

Today's Date: \_\_\_\_\_

## **Quality Care Health Foundation RNP Certification Letter of Understanding (NEW APPLICANTS ONLY)**

The Quality Care Health Foundation (QCHF) has established a statewide registry for Restorative CNAs trained using the QCHF RNA Curriculum. This is a voluntary process.

The value of the RNA Registry is that it provides a central system for identifying and recognizing graduates of the QCHF RNA Curriculum. This makes the certification universal, and allows individual RNAs to carry their certification with them as they move to new assignments.

This letter outlines the terms by which Quality Care Health Foundation will provide Certificates of completion and RNP Pins to the below mentioned company/organization. When signed by representatives of both parties, this arrangement will constitute a firm understanding. Any proposed changes to this arrangement must be made in writing and approved.

**(Please save this document prior to completing to avoid losing valuable information)**

**Company Name:** \_\_\_\_\_

**Company Rep:** \_\_\_\_\_ **2<sup>nd</sup> Company Rep:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address if Different:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ex.** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Ex.** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Requirements which must be met by your school, company, organization in order to "certify" your graduates and request Certificates of completion.**

1. **A typed Emailed (Microsoft Word, Excel or typed in the body of an email) list of all individuals who successfully completed the program must be provided.** The list must include:
  - a. First and Last Name of individual attendee
  - b. Title such as RN, LVN, CNA, etc.
  - c. Address, dates and time of the RNA course
  - d. Name and licensure data of the lead instructor
2. Payment of \$30.00 per student, payable to Quality Care Health Foundation (QCHF) (Any over payment will not be returned, please send \$30.00 per attendee/certificate only)
3. The course should be open to any licensed or certified health care worker
4. The course is certified by BRN through QCHF and is a Sixteen-hour course (16-hours); unless otherwise contracted with QCHF.
5. Simple Bio or CV must be provided to QCHF for each instructor (this is done once when the letter of agreement is returned unless new instructors are added)
6. Pre-requisite RNP Coordinator qualifications (See Page 13 of RNPCC Manual)

**Basic Steps in the process**

- Return the letter of understanding to QCHF
- QCHF will provide a copy of the curriculum on CD & authorized provider certificate
- Provide QCHF the attendee information for RNA course (see page one #1 for details)
- QCHF will send invoice via email
- Payment received in full and posted (Any over payment will not be returned, please send \$30.00 per certificate only)
- QCHF will provide via email order to proof prior to printing for any orders over 5 certificates
- QCHF will ship all certificates & pins to company mailing address

**The training agency will receive the following from QCHF per student**

- Enameled lapel pin for each student
  - Certificate, suitable for framing with students name and RNA number
  - Foil accent certificate cover
- QCHF will routinely store all requests on file for possible audit by the BRN for a period of 4 years.

**Payment/Billing Arrangements**

- All orders must be paid in full prior to processing
- Check or Money order payable to QCHF and mailed to 2201 K Street, Sacramento, CA 95816
- Credit Card - Visa, Master Card and American Express accepted
- All orders must be paid in full simultaneously (QCHF will not accept individual payments for multiple certificate orders unless all payments are received in the same envelope)

**Other Fees**

- Replacement Certificate (s) \$20.00 each (Replacement Certificate does not include cover)
- Replacement Pin(s) \$5.00 each

QCHF looks forward to assisting you!

Sincerely,

*Cheyenne Merced*

Cheyenne Merced  
Education Assistant, Quality Care Health Foundation

<b>Company Representative</b> Print Name	<b>Authorized Signature</b>	<b>Date</b>
<b>2<sup>nd</sup> Company Representative</b> Print Name	<b>Authorized Signature</b>	<b>Date</b>