Today's Date: _____

QUALITY CARE QCHF HEALTH FOUNDATION

RNP Certification

Letter of Understanding (NEW APPLICANTS ONLY)

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

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.

ALL INFORMATION IS REQUIRED FOR PROCESSING

Company Name: _____

Company Rep: _____ 2nd Company Rep: _____

Title: _____ Title: _____

Address: _____ Address if Different: _____

Phone: _____Ex. _____ Phone: _____ Ex. _____

Email: _____ Email: _____

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

1. **A *typed* Email (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 (in that order) Example: Tom Smith not Smith, Tom
   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. The California Department of Health (CDPH) does not accept BRN continuing education credits for Certified Nursing Assistant (CNA) certification renewal. If you plan to offer CNA CEs to your students, it will be

necessary for you to submit the RNP program curriculum to the CDPH Training Program Review Unit for CNA CE approval.

6. **Online/Virtual or On-Demand Trainings**:
    - If the training is administered online QCHF must be provided with the date & location the skills competency portion was completed.
    - The skills competency portion of the RNP training must be administered & completed in person in order for the student to be included in the registry.
    - The date completed for online trainings will be the date the skills competency portion was completed.

7. 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)
   Pre-requisite RNP Coordinator qualifications (See Page 13 of RNPCC Manual)

Basic Steps in the process

- Return the letter of understanding to QCHF (Including all required information)
- QCHF has provided a copy of the curriculum on our website. An authorized provider certificate and lapel pin will be shipped (this is done once and is only resent if the company name has changed)
- Provider sends QCHF the attendee information for RNA course (see *Mandatory Requirements* for details)
- QCHF will send invoice via email with names as they will appear on the certificates
- Payment received in full and posted (Any over payment will not be returned, please only send $30.00 per attendee)
- QCHF will ship all certificates & pins to company mailing address unless otherwise specified (multiple shipping addresses for one order may inquire additional fees

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
Education Assistant, Quality Care Health Foundation

_____	_____	_____
1st Company Rep. **(Required)**	**Authorized Signature** **(Required)**	**Date**
Print Name		
_____	_____	_____
2nd Company Rep. **(Required)**	**Authorized Signature** **(Required)**	**Date**
Print Name		