

**Lou's Quality Home Health Care Services**  
**P.O. Box 893224**  
**Mililani, HI 96789**  
**Phone 808-754-3934 808-623-7109 FAX 808-623-7100**  
**Email lou.marcelo@yahoo.com**

**CNA re-certification Only. Applicants must have a current CNA Certificate.**

Dear Applicant,

Thank you for your interest in applying for Lou's Quality Home Health Care Services re-certification program. Our program follows the guide lines of DHS's Revised Statutes Section 346-46 and 457A-2, Hawaii nurse's aide re-certification program. This course comprises of 24 hours of competency and evaluation for CNA re-certification.

After completing the evaluation and competency program, a certificate will be issued to each qualified applicant. Proper documentation and reports will be submitted by Lou's Quality Home Health Care Services to the Department of Human Services and to the Department of Commerce and Consumer Affairs. Records of applicants re-certification will be on file at their respective state departments.

Please complete the attached forms and submit them to us as soon as possible. After reviewing your application, we will contact you to advise you of the next available program dates.

**Complete:**

**1. Re-Certification Application.**

Please print legibly and fill in information accurately.

Be sure to include a contact phone number and your current CNAs certificate number.

Remember to sign the application form.

Mail application to:           LQHHCS  
  P.O. Box 893224  
  Mililani, HI 96789

Thank you for your interest in Lou's Quality Home Health Care Services re-certification program.

Sincerely Yours,

Lourdes Vergara Marcelo, RN

**Lou's Quality Home Health Care Services, LLC**

**95 212 Wailawa St.**

**Mililani, HI 96789**

**Phone (808) 623-7109 Cell (808) 754-3934**

**1. Applicant Name:**

\_\_\_\_\_ Last Name First Name M.I.

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you require special accommodations/facilities (wheelchair access, etc.):

\_\_\_\_\_ Email Address \_\_\_\_\_

**2. Qualifications: Answer each question by circling either YES or NO.**

a) Can you meet all qualifications required by the State and U.S. government to obtain and maintain a C.N.A. license, including but limited to a criminal background check?

Yes No

b) Have your nurse aide certification been revoked, suspended or otherwise subject to disciplinary action by another state agency?

Yes No

c) Are you currently being investigated or is any disciplinary action pending against you?

Yes No

d) If you answered Yes to any of the above questions, please explain below \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Education:**

a) Highest Grade Completed:

\_\_\_ High School \_\_\_ Associate Degree \_\_\_ Bachelor Degree or Higher

b) Name and Address of Last School Attended \_\_\_\_\_

\_\_\_\_\_

**4. Certificate: Current Certificates**

RN \_\_\_\_\_ Expiration Date \_\_\_\_\_

CNA \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certificate:** (Continuation)

a) CPR \_\_\_\_\_ Expiration Date \_\_\_\_\_

b) First Aid \_\_\_\_\_ Expiration Date \_\_\_\_\_

**5. Current Employment:**

a) Name and Address of Current Employer

\_\_\_\_\_  
\_\_\_\_\_

Current Position \_\_\_\_\_ Describe Job \_\_\_\_\_

\_\_\_\_\_

How long have you been working this company \_\_\_\_\_

**6. Emergency Contact Information:**

a) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

b) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby certify that the information supplied herein is true to the best to my knowledge. I understand that falsification of information's are grounds for **refusal** of this application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date