

# CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF COMPLETION

*Is hereby granted to*

*Brian Yamase*

CNA/HHA# 01150808

*Has successfully completed this course:*

*Course Name: Acute Care Nurse Assistant*

*Continuing Education Units: 36 units*

*Date of Course: February 2, 2021 – March 11, 2021*

*Provider Name: San Diego Continuing Education*  
*Address: César E. Chávez Campus*

*NAC#: 1032*

*Phone Number: 1901 Main Street San Diego, CA 92113*  
*619-388-1910*

*Instructor/DSD Name & Title: Carrie Lewis, MSN, RN*

*Signature:*

*Carrie Lewis, MSN, RN*

*This record shall be retained by the CNA/HHA for a period of four (4) years starting from the date of enrollment. CNA/HHA shall submit this to the department upon request with the renewal notice. (This is NOT a certificate approved by the California Community Colleges State Chancellor's Office)*

**CERTIFIED NURSE ASSISTANT (CNA)/ HOME HEALTH AIDE (HHA)  
 IN-SERVICE TRAINING/CONTINUING EDUCATION UNITS (CEUS)**

**USE THIS PAGE TO LOG YOUR FIRST YEAR OF CONTINUING EDUCATION/IN-SERVICE**

First year of my certification period: From: 2-2-21 To: 3-11-21

Printed Name of CNA/HHA \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

A	B	C	D	E
TITLE OF TRAINING OR COURSE ☑ (Check box for Online Training)	SNF/ICF/HOSPICE/HOME HEALTH AGENCY NAME AND CDPH IN-SERVICE ID# OR CDPH-APPROVED PROVIDER NAME AND NAC#	DATE OF ATTENDANCE (MM/DD/YY)	HOURS OBTAINED	SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING (FOR INSTRUCTOR USE ONLY)
<input type="checkbox"/> Nursing Responsibilities	NAC#1032	2-2-21/2-3-21	2	
<input type="checkbox"/> Communication	NAC#1032	2-4-21	3	
<input type="checkbox"/> Safety	NAC#1032	2-9-21	2	
<input type="checkbox"/> Surgical	NAC#1032	2-10-21	3	
<input type="checkbox"/> Gastrointestinal	NAC#1032	2-11-21	2	
<input type="checkbox"/> Urinary/renal	NAC#1032	2-16-21	2	
<input type="checkbox"/> Nutrition	NAC#1032	2-17-21	2	
<input type="checkbox"/> Reproductive mom and newborn	NAC#1032	2-18-21	2	
<input type="checkbox"/> Cardiovascular	NAC#1032	2-24-21	3	
<input type="checkbox"/> Respiratory	NAC#1032	2-25-21	3	
<input type="checkbox"/> Orthopedic/Musculoskeletal	NAC#1032	3-2-21	3	
<input type="checkbox"/> Neurological	NAC#1032	3-3-21	3	
<input type="checkbox"/> Oncology	NAC#1032	3-4-21	2	
<input type="checkbox"/> Death and Dying	NAC#1032	3-9-21	2	
<input type="checkbox"/> lab/review	ortho, neuro, surgical, cardio	3-10-21	0	
<input type="checkbox"/> resumes	-	3-11-21	0	

I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200-1797.8) to hold himself or herself out to be a certified nurse assistant and/or home health aide.

TOTAL HOURS FOR FIRST  
YEAR OF CERTIFICATION  
PERIOD:

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please copy this page if additional pages are needed for first year CEUs**

**This record shall be submitted with the Renewal Application (CDPH 283 C) and retained by the CNA/HHA for a period of four (4) years.**

**INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT**

Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

# CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF COMPLETION

*Is hereby granted to*  
**YAMASE, BRIAN E**

CNA/HH# 1150808

*Has successfully completed this course:*

*Course Name:* Certified Home Health Aide

*Continuing Education Units:* 26 units

*Dates of Course:* November 19-December 10, 2019 0800-1600 (Tuesday thru Friday)

*Provider Name:* San Diego Continuing Education NAC#: 1032

*Address:* César E. Chávez Campus

1901 Main Street San Diego, CA 92113

*Phone Number:* 619-388-1910

*Instructor/DSD Name & Title:* Sandra Leydens, RN *Signature:* 

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First year of my certification period: From: To:

[illegible]

TOTAL HOURS FOR FIRST  
YEAR OF CERTIFICATION  
PERIOD:

Date \_\_\_\_\_

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# CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF COMPLETION

*Is hereby granted to*  
**Yamase, Brian E**

CNA/HH# 01150808

*Has successfully completed this course:*

Course Name: Behavioral Health Aide

Continuing Education Units: 36 units

Date of Completion: November 12, 2019 – December 19, 2019 Monday-Thursday Time: 1630-2030

Provider Name: San Diego Continuing Education

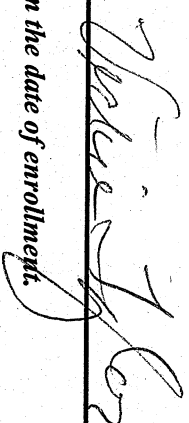
NAC#: 1032

Address: César E. Chávez Campus

1901 Main Street San Diego, CA 92113

Phone Number: 619-388-1910

Instructor/DSD Name & Title: Vickie Taylor LVN, BAHS, MPH Signature: \_\_\_\_\_



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Printed Name of CNA/HHA \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

A	B	C	D	E
TITLE OF TRAINING OR COURSE ☑ (Check box for Online Training)	SNF/ICF/HOSPICE/HOME HEALTH AGENCY NAME AND CDPH IN-SERVICE ID# OR CDPH-APPROVED PROVIDER NAME AND NAC#	DATE OF ATTENDANCE (MM/DD/YY)	HOURS OBTAINED	SIGNATURE OF INSTRUCTOR RESPONSIBLE FOR TRAINING (FOR INSTRUCTOR USE ONLY)
<input type="checkbox"/> Mental Health History	San Diego Continuing Education- NAC #1032	11/13/2019	2	
<input type="checkbox"/> Normal Growth and Dev.	San Diego Continuing Education-NAC #1032	11/14/2019	2	
<input type="checkbox"/> Anxiety	San Diego Continuing Education-NAC #1032	11/18/2019	2	
<input type="checkbox"/> Trust and Communication	San Diego Continuing Education-NAC #1032	11/19/2019	2	
<input type="checkbox"/> Safety	San Diego Continuing Education-NAC #1032	11/20/2019	2	
<input type="checkbox"/> Patient Care	San Diego Continuing Education-NAC #1032	11/21/2019	2	
<input type="checkbox"/> Chemical Dependency	San Diego Continuing Education-NAC #1032	12/2/2019	2	
<input type="checkbox"/> Psychiatric Disorders	San Diego Continuing Education-NAC #1032	12/4/2019	4	
<input type="checkbox"/> Developmental Disorders	San Diego Continuing Education-NAC #1032	12/5/2019	4	
<input type="checkbox"/> Alzheimer's and Dementia	San Diego Continuing Education-NAC #1032	12/9/2019	4	
<input type="checkbox"/> Development Anomalies	San Diego Continuing Education-NAC #1032	12/10/2019	2	
<input type="checkbox"/> Assaultive Behaviors	San Diego Continuing Education-NAC #1032	12/11/2019	4	
<input type="checkbox"/> Documentation	San Diego Continuing Education-NAC #1032	12/12/2019	2	
<input type="checkbox"/> Patient's Rights	San Diego Continuing Education-NAC #1032	12/16/2019	2	
<input type="checkbox"/> Make up Date	San Diego Continuing Education-NAC #1032	12/18/2019	0	
<input type="checkbox"/>				

I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200-1797.8) to hold himself or herself out to be a certified nurse assistant and/or home health aide.

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PERIOD:

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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