13/2010
		Date Certificate Printed:	05/13/2010 (Corrected Certificate)

Tool Bar

Selected Registrants




George Harmon - 3802




Update Class Start Date & Time

Jump to my Training Entity  Programs  Show  Edit  Enter Date  Save

1 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)

2 Click the “Programs” tab.

Training Entity General Information

General	Programs 	Certification	ReCertification	Print Certificates
----------------	---	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click “Show” across from the appropriate training program.

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
----------------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
<input type="text"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>		<input type="button" value="Add Class"/>	
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	jjn04	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/17/2010 09:15 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
03/30/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
03/20/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>

5 Make the changes in the boxes provided and click “Save.”

Edit Training Class

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Class Start :
MM/DD/YYYY HH:MM AM/PM

Methodology :

Registered Nurse: Irma Si Instructor

End Date:

6 A message will appear that the training class has updated successfully.

Training Classes

General	Programs	Certification	
Program General	Program Classes	Supervis	

- Training Class updated successfully.

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

- Training Class updated successfully.

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - English

License #

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
<input type="text"/>	Select One	Select One			<input type="button" value="Add Class"/>
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	met05	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/16/2010 10:15 AM	Core Training	Irma Si Instructor	jxs39	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>



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

1 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)

2 Click “Programs.”

Training Entities Registrants Agencies Reports Administration

[Home](#)

Training Entity General Information

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

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency		
County:	Albany	Approving State Department:	Department of Health		
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888		

3 From the Training Entity Programs page, click “Show.”

Training Entity Programs

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

Z Test LHCSA Training Entity

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

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

Training Classes

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

Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des
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Z Test LHCSA Training Entity
Z Test LHCSA Training Program
HHA - English

Status: Open License #

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
06/15/2010 09:00 AM	Nurse Aide Transition	Irma Mi Instructor	jn04	Edit	Show
06/15/2010 09:00 AM	Core Training	Irma Mi Instructor	bx11	Edit	Show

- 5 Select a different instructor from the dropdown menu next to “Registered Nurse” and click “Save.”

Edit Training Class

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De:

Z Test LHCSA Training Entity
Z Test LHCSA Training Program
HHA - English

License #

Training Program : Z Test LHCSA Training Program (HHA - English - 03/01/1900) ▼

Class Start : 06/15/2010 09:00 AM
MM/DD/YYYY HH:MM AM/PM

Methodology : Core Training ▼

Registered Nurse: Irma Mi Instructor ▼

End Date:

Save Cancel Close Class

- 6 The training class has been updated successfully.

Training Classes

General	Programs	Certification
Program General	Program Classes	Supervi



- Training Class updated successfully.




Update the Class Location

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

1 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)

2 Click on the “Programs” tab.

Training Entity ~~General~~ Information

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Z Test LHCSA Training Entity					
Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency		
County:	Albany	Approving State Department:	Department of Health		
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888		

3

From the Training Entity Programs page, click “Show.”

Training Entity Programs

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

Z Test Post Secondary Education School

Location	Course	Start Date	End Date	Training Type	Language	License #	Classes
Z Test Post Secondary Training Program II		03/01/1900	10/01/2010	HHA	English		Show
800 North Pearl Street, Albany, NY, 12204							
Z Test Post Secondary Training Program		03/01/1900	10/01/2010	HHA	English		Show
800 North Pearl Street, Albany, NY, 12204							
Z Test Post Secondary Training Program		03/01/1900	10/01/2010	PCA	English		Show
800 North Pearl Street, Albany, NY, 12204							

4

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

Z Test Post Secondary Education School
 Z Test Post Secondary Training Program II License #
 HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
<input type="text"/>	Select One	Select One		Add Class	
07/29/2010 08:30 AM	Personal Care Aide Upgrade	ALLISON S RYAN	jjn04	Edit	Show
07/14/2010 08:00 AM	Personal Care Aide Upgrade	ALLISON S RYAN	jjn04	Edit	Show
05/25/2010 07:00 PM	Personal Care Aide Upgrade	ALLISON S RYAN	jjn04	Edit	Show

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

Edit Training Class

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test Post Secondary Education School
 Z Test Post Secondary Training Program II License #
 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:

Save Cancel 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)

Z Test Post Secondary Training Program (HHA - English - 03/01/1900)

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  Programs  Show  Edit  Close Class  Enter Date  Save

1 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)

2 Click the Programs tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
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Z Test LHCSA Training Entity


Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click "Show."

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
----------------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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

4 Click “Edit” next to the class you want to close.

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
<input type="text"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>		<input type="button" value="Add Class"/>	
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	jjn04	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/17/2010 09:15 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
03/30/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
03/20/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>

5 Click the button, “Close Class.”

Edit Training Class

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Desi

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Class Start :
MM/DD/YYYY HH.MM AM/PM

Methodology :

Registered Nurse: Irma Si Instructor

End Date:

6 Enter the end date in the box provided and click, “Save.”

Close Training Class

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Class Start: 04/18/2010 10:00 AM
 Methodology: Competency Evaluation
 Registered Nurse: Irma Si Instructor
 End Date: MM/DD/YYYY

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

Training Classes

General	Programs	Certification	ReCertif
Program General	Program Classes	Supervising 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.”

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bcf11	<input type="button" value="ReOpen"/> <input type="button" value="Show"/>	<input type="button" value="Add Class"/>




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

1 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)

2 Click the “Programs” tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
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Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click “Show.”

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Status: **Closed** Show

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	Edit Show	
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	Edit Show	
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	jjn04	Edit Show	

5 Click "Reopen."

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Status: **Closed** Show

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	ixf11	ReOpen Show	
01/01/1900 12:00 AM	Unknown		HCR	Show	

6 The training class updated successfully.

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

• Training Class updated successfully.

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Status: **Open** Show




Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	Edit Show	
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	Edit Show	
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	jjn04	Edit Show	
05/17/2010 09:15 AM	Core Training	Irma Si Instructor	cx12	Edit Show	
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gdp1	Edit Show	
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	Edit Show	
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	Edit Show	
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	ixf11	Edit Show	




Un-approve a Student

Jump to my Training Entity  Programs  Show  Show  Edit  Save

1 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)

2 Click the Programs tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
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Z Test LHCSA Training Entity



Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click "Show."

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
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Z Test LHCSA Training Entity

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

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Des

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - English

Status:

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			<input type="button" value="Add Class"/>
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	met05	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/16/2010 10:15 AM	Core Training	Irma Si Instructor	jxs39	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/18/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/01/2010 09:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
03/30/2010 10:00 AM	Competency Evaluation	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>

5 Click “Edit” across from the student’s name.

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinat
Senior Official					

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - Competency Evaluation - English

License #
 04/18/2010 10:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
	Dean Curtis		06/12/1959	Approved		<input type="button" value="Edit"/> <input type="button" value="Show"/>
3881	George Harmon		05/06/1960	Certified		<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>

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

New York State Home Care Registry

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Training Programs Student

General	Programs	Certification	ReCertification	Print Certificates		
Program General	Program Classes	Class Roster	Student	Supervising Nurse	Nurse Instructor	Director/Coordinator
Official Agency Designee	Senior Official					

Z Test LHCSA Training Entity License #
Z Test LHCSA Training Program 04/18/2010 10:00 AM
HHA - Competency Evaluation - English

Demographic Information

Registry Number: _____

Prefix: _____ Street: 1 Main St * Date of Birth: 05/12/1959 MM/DD/YYYY

* First Name: Dean Street2: _____ Gender: Male

Middle Name: _____ City: Schenectady Ethnicity: Not Provided

* Last Name: Curtis State: NY Race: Not Provided

Suffix: _____ Zip/Postal Code: 12303 Country: UNITED STATES

Fields marked with * are required to save Student Information.
Fields marked with ** are required to save Student Approval Information.

Security Information

Last 4 digits of SSN: 0000

or

Mother's Maiden Name: _____

and

City of Birth: _____

and

Mother's First Name: _____

**Course completed and approved by: Select One

Save Cancel

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7

The student now shows a status of “enrolled.”

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinator
Senior Official					

- Student Saved successfully.

Z Test LHCSA Training Entity

Z Test LHCSA Training Program

HHA - Competency Evaluation - English

License #

04/18/2010 10:00 AM



Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
	Dean Curtis		06/12/1959	Enrolled		<input type="button" value="Edit"/> <input type="button" value="Withdraw"/>
<u>3881</u>	George Harmon		05/06/1960	Certified		<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>




Uncertify a Student

Jump to my Training Entity  Programs  Show  Show  Uncertify

1 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)

2 Click the “Programs” tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
----------------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click “Show” across from the appropriate training program.

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
---------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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

- 4 Click “Show” across from the class containing the student who needs to be uncertified.

Training Classes

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - English

Status: Open

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			<input type="button" value="Add Class"/>
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	met05	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/17/2010 09:15 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/18/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	bx11	<input type="button" value="Edit"/>	<input type="button" value="Show"/>

- 5 Click the button, “Uncertify.”

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates	
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinat
Senior Official					


Z Test LHCSA Training Entity
 Z Test LHCSA Training Program License #
 HHA - Competency Evaluation - English 04/18/2010 09:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
3802	George Harmon		05/06/1960	Certified	05/13/2010 *	<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>

6 The student now shows a status of “enrolled.”

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates		
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinat	
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 (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
	George Harmon		05/06/1960	Enrolled		<input type="button" value="Edit"/> <input type="button" value="Withdraw"/>




► **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

1 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)

2 Click the “Programs” tab.

Training Entity General Information

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

Address:	800 North Pearl Street, Albany, NY, 12204	Type:	Home Health Agency
County:	Albany	Approving State Department:	Department of Health
Phone:	(777)777-7777	Associated Agency License Number:	8888Z888

3 Click “Show” across from the appropriate training program.

Training Entity Programs

General	Programs	Certification	ReCertification	Print Certificates
---------	-----------------	---------------	-----------------	--------------------

Z Test LHCSA Training Entity

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

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

Training Classes

General	Programs	Certification	ReCertification	Print Certificates
---------	-----------------	---------------	-----------------	--------------------

Program General	Program Classes	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency De
-----------------	------------------------	-------------------	------------------	----------------------	--------------------

Z Test LHCSA Training Entity
Z Test LHCSA Training Program License #
HHA - English

Status: Open

Class Start (MM/DD/YYYY) (HH:MM AM/PM)	Methodology	Registered Nurse	Created By	Action	Roster
	Select One	Select One			Add Class
01/01/2100 08:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	ajc04	Edit	Show
07/01/2010 09:00 PM	Competency Evaluation	Irma Si Instructor	cx12	Edit	Show
06/01/2010 09:00 AM	Core Training	Irma Si Instructor	met05	Edit	Show
05/17/2010 09:15 AM	Core Training	Irma Si Instructor	cx12	Edit	Show
05/13/2010 08:00 AM	Competency Evaluation	Irma Si Instructor	gtj01	Edit	Show
05/10/2010 10:00 AM	Core Training	Irma Si Instructor	cx12	Edit	Show
05/05/2010 10:00 AM	Personal Care Aide Upgrade	Irma Si Instructor	cx12	Edit	Show
04/18/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	lxf11	Edit	Show
04/10/2010 09:00 AM	Competency Evaluation	Irma Si Instructor	lxf11	Edit	Show

5 Click the button, “Uncertify.”

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates		
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinat	
Senior Official						

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - Competency Evaluation - English

License #
 04/18/2010 09:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
<input type="text"/>	<input type="text" value="last"/>	<input type="text" value="first"/>	<input type="text"/>			<input type="button" value="Add Student"/>
3802	George Harmon		05/06/1960	Certified	05/13/2010 *	<input type="button" value="Edit"/> <input type="button" value="Uncertify"/>

6 Now retrieve the original Certification Form and verify the date.

7 Click the tab “Certification.”

Training Entities	Registrants	Agencies	Reports
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[Home](#)

Training Class Certification Queue

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	----------------------	-----------------	--------------------

8 Click the link “Reprint Certification Form” from the Tool Bar on the right.

Training Class Certification Queue

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	----------------------	-----------------	--------------------

Z Test LHCSA Training Entity

Z Test LHCSA Training Program - HHA - English Senior Official:

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date (MM/DD/YYYY)
	Foxy Samantha	HHA	Competency Evaluation	07/01/2010	06/03/2010	<input type="text"/>
	bert cert	HHA	Competency Evaluation	07/01/2010	05/05/2010	<input type="text"/>
	John J Deer	HHA	Personal Care Aide Upgrade	01/01/2100	03/09/2010	<input type="text"/>
	colleen colleen	HHA	Personal Care Aide Upgrade	01/01/2100	03/02/2010	<input type="text"/>

Tool Bar	
<input type="button" value="Print Training Entity Profile"/>	
<input type="button" value="Print Entry Class Listing"/>	
<input type="button" value="Reprint Certification Form"/>	

9 Locate the date of the original certification and click the “Print Certification” button across from it.

Reprint Certifications

General Programs **Certification** ReCertification Print Certificates

Z Test LHCSA Training Entity

202 Forms found, displaying 1 to 25. [First/Prev] 1, 2, 3, 4, 5, 6, 7, 8 [Next/Last]

Certification Date	Senior Official	Status	Successor Form	Predecessor Form	Action
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	Carol Mi Cage				Print Certification Edit
06/08/2010 10:36 AM	Chris Mi Certifier				Print Certification Edit
06/08/2010 10:22 AM	Cyrus Mi Crawford			Previous	Print Certification Edit
06/04/2010 01:24 PM	Cyrus Mi Crawford			Previous	Print Certification Edit
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

Tool Bar: Print Training Entity Profile, Return to Certification

Selected Training Entities: Z Test LHCSA Training Entity (Albany), Z Test Post Secondary Education School

10 Click “Open.”

Training Entities Registrants Agencies Reports

Home

Reprint Certifications

General Programs **Certification**

Z Test LHCSA Training Entity

202 Forms found, displaying 1 to 25. [Next/Last]

Certification Date	Senior Official	Status	Successor Form	Predecessor Form	Action
06/10/2010 09:05 AM	Carol Mi Cage				Print Certification Edit
06/09/2010 01:21 PM	Carol Mi Cage	Re			Print Certification
06/08/2010 04:23 PM	Carol Mi Cage				Print Certification Edit
06/08/2010 10:36 AM	Chris Mi Certifier				Print Certification Edit
06/08/2010 10:22 AM	Cyrus Mi Crawford				Print Certification Edit
06/04/2010 01:24 PM	Cyrus Mi Crawford				Print Certification Edit
06/04/2010 01:23 PM	Chris Mi Certifier				Print Certification Edit

File Download

Do you want to open or save this file?

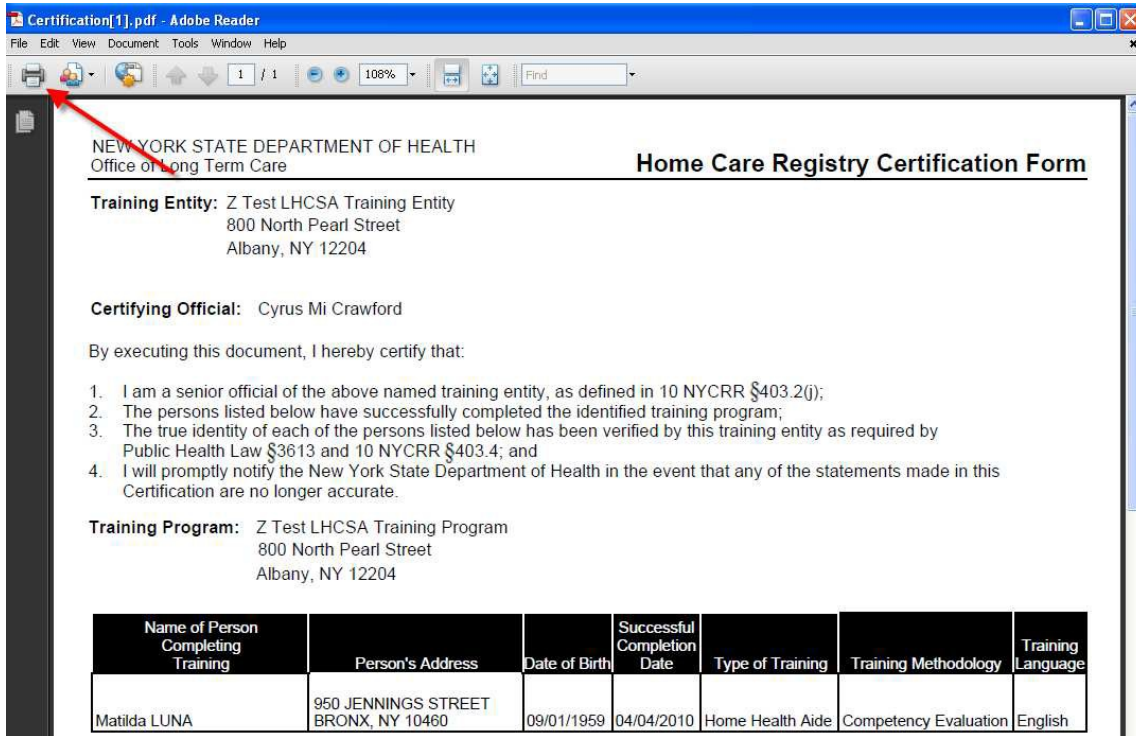
Name: Certification.pdf
 Type: Adobe Acrobat Document
 From: evalcommerce.health.state.ny.us

Open Save Cancel

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?](#)

11

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



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: Cyrus Mi Crawford

By executing this document, I hereby certify that:

1. I am a senior official of the above named training entity, as defined in 10 NYCRR §403.2(j);
2. The persons listed below have successfully completed the identified training program;
3. 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
4. I will promptly notify the New York State Department of Health in the event that any of the statements made in this 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
Matilda LUNA	950 JENNINGS STREET BRONX, NY 10460	09/01/1959	04/04/2010	Home Health Aide	Competency Evaluation	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

1 Click “Print Certificates.”



Training Certificate Print Queue

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Z Test LHCSA Training Entity					
Z Test LHCSA Training Program - HHA - English				Certificate Signer: David Mi Designee	
Registry Number	Name	Training	Methodology	Class Start	Approved
152462	Lisa France	HHA	Personal Care Aide Upgrade	09/25/2009	07/02/2010
152483	Jane Doe	HHA	Core Training	07/02/2010	07/08/2010

2 Select a Certificate Signer.

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

4 Click “Print Certificate(s)” at the bottom of the screen.



CERTIFICATE NUMBER: 00002583

CERTIFICATE OF COMPLETION

This certifies that

Jonathan Smith

HOME CARE REGISTRY NUMBER: 00002863

has successfully completed

Core Training

*program approved by the New York State Department of Health
and is qualified as a*

Home Health Aide

as of October 27, 2009

Certificate Awarded by:
Z Test LHCSA Training Entity
Z Test LHCSA Training Program
800 North Pearl Street
Albany, NY 12204

PCA – Nurse Instructor
HHA – Supervising Nurse

PCA – Director/Coordinator
HHA – Official Agency
Designee

Susan Supervisor
Supervising Nurse

999997
RN Number

David Designee
Official Agency Designee

999993
RN Number




DOH-4478 (08/09)



Reprint Certificates

Search for a Registrant  View Selected  General  Training

1 Click “Search for a Registrant.”

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 Enter the certificate holder’s search information.



Registrant Search

Registry Number: Certificate #: Certificate Status: All

First Name: Middle Name: Last Name: doe

DOB: MM/DD/YYYY Gender: All Aide Type: All

City: State: All Zip Code:

Approved for Employment: All Employment Status: All

[Show Advanced Search](#)

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3 Click “View Selected Results(s).”

Registrant Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX	
Registry #: <input type="text"/>	Certificate #: <input type="text"/>	Per Page: <input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All	Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All	<input type="button" value="View Selected Result(s)"/>	
First Name: <input type="text"/>	Last Name: Doe	Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address			
View All Search Criteria	Perform New Search				
Print Search Results					
One Registrant found.					
<input checked="" type="checkbox"/>	Registry #	Name	DOB	Gender	Approved for Employment
<input checked="" type="checkbox"/>	3406	Doe, John	03/26/1960	Male	U

4 From the Registrant General Information page, click the “Training” tab.

Registrant General Information

General 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

No names found.

5 Select the appropriate button.

Registrant Training

General Training Employment Employability/Determinations

John Doe

Registry Number 3406

Program Name:	Z Test LHCSA Training Program - Test 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 Printed:	01/14/2010
		<input type="button" value="Print Original"/> <input type="button" value="Print Duplicate"/> <input type="button" value="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
		<input type="button" value="Print Original"/> <input type="button" value="Print Duplicate"/> <input type="button" value="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

1 Search for a Registrant using the Registry ID.

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: All Employment Status: All

[Show Advanced Search](#)

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2 View Selected Result(s).

Registrant Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX
Registry #: 3406	Certificate #: <input type="text"/>	Per Page: <input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All	Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All	<input type="button" value="View Selected Result(s)"/>
First Name: <input type="text"/>	Last Name: <input type="text"/>	Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address		
<input type="checkbox"/> View All Search Criteria	<input checked="" type="checkbox"/> Perform New Search			
Print Search Results				

One Registrant found.

<input checked="" type="checkbox"/>	Registry #	Name	DOB	Gender	Approved for Employment
<input checked="" type="checkbox"/>	3406	Doe, John	03/26/1960	Male	U

3 Click "Training."

Registrant General Information

General **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
----------	---------

- 4** Click “Remove” to remove a non-HCR certificate. To add a certificate, click “Add Certificate” to the right.



**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.”



- 6** Select the appropriate program from the drop down and enter the name on the certificate and click “Save.”

Registrant - Add Training Information

General **Training** Employment Employability/Determinations

John Doe

Registry Number 3406

Certificate Information

Certificate Date: * 04/18/1999

Program: * A & A STAFFING HEALTH CARE SERVICES - A AND A STAFFING HEALTH CARE SERVICES - HHA

Name: *
Last Name * First Name * Middle Name Unknown

Tool Bar
Print Registrant Profile
Search Registrant

Selected Registrants
John Doe - 3406

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 Class Roster

General	Programs	Certification	ReCertification	Print Certificates		
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordina	
Senior Official						

Z Test LHCSA Training Entity

Z Test LHCSA Training Program

HHA - Core Training - English

License #

03/30/2010 10:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
	last	first				<input type="button" value="Add Student"/>
3665	Ann Black		02/12/1961	Certified	03/30/2010	<input type="button" value="Edit"/> <input type="button" value="Show"/>
2009	ZUNILDA LUNA		09/01/1959	Certified		<input type="button" value="Edit"/> <input type="button" value="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.

New York State Home Care Registry

Welcome

Home Page | Contact DLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports

Training Programs Student

General | **Programs** | Certification | ReCertification | Print Certificates

Program General | Program Classes | Class Roster | **Student** | Supervising Nurse | Nurse Instructor | Director/Coordinator

Official Agency Designee | Senior Official

Z Test LHCSA Training Entity License #
Z Test LHCSA Training Program 03/30/2010 10:00 AM
HHA - Core Training - English

Data Corrections Only

Demographic Information

Registry Number: 3685

Prefix: Street1: 123 Main St * Date of Birth: 02/12/1961

* First Name: Ann Street2: Gender: Female

Middle Name: City: Schenectady Ethnicity: Select One

* Last Name: Black State: NY Race: Select One

Suffix: Zip/Postal Code: 12303 Country: UNITED STATES

Fields marked with * are required to save Student information.
Fields marked with ** are required to save Student Approval information.

Security Information

Last 4 digits of SSN: 1234

or

Mother's Maiden Name:

and

City of Birth:

and

Mother's First Name:

** Course completed and approved by: Susan M Supervisor

** Certificate Signer: David M Designee

** Successful Completion Date: 04/05/2018

Save Cancel

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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.

Training Class Roster

General	Programs	Certification	ReCertification	Print Certificates		
Program General	Program Classes	Class Roster	Supervising Nurse	Nurse Instructor	Director/Coordinator	Official Agency Designee
Senior Official						

- Student Saved successfully.
- The saved changes affect the existing Certification Form. Please Recertify.
- The Certificate has been successfully regenerated for the Student.

Z Test LHCSA Training Entity
 Z Test LHCSA Training Program
 HHA - Core Training - English
 License # 03/30/2010 10:00 AM

Registry Number	Name (Last)	(First)	DOB (MM/DD/YYYY)	Status	Certificate Printed	Action
3665	Ann Black		02/12/1961	Certified	*	Edit Show
2009	DA LUNA		09/01/1959	Certified		Edit Show
	Annie White		03/26/1960	Enrolled		Edit Withdraw

Tool Bar

- Print Training Entity Profile
- Print Program Class Listing
- Print Class Roster

Selected Training Entities

- Z Test LHCSA Training Entity (Albany)
- Z Test Post Secondary Education School

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

[Home](#) --> [Return to Class Roster](#)

Registrant General Information

General	Training	Employment	Employability/Determinations
---------	-----------------	------------	------------------------------

Ann Black

Registry Number 3665

Address:	123 Main St. Schenectady, NY, 12303	Approved for Employment:	Unknown
DOB:	02/12/1961	Date Approved for Employment:	03/30/2010
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

[- Additional known Names](#)

No names found.

5 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 Albany, NY, 12204	Certificate #:	3547
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
Senior Official:	Carol Mi Cage	Successful Completion Date:	04/05/2010
		Date Certificate Printed:	(Corrected Certificate)
<input type="button" value="Print Original"/> <input type="button" value="Print Duplicate"/> <input type="button" value="Regenerate Certificate"/>			

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.

[Home](#) -->[Return to Class Roster](#)

[Home](#)

ReCertification Form Queue

General	Programs	Certification	ReCertification	Print Certificates
---------	----------	---------------	------------------------	--------------------

Z Test LHCSA Training Entity

Date	Senior Official	
04/13/2010 02:52 PM	Carol Mi Cage	<input type="button" value="ReCertify"/>
03/10/2010 12:12 PM	Carol Mi Cage	<input type="button" value="ReCertify"/>
03/03/2010 12:59 PM	Carol Mi Cage	<input type="button" value="ReCertify"/>
02/22/2010 04:30 PM	Carol Mi Cage	<input type="button" value="ReCertify"/>
11/17/2009 04:27 PM	Chris Mi Certifier	<input type="button" value="ReCertify"/>

- 7 On the ReCertification page, select the senior official, verify the successful completion date and click “Print Certification Sheet.”

New York State Home Care Registry

Welcome

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports

Training Entity ReCertification Queue

General | Programs | Certification | **ReCertification** | Print Certificates

Z Test LHCSA Training Entity
04/13/2010 02:52 PM

Senior Official: Select One

Carol Mi Cage

Registry Number	Name	Training	Methodology	Class Start	Approved	Successful Completion Date
3688	Am Back	NHA	Core Training	03/09/2010	03/09/2010	04/05/2010

Print Certification Sheet

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System Information

- 8 Click “Download Certification.”

Home

Download Certification

General | Programs | Certification | **ReCertification** | Print Certificates

Z Test LHCSA Training Entity

Please click the Download Certification button to download the generated Certification Sheet.

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.

9

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:

1. I am a senior official of the above named training entity, as defined in 10 NYCRR §403.2(j);
2. The persons listed below have successfully completed the identified training program;
3. 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
4. I will promptly notify the New York State Department of Health in the event that any of the statements made in this 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  Admin Personnel  Search  Select  Enter Date 
Save

1 Jump to my Training Entity(s).


Training Entities Registrants Agencies

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Entities. The Registry 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)

2 From the Training Entity General Information page, click the “Admin Personnel” tab.



The screenshot shows the 'Training Entity General Information' page for 'Z Test LHCSA Training Entity'. The 'Admin Personnel' tab is highlighted with a red circle. The page displays the following information:

General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
Address: 800 North Pearl Street, Albany NY 12204		Type: Home Health Agency			
County: Albany	Approving State Department: Department of Health				
Phone: (518) 777-7777	Associated Agency License Number: 66832358				

Tool Bar:

- Print Training Entity Profile
- Print Entity Class Listing

Selected Training Entities:

- Z Test LHCSA Training Entity (Albany)
- Z Test Post Secondary Education School

- 3** 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 Training Entity Personnel

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

Z Test LHCSA Training Entity

Available Personnel : **1**

(OR)

License #: **2**

(OR)

First Name:

Last Name: **3**

- 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.

Available Personnel :

(OR)

License #:

(OR)

First Name:

Last Name:

573098	AARON	JON	MOORE	<input type="button" value="Select"/>
488802	AARON	RICHARD	NEWMAN	<input type="button" value="Select"/>
601375	AARON	FRANCES	QUARLES	<input type="button" value="Select"/>
626673	AARON	ISAAC	ROMAIN	<input type="button" value="Select"/>
562067	AARON	LOUIS	SCARANI	<input type="button" value="Select"/>
451404	AARON	HOWARD	SCHNEIDER	<input type="button" value="Select"/>
591717	Aaron	M	Smith	<input type="button" value="Select"/>
620694	ABBEY	M	SMITH	<input type="button" value="Select"/>
387910	ABBY	SUE	SMITH	<input type="button" value="Select"/>
631160	ABIGAIL	A	SMITH	<input type="button" value="Select"/>
351822	ADAIR	THERESA M	SMITH	<input type="button" value="Select"/>
431245	ADASSA		SMITH	<input type="button" value="Select"/>
573602	ADELADE	CYNTHIA	SMITH	<input type="button" value="Select"/>

5 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.

Edit Admin Personnel

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

Z Test LHCSA Training Entity

License #: 591717

First Name: Aaron

Middle Name: M - Edit name here -

Last Name: Smith

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	04/01/2011 <input type="button" value="Edit"/>	<input type="button" value="Add"/>	<input type="text"/>	<input type="text"/>
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

6 The admin personnel updated successfully.

Edit Admin Personnel

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

• Admin Personnel updated Successfully.

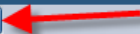
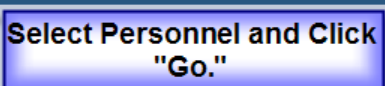
Additional Notes on Adding a Senior Official or Official Agency Designee

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

Search Training Entity Personnel

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

Z Test LHCSA Training Entity

Available Personnel :  

(OR)

License #:

(OR)

First Name:

Last Name:

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

Edit Admin Personnel


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

Z Test LHCSA Training Entity


License #: 999994


First Name:

Middle Name:

Last Name: 

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009	07/01/2009	<input type="text" value="06/30/2010"/>	
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	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.”

Search Training Entity Personnel

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

Z Test LHCSA Training Entity

Available Personnel :

(OR)

License #:

(OR)

First Name:

Last Name:

License #	First Name	Middle Name	Last Name	Action
523078	MARIA	CELO ANDAL	CAACBAY	<input type="button" value="Select"/>
403834	FELICISIMO	FRANCIA	CAAGBAY	<input type="button" value="Select"/>
597238	MAC	ALVIN MENESES	CAALIM	<input type="button" value="Select"/>
597023	CHRISTINA	FELISA	CAAMANO	<input type="button" value="Select"/>
523155	SUSIE	LIN	CAAMANO	<input type="button" value="Select"/>
394547	JOSEPHINE	VILLAREAL	CAAMPUED	<input type="button" value="Select"/>
600635	KAROLINA	E	CABA	<input type="button" value="Select"/>
563547	LINDA	S	CABA	<input type="button" value="Select"/>
563420	RACHEL	CHRISTINE	CABA	<input type="button" value="Select"/>
406940	CECILIA		CABA-BAJANA	<input type="button" value="Select"/>
238989	CAROLYN	CELESTINO	CABACCANG	<input type="button" value="Select"/>
611255	MARIE	DARLENE SANTOS	CABACCANG	<input type="button" value="Select"/>

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

Add Admin Personnel

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

Z Test LHCSA Training Entity

First Name: Charles
Middle Name:
Last Name: Smith

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	06/30/2010			
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204				N/A

Save Cancel

The admin personnel has updated successfully.

Edit Admin Personnel

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

• Admin Personnel updated Successfully.

Z Test LHCSA Training Entity

License #:
First Name: Charles
Middle Name:
Last Name: Smith

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	05/30/2010			
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204				

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

Jump to my Training Entity  Admin Personnel  Select  Go  Edit 
Save

1 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)

2 From the Training Entity General Information page, click the “Admin Personnel” tab.

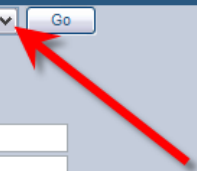


- 3** Choose the name of the Senior Official or Official Agency Designee from the “Available Personnel” drop-down box. Then click the “Go” button.

Search Training Entity Personnel

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

Z Test LHCSA Training Entity

Available Personnel : (OR) 

License #: (OR)

First Name:

Last Name:

- 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 Admin Personnel

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

Z Test LHCSA Training Entity

License #: 999995
First Name: Chris
Middle Name:
Last Name: Certifier

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="button" value="Edit"/> <input type="button" value="Add"/>			
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="button" value="Edit"/> <input type="button" value="Add"/>		N/A	



Tool Bar

- Print Training Entity Profile
- Return to Personnel Search
- Remove Admin Personnel

Selected Training Entities

- Z Test LHCSA Training Entity - PREVIOUS
- Z Test LHCSA Training Entity (Albany)**
- Z Test HHA Training Entity (Albany)

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

Edit Admin Personnel

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

Z Test LHCSA Training Entity

License #: 999995
 First Name: Chris
 Middle Name:
 Last Name: Certifier

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009			
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009		N/A	

Save Cancel

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

- 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 Certificates	Admin Personnel
---------	----------	---------------	-----------------	--------------------	-----------------

Z Test LHCSA Training Entity

License #: 999995
 First Name: Chris
 Middle Name:
 Last Name: Certifier

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009			
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009		N/A	

Save Cancel

Tool Bar

- Print Training Entity Profile
- Return to Personnel Search
- Remove Admin Personnel

Selected Training Entities

- Z Test LHCSA Training Entity - PREVIOUS
- Z Test LHCSA Training Entity (Albany)
- Z Test HHA Training Entity (Albany)

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

Edit Admin Personnel

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

Z Test LHCSA Training Entity

License #: 999995
First Name: Chris
Middle Name:
Last Name: Certifier

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="text"/> <input type="button" value="Edit"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="button" value="Edit"/>	<input type="button" value="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 Certificates	Admin Personnel
---------	----------	---------------	-----------------	--------------------	------------------------

Z Test LHCSA Training Entity

License #: 999995
First Name: Chris
Middle Name:
Last Name: Certifier

Location	Senior Official		Official Agency Designee	
	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="button" value="Edit"/>	<input type="button" value="Add"/>	<input type="text"/>	<input type="text"/>
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	01/01/2009 <input type="button" value="Edit"/>	<input type="button" value="Add"/>	N/A	

Tool Bar

- Print Training Entity Profile
- Return to Personnel Search
-

Selected Training Entities

- Z Test LHCSA Training Entity - PREVIOUS
- Z Test LHCSA Training Entity (Albany)
- Z Test HHA Training Entity (Albany)

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.

Remove Admin Personnel

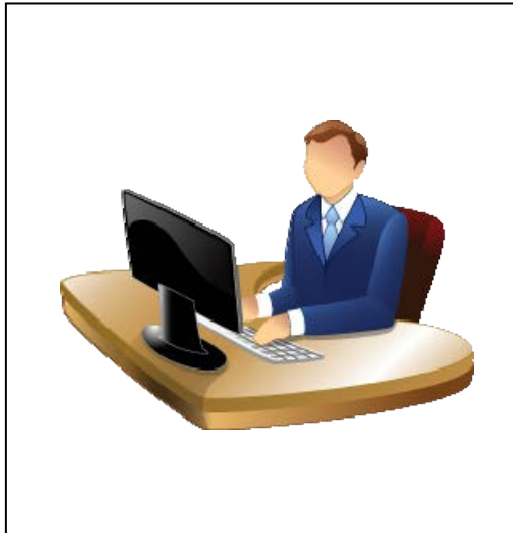
General	Programs	Certification	ReCertification	Print Certificates	Admin Personnel
---------	----------	---------------	-----------------	--------------------	-----------------

Z Test LHCSA Training Entity

License #:	999995
First Name:	Chris
Middle Name:	
Last Name:	Certifier

Location	Senior Official	Official Agency Designee
Z Test LHCSA Training Program HHA - English 800 North Pearl Street, Albany, NY, 12204	<input type="checkbox"/>	
Z Test LHCSA Training Program PCA - English 800 North Pearl Street, Albany, NY, 12204	<input type="checkbox"/>	N/A

You will get a notice that the role was removed.







Section 3: Home Care Agency Procedures

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View Employment History	130

Instructions for Home Care Agencies

What you need to use the HCR:

-  Computer
-  HCS access and account
-  Roles assigned by HCS Coordinator
-  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  Check Agency –View Selected Results(s)

1 Click “Search for a Home Care Agency.”

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 Enter the information you have and click “Search.”



The screenshot shows the New York State Home Care Registry website. At the top left is the logo for the New York State Home Care Registry, which includes a house icon. To the right of the logo are navigation links: Home Page, Contact OLTG, FAQs, Rules & Regulations, and Help. Below the navigation is a dark blue bar with three tabs: Training Entities, Registrants, and Agencies. The Agencies tab is selected. Below the tabs is the "Agency Search" form. The form has several input fields: Name (with a search icon), Opcert/License#, Facility Id, City, Operational Status (with a dropdown menu set to "Open or Closed"), County (with a dropdown menu set to "All"), Type (with a dropdown menu set to "All"), and Zip Code. There are "Search" and "Clear" buttons at the bottom of the form. A red arrow points to the "Search" button.

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

DISPLAY RESULT PREFERENCES	
Per Page:	<input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All
Selection:	<input type="radio"/> Checked Only <input checked="" type="radio"/> Show All
Address:	<input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address

▶ Clicking “Show Address” helps to differentiate agencies with multiple branches.

4 Check (✓) the agency you want.



Training Entities Registrants Agencies

Home --> Agency Search

Agencies Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX	
Name: 2	Opcert/License #: All	Per Page: <input type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input checked="" type="radio"/> Display All	Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All	View Selected Result(s)	
Fac Id:	Type:	Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address			
<input type="checkbox"/> View All Search Criteria	<input checked="" type="checkbox"/> Perform New Search				
<input checked="" type="checkbox"/> Print Search Results					

Agency Name	Type	Agency Code	Status	Effective Date
<input type="checkbox"/> JZANUS HOME CARE, INC. - PATCHOQUE	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> M.Z.L. HOME CARE AGENCY - BROOKHAVEN	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> M.Z.L. HOME CARE AGENCY - BROOKHAVEN	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> M.Z.L. HOME CARE AGENCY - FOREST HILLS	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> M.Z.L. LIMITED HOME CARE AGENCY	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> MENDRAH CAMPUS ADULT HOME, INC. - GETZVILLE	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> MOBILIZATION FOR YOUTH HEALTH ASERVICES, INC. HRA	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> MZL Home Care Agency LLC	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> NY FRON FOR SENIOR CITIZEN HOME ATT SERV'S INC. HRA	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> RIDGEWOOD BUSHWICK SENIOR CITIZEN HHC, INC. HRA	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> RIDGEWOOD BUSHWICK SENIOR CITIZEN HHC, INC. HRA	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> ST. ELIZABETH HOME CARE	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> ST. ELIZABETH HOME CARE	Licensed Home Care Service Agency	hcaalc	Open	01/01/1900
<input type="checkbox"/> St Elizabeth Certified Home Care	Certified Home Health Agency	4720	Open	03/03/2001
<input type="checkbox"/> St Elizabeth Certified Home Care	Certified Home Health Agency	4720	Open	03/03/2001
<input checked="" type="checkbox"/> TEST HHA	Certified Home Health Agency	8858	Open	07/22/1999
<input type="checkbox"/> TEST LHCSA	Licensed Home Care Service Agency	00052000	Open	07/22/1999

RESULTS TOOLBOX
View Selected Result(s)

5 Click “View Selected Result(s).”

❑ 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

1 Click "Jump to my Agency."



[Home Page](#) | [Contact GLTC](#) | [FAQs](#) | [Rules & Regulations](#) | [Help](#)



[Training Entities](#) [Registrants](#) [Agencies](#)

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employers in New York State. Please be mindful that, while we believe this information is up to date, the registry 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\(s\)](#)

© 2009 NYS Department of Health - Home Care Registry

2 Click the “Aides” tab.

The screenshot shows the New York State Home Care Registry website. The header includes the logo and navigation links: Home Page, Contact GLTC, FAQs, Rules & Regulations, and Help. The main navigation bar has tabs for Training Entities, Registrants, and Agencies. The breadcrumb trail is Home > Agency Search > Agency Search Results. The page title is 'Agency General Information' with sub-tabs for General, Training Entity, and Aides. The 'Aides' tab is highlighted with a red arrow. The agency name is 'Z TEST HHA' with OpCert # 8888888. The form displays agency details: Type (Certified Home Health Agency), Open Date (07/22/1999), Address (000 North Pearl Street, CHHA Office Albany, New York, 12204), County (Albany), Facility ID (0000), and Phone ((555)123-4567). A 'Tool Bar' on the right includes 'Print Agency Profile' and a 'Selected Agencies' list containing 'Z TEST HHA'. The footer shows '© 2009 NYS Department of Health - Home Care Registry'.

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

The screenshot shows the New York State Home Care Registry website. The header includes the logo and navigation links: Home Page, Contact GLTC, FAQs, Rules & Regulations, and Help. The main navigation bar has tabs for Training Entities, Registrants, Agencies, and Reports. The breadcrumb trail is Home > Agency Search > Agency Search Results. The page title is 'Agency Aide Information' with sub-tabs for General, Training Entity, Aides, History, and Summary. The 'Aides' tab is highlighted. The agency name is 'ABC Certified Home Health Agency'. The form shows 'Status: Active Aides' and a 'Show' button. A table lists aides with columns: Registry Number, Name (Last), Name (First), Gender, DOB (MM/DD/YYYY), Hire Date (MM/DD/YYYY), and Separation Date (MM/DD/YYYY). The 'Add' button is circled in red. The 'Tool Bar' on the right includes 'Print Agency Profile' and 'Print Aide Listing'. The 'Selected Agencies' list contains 'ABC Certified Home Health Agency 1090' and 'DEF Licensed Home Care Service Agency 0010'. The footer is not visible in this screenshot.

Registry Number	Name (Last)	Name (First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
8674562	Smith, John	John	M		01/25/2008		Add
8434623	Patrick, Mary	Mary	F		01/25/2008		Save

4 Select the matching name or click “No Match.”



❑ 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 Search Results

Agency Add Aide

General Training Entity Aides **Add Aide** History Summary

ABC Certified Home Health Agency Opcert # 1066

Certification Information
 Certificate Date: Retrieve Training Programs

Demographic Information
 Prefix: Street 1: Date of Birth: (MM/DD/YYYY)
 First Name: Street 2: Gender: (Select One)
 Middle Name: City: Ethnicity: (Select One)
 Last Name: State: (NY) Race: (Select One)
 Suffix: Zip Code: -

Security Information
 Last 4 digits of SSN:
 or
 Mother's Maiden Name:
 and
 City of Birth:
 and
 Question #3:

Employment Information
 Hire Date: (07/06/2009) ABC Certified Home Health Agency Separation Date:
 Hire Date: Retrieve Agencies

Save Cancel

Tool Bar
 Print Agency Profile

Selected Agencies
 ABC Certified Home Health Agency 1066
 DEF Licensed Home Care Service Agency 8810

► Employment refers only to employment in a New York State home care agency.

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

Certificate Information

Certificate Date: *

Program: *

Name: *

Last Name First Name * Middle Name

Certificate Date: *

Important Reminder:

After you choose the appropriate agency from the drop-down menu, enter the name on the certificate and then enter any other certificates and the names on them.

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 drop-down list; what should I do?”** Call the HCR Help Desk at 1 (877) 877-1827 or email HCRReg@health.state.ny.us.

Enter a Home Health Aide with an Unlisted Training Program

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

1 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 Information

General Training Entity **Aides**

Z Test LHCSA License # 8888Z888


Status Active Aides Show

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

4 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.

New York State Home Care Registry

Welcome

Home Page | Contact OLC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports | Administration

Agency Add Aide

General | Training Entity | Aides | **Add Aide**

Z Test LHCSA License # 8888Z888

Certificate Information

Certificate Date: * 09/13/1990 **Retrieve Training Programs**

Demographic Information

Prefix: Street 1: * Date of Birth: * 03/25/1961 MM/DD/YYYY

First Name: * Aide Street 2: Gender: * Select one

Middle Name: * City: * Ethnicity: * Select one

Last Name: * Practice State: * New York Race: * Select one

Suffix: Zip/Postal Code: * Country: * UNITED STATES

Security Information

Last 4 digits of SSN: OR City of Birth: and

Mother's Maiden Name: and

Mother's First Name:

Employment Information

Hire Date * (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	Agency Name
09/24/2010		Z Test LHCSA

Selected Agencies

- Z Test LHCSA (Albany)
- Z Test RHA (Albany)

Save Cancel

© 2009 NYS Department of Health - Home Care Registry System Information

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



- 7 Enter the aide's name, complete the rest of the "Agency Add Aide" page and click, "Save".

New York State Home Care Registry

Welcome

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports | Administration

Agency Add Aide

General | Training Entity | Aides | **Add Aide**

Z Test LHCSA License # 8888Z888

Certificate Information

Certificate Date: * 08/13/1990 Remove

Program: * UNLISTED - UNLISTED HHA TRAINING PROGRAM - HHA - Undetermined - Unknown

Name: * Practice Aide A Select One

Last Name * First Name * Middle Name

Certificate Date: Retrieve Training Programs

Demographic Information

Prefix: Street 1: * 12 Main St Date of Birth: * 03/26/1961 MM/DD/YYYY

First Name: * Aide Street 2: Gender: * Female

Middle Name: City: * Schenectady Ethnicity: * Not Provided

Last Name: * Practice State: * New York Race: * Not Provided

Suffix: Zip/Postal Code: * 12303 Country: * UNITED STATES

Security Information

Last 4 digits of SSN: 1234 OR City of Birth: and

Mother's Maiden Name: and

Mother's First Name:

Employment Information

Hire Date * (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	Agency Name
09/24/2010		Z Test LHCSA

Retrieve Agencies

Save Cancel

© 2009 NY's Department of Health - Home Care Registry System Information

8 Because you have selected the Unlisted HHA Training Program option from the drop-down menu, you will be asked to accept the User Agreement.

Agency Add Aide

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

- You have selected an Unlisted Training Program. Please accept the User Agreement.

9 Accept the User Agreement by checking the box under “User Agreement.” Next, click “Save.”

Certificate Information

Certificate Date: * 08/13/1990 [Remove]

Program: * UNLISTED - UNLISTED HHA TRAINING PROGRAM - HHA - Undetermined - Unknown

Name: * Practice Aide A Unknown

Last Name * First Name * Middle Name

User Agreement :

By checking this box, the user declares:

- the aide was born on or before December 31, 1975,
- the date the aide successfully completed home health aide training is prior to August 14, 1990,
- the aide has not received any Home Health Aide Training on or after August 14, 1990, and
- there has been no continuous period of 24 consecutive months during which the aide performed no home health aide services for compensation.

Certificate Date : [] [Retrieve Training Programs]

10 The aide is added successfully.

Agency Aide Information

General	Training Entity	Aides
---------	-----------------	--------------

- Aide added successfully.

Separate an Aide




Jump to my Agency(s)  Aides  Enter Date  Save




1 Jump to my Agency(s).

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employment. The Registry 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) 

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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: 01/01/1990

Address: 800 North Pearl Street Closed Date:
Albany, New York, 12204

County: Albany

Facility ID: 4444

Phone: (518)473-1809

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

Agency Aide Information

General Training Entity **Aides**

Z Test LHCSA License # 8888Z888

Status: Active Aides Show

Registry Number	Name (Last) (First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
	last first					Add
3414	Peter Jamie Anka	Male	09/09/1980	03/01/2010		Save
3241	Betty Baker	Female	11/11/1967	12/09/2004	06/11/2010	Save
2922	Edward A. Black	Male	04/18/1965	01/15/2010		Save
2921	Stephen Jamie 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

Tool Bar: Print Agency Profile

Selected Agencies: Z Test LHCSA(Albany), Z Test HHA(Albany)

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 Aide Information

General Training Entity **Aides**

Z Test LHCSA License # 8888Z888

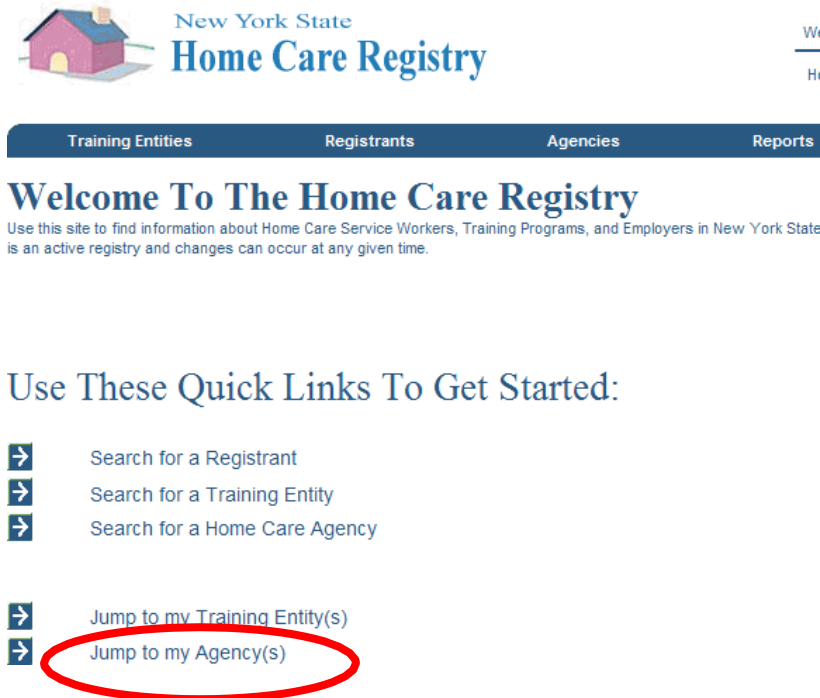
Status: Inactive Aides Show

Registry Number	Name (Last) (First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)
1194	Madina J Abdu-sattarova	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
3241	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

1 Click “Jump to my Agency(s).”



New York State
Home Care Registry

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H

Training Entities Registrants **Agencies** Reports

Welcome To The Home Care Registry

Use this site to find information about Home Care Service Workers, Training Programs, and Employers in New York State 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)**

2 Click on the “Aides” tab.



Agency General Information

General Training Entities **Aides**

Z Test LHCSA

Type:	Licensed Home Care Service Agency	Open Date:	01/01/1990
Address:	800 North Pearl Street Albany, New York, 12204	Closed Date:	
County:	Albany		
Facility ID:	4444		
Phone:	(518)473-1809		

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

Z Test LHCSA License # 8888Z888

Status: Active Aides Show

Registry Number	Name (Last) (First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
166887	dylan [redacted]	Male	06/01/1975	08/13/2010		Add Save
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

Tool Bar: Print Agency Profile

Selected Agencies: Z Test LHCSA (Albany)

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

Registrant General Information

General Training Employment Employability/Determinations

Edward Black Registry Number 2922

Address:	123 Main St. Schenectady, NY, 12303	Approved for Employment:	Unknown
DOB:	04/18/1965	Date Approved for Employment:	11/04/2009
Gender:	Male	Determination(s) of Abuse, Neglect or other Misconduct:	No

Tool Bar: Print Registrant Profile, **Data Correction**

Selected Registrants: Tami Ace - 3142, Peter Anka - 3414, b b - 3241, Only Best - 3407, **Edward Black - 2922**, Bonnie Blue - 3181

- Additional known Names

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

Registrant - Edit General Information

General Training Employment Employability/Determinations

Edward Black Registry Number 2922

Prefix:		Street 1: *	123 Main St.	Date of Birth: *	04/18/1965
First Name: *	Edward	Street 2:		Gender: *	Male
Middle Name:		City: *	Schenectady	Ethnicity:	Select one
Last Name: *	Black	State: *	New York	Race:	Select one
Suffix:		Zip / Postal Code: *	12303 -		
		Country: *	UNITED STATES		

Save Cancel

Tool Bar: Print Registrant Profile, Search Registrant

Selected Registrants: Tami Ace - 3142, Peter Anka - 3414, b b - 3241, Only Best - 3407, **Edward Black - 2922**, Bonnie Blue - 3181, gangadhar bommasani - 2821, Jillian Brown - 3184, c c - 3320

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

Change an Aide's Personal Data

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

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

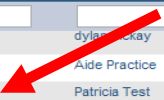
Z Test LHCSA License # 8888Z888

Status: Active Aides

Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
166887	dylan	beckay	Male	06/01/1975	08/13/2010		<input type="button" value="Add"/> <input type="button" value="Save"/>
167172	Aide Practice		Female	03/26/1961	09/24/2010		<input type="button" value="Save"/>
167207	Patricia Test		Female	03/15/1980	09/22/2009		<input type="button" value="Save"/>
166927	Natasha Quality Assurance Tester		Female	09/16/1980	08/17/2010		<input type="button" value="Save"/>

Tool Bar:

Selected Agencies: Z Test LHCSA(Albany)



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.

4 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

Address:	1 Broadway Albany, NY 12223	Approved for Employment:	Unknown
DOB:	03/15/1980	Date Approved for Employment:	09/28/2010
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

Tool Bar

- Print Registrant Profile
- Search Registrant
- Address Change**
- Security Changes
- Name Change

Selected Registrants

5 Enter the new address information and click "Save."

Registrant - Change Address

General	Training	Employment	Employability/Determinations	Matching
----------------	----------	------------	------------------------------	----------

Patricia Test Registry Number 167207

Date of Address Change: * 09/28/2010 MM/DD/YYYY

Street1: * 22 First Ave

Street2:

City: * Albany

State: * New York

Zip / Postal Code: * 12203 -

Save **Cancel**

* Address Date on file is 09/28/2010 . New Address Effective Date must be after Address Date on file.

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

Registrant General Information

General	Training	Employment	Employability/Determinations	Matching
----------------	----------	------------	------------------------------	----------

- Address Information changed successfully.

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

Address:	1 Broadway Abarly, NY, 12203	Approved for Employment:	Unknown
DOB:	03/15/1980	Date Approved for Employment:	09/28/2010
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

- Security Information

Last 4 digits of SSN :	9999
Mothers Maiden Name :	
City of Birth :	
Mothers First Name :	

- Additional known Names

Name Patricia Test	Also known as (AKA)
--------------------	---------------------

- Previously Assigned Registry Numbers

Tool Bar

- Print Registrant Profile
- Search Registrant
- Data Correction
- Address Change
- Gender Change**
- Security Logout
- Name Change

Selected Registrants

8 Enter the new gender information and click "Save."

Registrant - Change Gender

Patricia Test Registry Number 167207

General Training Employment Employability/Determinations Matching

Date of Gender Change: * 09/28/2010 MM/DD/YYYY

Gender: * Male

Save Cancel

* Gender Date on file is 09/28/2010 . New Gender Effective 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

General Training Employment Employability/Determinations Matching

- Gender Information changed successfully.

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

Patricia Test Registry Number 167207

Address:	1 Broadway Albany, NY, 12203	Approved for Employment:	Unknown
DOB:	03/15/1980	Date Approved for Employment:	09/28/2018
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

- Security information

Last 4 digits of SSN:	9999
Mothers Maiden Name:	
City of Birth:	
Mothers First Name:	

- Additional known Names

Marie Patricia Test	Also known as (aka)
---------------------	---------------------

- Previously Assigned Registry Numbers

Tool Bar

- Print Registrant Profile
- Search Registrant
- Data Correction
- Address Change
- Gender Change
- Security Changes

Selected Registrants

11 Enter the new security information and click "Save."

Patricia Test Registry Number 167207

Last 4 digits of SSN *

or

Mothers Maiden Name *

and

City of Birth *

and

Mothers First Name *

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

Registrant General Information

General	Training	Employment	Employability/Determinations	Matching
---------	----------	------------	------------------------------	----------

- Security Information changed successfully.

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

Address:	1 Broadway Albany, NY, 12203	Approved for Employment:	Unknown
DOB:	03/15/1988	Date Approved for Employment:	09/28/2010
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

Tool Bar

- Print Registrant Profile
- Search Registrant
- Data Correction
- Address Change
- Gender Change
- Security Change
- Name Change**

Selected Registrants

14 Enter the new name and click "Save."

Registrant - Change Name

Patricia Test Registry Number 167207

General Training Employment Employability/Determinations Matching

New Prefix:

New First Name: *

New Middle Name:

New Last Name: * ←

New Suffix:

Save Cancel

Other Known Names

Name	Type	Action
Marie Patricia Test	Also known as (aka)	Remove

Add Other Known Name

Prefix	First Name *	Middle Name	Last Name *	Suffix	Type	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unknown	Add

15 In order to remove an alias, click on remove under “Other Known Names.”

Registrant - Change Name

General Training Employment Employability/Determinations Matching

Patricia Test Registry Number 167207

New Prefix:

New First Name: *

New Middle Name:

New Last Name: *

New Suffix:

Save Cancel

Other Known Names

Name	Type	Action
Marie Patricia Test	Also known as (aka)	Remove

Add Other Known Name

Prefix	First Name *	Middle Name	Last Name *	Suffix	Type	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unknown	Add

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

Registrant - Change Name

General Training Employment Employability/Determinations Matching

Patricia Test Registry Number 167207

New Prefix:

New First Name: *

New Middle Name:

New Last Name: *

New Suffix:

Save Cancel

Other Known Names






Name	Type	Action
Marie Patricia Test	Also known as (aka)	Remove

Add Other Known Name

Prefix	First Name *	Middle Name	Last Name *	Suffix	Type	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unknown	Add

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

Add an Employer




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

1 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 Search

Registry Number:	<input type="text"/>	Certificate #:	<input type="text"/>	Certificate Status:	All <input type="text"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
DOB:	<input type="text"/> MM/DD/YYYY	Gender:	All <input type="text"/>	Aide Type:	All <input type="text"/>
City:	<input type="text"/>	State:	All <input type="text"/>	Zip Code:	<input type="text"/>
Approved for Employment:	All <input type="text"/>	Employment Status:	All <input type="text"/>		

[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.

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: All Employment Status: All

[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
- AAA SERVICE PROGRAMS INC

Home Care Services Agency:

- 1ST CHOICE HOME CARE SERVICES, INC.
- A & A STAFFING HEALTH CARE SERVICES
- A & B HEALTH CARE SERVICES, INC.
- A & D PERSONNEL SERVICES, INC.
- A & E HOME CARE, INC.
- A & J HOME CARE, INC.
- A & T HEALTH CARE, INC.
- A & T HEALTHCARE LLC
- A & T HEALTHCARE LLC

3 Click “View Selected Result(s).”

Registrant Search Results

SEARCH CRITERIA: Registry #: 3161 Certificate #: Last Name:

DISPLAY RESULT PREFERENCES: Per Page: Display 25 Display 50 Display 100 Display All

RESULTS TOOLBOX:

Selection: Checked Only Show All

Address: Show Address Don't Show Address

One Registrant found.

<input checked="" type="checkbox"/>	Registry #	Name	DOB	Gender	Approved for Employment
<input checked="" type="checkbox"/>	3161	Smith, Melissa	02/25/1961	Female	U

4 Click “Employment” from the Registrant General Information page.

Registrant General Information

General **Employment** Trainin... Employability/Determinations

Melissa Smith 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

5 Click “Add Employment” from the Tool Bar on the right.

Registrant Employment

General Training **Employment** Employability/Determinations

Melissa Smith Registry Number 3161

Employment Type: All Show

Employer:	ALL PRO HOME AND HEALTH CARE SERVICES, INC	Start Date:	06/30/2008
Address:	3305 CHURCH AVE Z FL BROOKLYN, NY, 11203	End Date:	07/15/2008
Employer:	A & A STAFFING HEALTH CARE SERVICES	Start Date:	02/15/2005
Address:	175 MAIN STREET WHITE PLAINS, NY, 10001	End Date:	

Tool Bar

- Print Registrant Profile
- Search Registrant
- Add Employment

Selected Registrants

Melissa Smith - 3161

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

Registrant - Add Employment Information

General Training **Employment** Employability/Determinations

Melissa Smith Registry Number 3161

Employment Information

Employment Start Date: * Retrieve Agencies

Tool Bar

- Print Registrant Profile
- Search Registrant

Selected Registrants

Melissa Smith - 3161

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

Registrant - Add Employment Information

General Training **Employment** Employability/Determinations

Melissa Smith Registry Number 3161

Employment Information

Employment Start Date: * 02/15/2008 Remove

Separation Date:

Agency: * A & A STAFFING HEALTH CARE SERVICES - WHITE PLAINS - 175 MAIN STREET

Save Cancel

Tool Bar

- Print Registrant Profile
- Search Registrant

Selected Registrants




Melissa Smith - 3161

Remove Employer

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

1 Click “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 on the “Aides” tab.

Agency General Information

General Training Entity **Aides**

Z Test LHCSA

License # 8888Z888

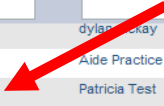
Type:	Licensed Home Care Service Agency	Open Date:	01/01/2006
Address:	800 North Pearl Street Albany, New York, 12204	Closed Date:	
County:	Albany		
Facility ID:			
Phone:	(518)473-1809		

3 Click on the Registry Number of the aide.

Z Test LHCSA

License # 8888Z888

Status: Active Aides

Registry Number	Name (Last)	(First)	Gender	DOB (MM/DD/YYYY)	Hire Date (MM/DD/YYYY)	Separation Date (MM/DD/YYYY)	
	dylan McKay		Male	06/01/1975	08/13/2010		<input type="button" value="Add"/>
166887							<input type="button" value="Save"/>
167172	Aide Practice		Female	03/26/1961	09/24/2010		<input type="button" value="Save"/>
167207	Patricia Test		Female	03/15/1980	09/22/2009		<input type="button" value="Save"/>
166927	Natasha Quality Assurance Tester		Female	09/16/1980	08/17/2010		<input type="button" value="Save"/>

Tool Bar

Selected Agencies

Z Test LHCSA(Albany)

4 From the Registrant General Information page, click on the “Employment” tab.

Registrant General Information

General 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](#)

No names found.

5 On the Registrant Employment page, click “Remove” to remove an employer.

Registrant Employment

General Training **Employment** Employability/Determinations

John Doe

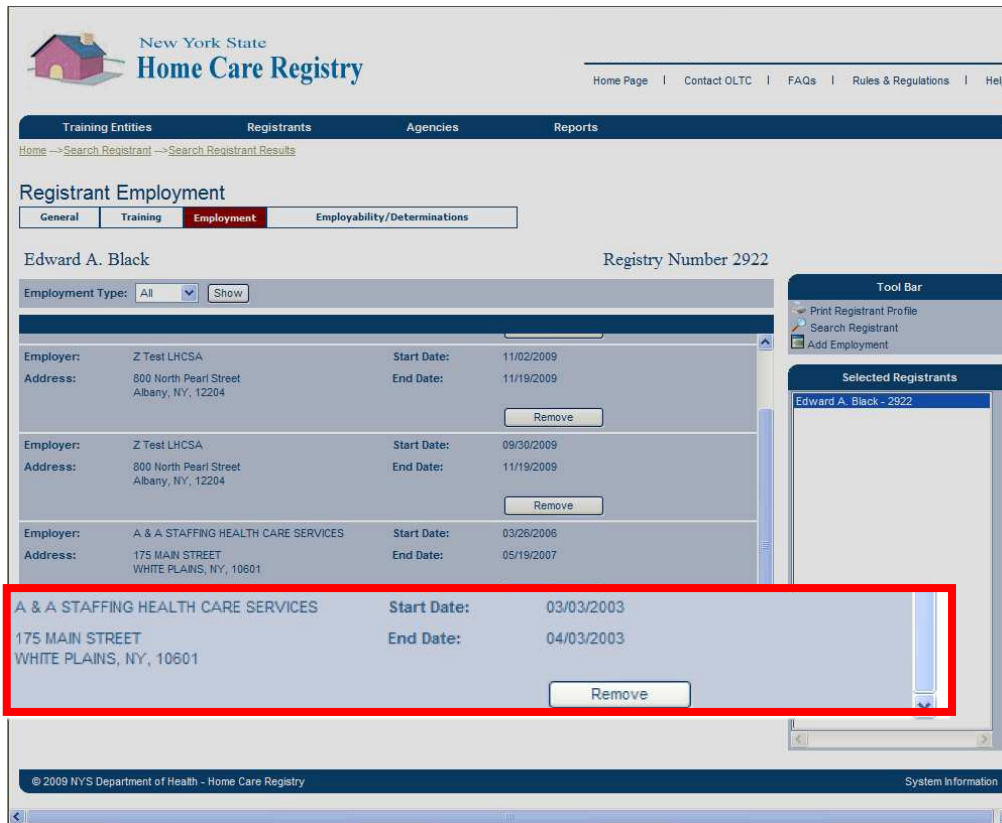
Registry Number 3406

Employment Type: All

Employer:	Z Test LHCSA	Start Date:	01/04/2010	<input type="button" value="Remove"/>
Address:	800 North Pearl Street Albany, NY, 12204	End Date:		
Employer:	ABUNDANT LIFE AGENCY, INC.	Start Date:	09/11/2009	<input type="button" value="Remove"/>
Address:	4912 CHURCH AVENUE BROOKLYN, NY, 11203	End Date:	12/01/2009	

Invalid Duplicate Employment Information

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

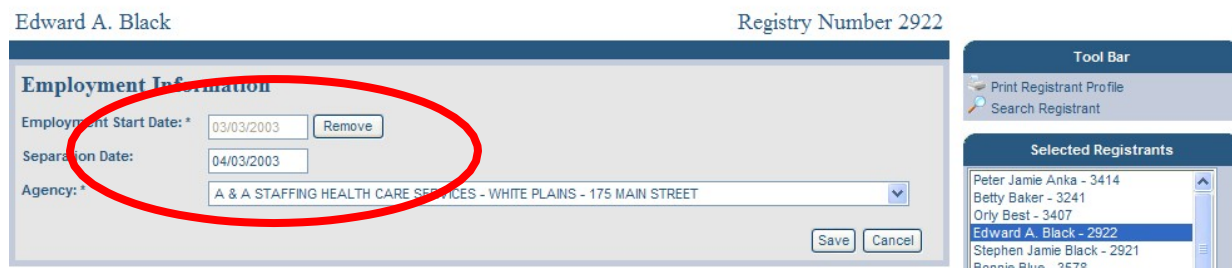


- 2 If an identical span of dates is chosen for the same employer, an error message will appear.

Registrant - Add Employment Information

General Training **Employment** Employability/Determinations

- Duplicate Employment Information entered. Please check if the Agency and Hire Dates already exist.



View Training History




Search for a Registrant  View Selected Results(s)  Training

1 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.

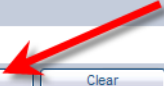
Use These Quick Links To Get Started:

-  [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 Search

Registry Number:	<input type="text"/>	Certificate #:	<input type="text"/>	Certificate Status:	All <input type="button" value="v"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
DOB:	<input type="text"/> MM/DD/YYYY	Gender:	All <input type="button" value="v"/>	Aide Type:	All <input type="button" value="v"/>
City:	<input type="text"/>	State:	All <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Approved for Employment:	All <input type="button" value="v"/>	Employment Status:	All <input type="button" value="v"/>		

[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.

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: All Employment Status: All

[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
- AAA SERVICE PROGRAMS INC

Home Care Services Agency:

- 1ST CHOICE HOME CARE SERVICES, INC.
- A & A STAFFING HEALTH CARE SERVICES
- A & B HEALTH CARE SERVICES, INC.
- A & D PERSONNEL SERVICES, INC.
- A & E HOME CARE, INC.
- A & J HOME CARE, INC.
- A & T HEALTH CARE, INC.
- A & T HEALTHCARE LLC
- A & T HEALTHCARE LLC

3 Select the appropriate name, and then click “View Selected Result(s).”

Registrant Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX	
Registry #: <input type="text"/>	Certificate #: <input type="text"/>	Per Page: <input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All	Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All	<input type="button" value="View Selected Result(s)"/>	
First Name: <input type="text"/>	Last Name: <input type="text" value="gonzalez"/>	Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address			
<input type="checkbox"/> View All Search Criteria <input checked="" type="checkbox"/> Perform New Search <input type="checkbox"/> Print Search Results					
10 Registrants found, displaying all Registrants.					
<input type="checkbox"/>	Registry #	Name	DOB	Gender	Approved for Employment
<input checked="" type="checkbox"/>	123463	Gonzalez, Ana Maria		Female	Y
<input type="checkbox"/>	123462	Gonzalez, Jose Miguel		Male	N
<input type="checkbox"/>	123461	Gonzalez, Manuel Joseph		Male	N
<input type="checkbox"/>	123460	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123457	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123458	Gonzalez, Maria Theresa		Female	N
<input type="checkbox"/>	123459	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123460	Gonzalez, Maria Theresa		Female	N
<input type="checkbox"/>	123465	Gonzalez, Miguel Joseph		Male	Y
<input type="checkbox"/>	123464	Gonzalez, Rosa Maria		Female	Y

4 From the “Registrant General Information” page, click the “Training” tab.

New York State Home Care Registry

Welcome

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies

Home → Search Registrant → Search Registrant Results

Registrant General Information

General **Training** Employment Employability/Determinations

Maria Theresa Gonzalez Registry Number 123456

Address:	Abany, NY 12205	Approved for Employment:	Y
DOB:		Date Approved for Employment:	08/14/2008
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

- Additional known Names
No names found.

Tool Bar
Print Registrant Profile
Search Registrant

Selected Registrants
Maria Theresa Gonzalez - 123456

5 Registrant Training history displays here.

New York State Home Care Registry

Welcome

Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies

Home → Search Registrant → Search Registrant Results

Registrant Training

General **Training** Employment Employability/Determinations

Maria Theresa Gonzalez Registry Number 123456

Certifications:	Home Health Aide	Certificate Status:	Active
Training Entity:	Z TEST POST SECONDARY EDUCATION SCHOOL	Certificate Status Date:	09/23/2009
Address:	800 North Pearl Street Abany, NY, 12204	Certificate #:	3
Program Name:	Z TEST POST SECONDARY EDUCATION SCHOOL	Training Methodology:	Personal Care Aide Upgrade
Start Date:	09/11/2009	State Department:	SED - OP
Registered Nurse:	Johnny Approver	Instructor:	Johnny Instructor
Attester:	Johnny Attester	Attestation Date:	09/23/2009
		Date Certificate Printed:	

Tool Bar
Print Registrant Profile
Search Registrant

Selected Registrants
Maria Theresa Gonzalez - 123456

View Employability




Search  Registrant General Information  Employability/Determinations

1 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 Search

Registry Number:	<input type="text"/>	Certificate #:	<input type="text"/>	Certificate Status:	All <input type="button" value="v"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
DOB:	<input type="text"/> MM/DD/YYYY	Gender:	All <input type="button" value="v"/>	Aide Type:	All <input type="button" value="v"/>
City:	<input type="text"/>	State:	All <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Approved for Employment:	All <input type="button" value="v"/>	Employment Status:	All <input type="button" value="v"/>		
<input type="button" value="Show Advanced Search"/>					
<input type="button" value="Search"/> <input type="button" value="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.

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: All Employment Status: All

[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-THAT-CLOCK TEMPORARY SERVICES, INC
- A&T HEALTHCARE LLC
- A&T HEALTHCARE, LLC
- AAA SERVICE PROGRAMS INC

Home Care Services Agency:

- 1ST CHOICE HOME CARE SERVICES, INC.
- A & A STAFFING HEALTH CARE SERVICES
- A & B HEALTH CARE SERVICES, INC.
- A & D PERSONNEL SERVICES, INC.
- A & E HOME CARE, INC.
- A & J HOME CARE, INC.
- A & T HEALTH CARE, INC.
- A & T HEALTHCARE LLC
- A & T HEALTHCARE LLC

3 Select the correct name from the search results and then click “View Selected Result(s).”

Registrant Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX	
Registry #: <input type="text"/>	Certificate #: <input type="text"/>	Per Page: <input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All	Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All	<input type="button" value="View Selected Result(s)"/>	
First Name: <input type="text"/>	Last Name: <input type="text" value="gonzalez"/>	Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address			
View All Search Criteria Perform New Search					
Print Search Results					
10 Registrants found, displaying all Registrants.					
<input type="checkbox"/>	Registry #	Name	DOB	Gender	Approved for Employment
<input checked="" type="checkbox"/>	123463	Gonzalez, Ana Maria		Female	Y
<input type="checkbox"/>	123462	Gonzalez, Jose Miguel		Male	N
<input type="checkbox"/>	123461	Gonzalez, Manuel Joseph		Male	N
<input type="checkbox"/>	123460	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123457	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123458	Gonzalez, Maria Theresa		Female	N
<input type="checkbox"/>	123459	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/>	123460	Gonzalez, Maria Theresa		Female	U
<input type="checkbox"/>	123455	Gonzalez, Miguel Joseph		Male	Y
<input type="checkbox"/>	123464	Gonzalez, Rosa Maria		Female	Y

4

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

Registrant General Information

- General
- Training
- Employment
- Employability/Determinations**

Ana Maria Gonzalez

Registry Number 123463

Address:	Test7, NY 12845	Approved for Employment:	Y
DOB:		Date Approved for Employment:	08/21/2008
Gender:	Female	Determination(s) of Abuse, Neglect or other Misconduct:	No

Tool Bar

- Print Registrant Profile
- Search Registrant

Selected Registrants

- Ana Maria Gonzalez - 123463

- Additional known Names

No names found.

5

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.



Welcome

- Home Page
- Contact OLTG
- FAQs
- Rules & Regulations
- Help

- Training Entities
- Registrants
- Agencies

Home --> Search Registrant --> Search Registrant Results

Registrant Employability/Determinations

- General
- Training
- Employment
- Employability/Determinations**

Ana Maria Gonzalez

Registry Number 123463

Employability:		
Is Aide Employable?:	Y	Date of Background Investigation: 08/21/2008
If no, why (:		
Aide Response:		

Tool Bar

- Print Registrant Profile
- Search Registrant

Selected Registrants

- Ana Maria Gonzalez - 123463

Determinations

Disclaimer regarding Abuse, Neglect, Misappropriation, Misconduct in a patient care setting.

View Employment History




Search  Registrant General Information  Employment

1 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 Search

Registry Number:	<input type="text"/>	Certificate #:	<input type="text"/>	Certificate Status:	<input type="text" value="All"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>
DOB:	<input type="text" value="MM/DD/YYYY"/>	Gender:	<input type="text" value="All"/>	Aide Type:	<input type="text" value="All"/>
City:	<input type="text"/>	State:	<input type="text" value="All"/>	Zip Code:	<input type="text"/>
Approved for Employment:	<input type="text" value="All"/>	Employment Status:	<input type="text" value="All"/>		
Show Advanced Search					
<input type="button" value="Search"/> <input type="button" value="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.

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: All Employment Status: All

[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
- AAA SERVICE PROGRAMS INC

Home Care Services Agency:

- 1ST CHOICE HOME CARE SERVICES, INC.
- A & A STAFFING HEALTH CARE SERVICES
- A & B HEALTH CARE SERVICES, INC.
- A & D PERSONNEL SERVICES, INC.
- A & E HOME CARE, INC.
- A & J HOME CARE, INC.
- A & T HEALTH CARE, INC.
- A & T HEALTHCARE LLC
- A & T HEALTHCARE LLC

3 Select the correct individual from the list and then click “View Selected Result(s).”

New York State Home Care Registry

Welcome

Home Page | Contact QLTCC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies

Home --> Search Registrant

Registrant Search Results

SEARCH CRITERIA: Registry #: Certificate #: First Name: Last Name: gonzalez

DISPLAY RESULT PREFERENCES: Per Page: Display 25 | Display 50 | Display 100 | Display All Selection: Checked Only | Show All Address: Show Address | Don't Show Address

RESULTS TOOLBOX: **View Selected Result(s)**

10 Registrants found, displaying all Registrants.

Registry #	Name	DOB	Gender	Approved for Employment
<input type="checkbox"/> 123453	Gonzalez, Ana Maria		Female	Y
<input type="checkbox"/> 123462	Gonzalez, Jose Miguel		Male	N
<input type="checkbox"/> 123461	Gonzalez, Manuel Joseph		Male	N
<input checked="" type="checkbox"/> 123456	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/> 123457	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/> 123458	Gonzalez, Maria Theresa		Female	N
<input type="checkbox"/> 123459	Gonzalez, Maria Theresa		Female	Y
<input type="checkbox"/> 123460	Gonzalez, Maria Theresa		Female	U
<input type="checkbox"/> 123465	Gonzalez, Miguel Joseph		Male	Y
<input type="checkbox"/> 123464	Gonzalez, Rosa Maria		Female	Y

4 From the “Registrant General Information” page, click the “Employment” tab.

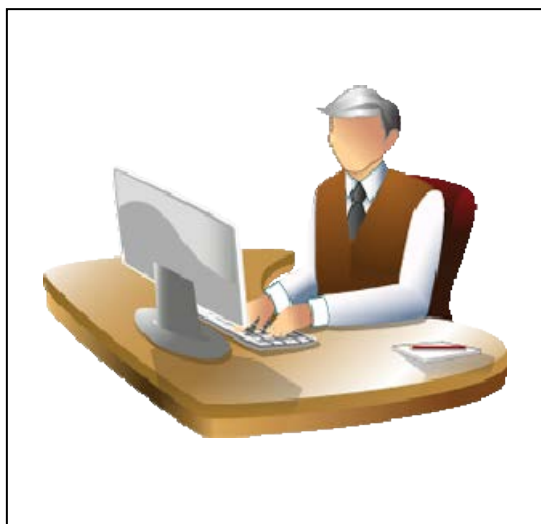


5 The “Registrant Employment” page displays the history of the individual’s employment in New York State home care agencies.



► Don't forget to consult the FAQs located on the upper toolbar of the HCR.

Home Page | Contact OLTC | **FAQs** | Rules & Regulations | Help



Section 4: General Public Procedures

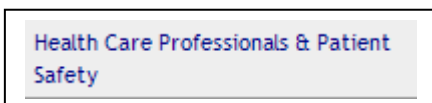
In this section of the User Manual, you will learn how to use the Home Care Registry if you are a member of the general public and not a training program or home care agency.

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.

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

You are Here: [Home Page](#) > [Health Care Professionals & Patient Safety](#) > [Home Care](#) > [New York State Home Care Registry](#) > Search Results

Start Over To go back, please use the "Start Over" button instead of your browser's back button.

Search Results

2 results for First Name: jane, Last Name: doe

Sort by:

Registry Number	Name	Gender	County	Approved for Employment
167008	Jane Doe	Female	Schenectady	Yes
167268	Jane Doe	Female	Albany	Unknown

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 individual listed herein. Individuals listed on the registry may not be currently certified or may be unemployable, or the information related to those individuals 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](#)

Tools

- [Printable version](#)

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.

You are Here: [Home Page](#) > [Health Care Professionals & Patient Safety](#) > [Home Care](#) > [New York State Home Care Registry](#) > Home Care Worker

[Return to Results](#) [Start Over](#) To go back, please use the "Return to Results" button or the "Start Over" button instead of your browser's back button.

Jane Doe

Registry Number: 167008 Approved for Employment Yes
 Gender: Female As of: 09/24/2010
 County: Schenectady Reason:
 Aide Response:

Certifications **Employment History** **Convictions and Findings**

This section lists the certifications the worker has received and the date of those certifications. The Department of Health has no information for any worker after the status date listed in this section.

Type	Training Program	Certification Date	Status	Status Date
Home Health Aide	Z Test LHCSA Training Entity 800 North Pearl Street Albany, NY 12204 (777)777-7777	September 2, 2010	Active	September 3, 2010

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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](#)

Tools

- [Printable version](#)

Personal Information

Certifications

Employment

Convictions/
Findings

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 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:

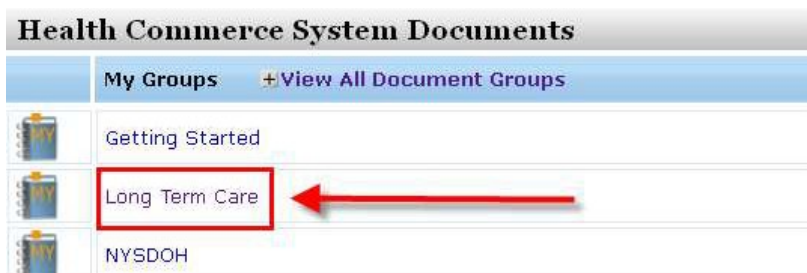
1

At the top of your page on the HCS, click on “Documents”



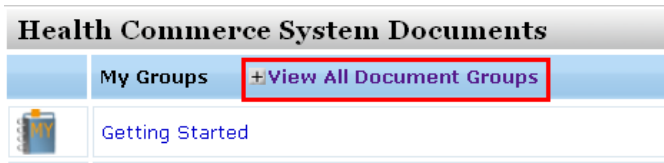
2

Click on “Long Term Care” from your list of groups*.

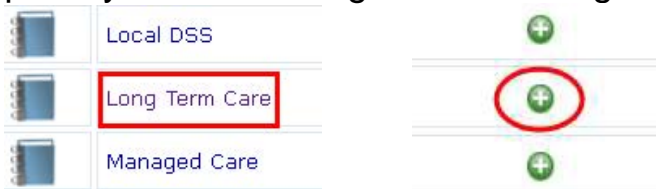


*If you do not have “Long Term Care” listed in your groups, follow these steps:

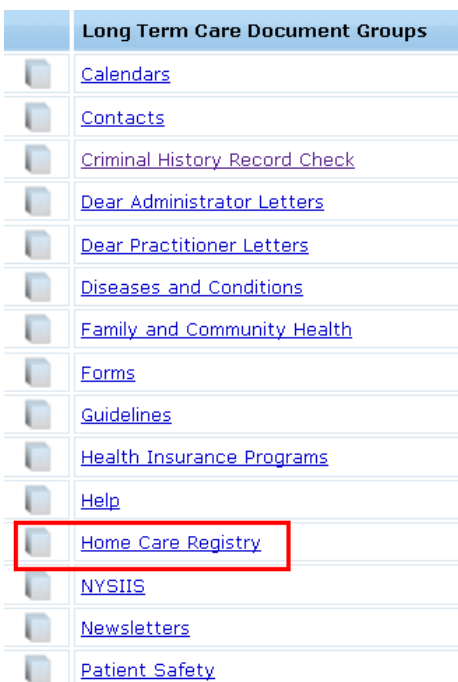
Click the link that says “View All Document Groups”



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.



4 Click on the “Alerts and DALs” folder to find our recent advisories and DALs.



Section 7: Contact Information

Home Care Registry
Toll-Free Customer Service Assistance:

1 (877) 877-1827

E-mail Help Desk Assistance:

HCRreg@health.state.ny.us

