

**New York State  
Department of Health**

# **Home Care Registry User Manual**



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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

 Steps are found in callouts like this.

 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. Steps are found in callouts. 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 Provider Network/Health Commerce System (HCS/HPN). Training programs and home care agencies submit the required information on trainees and aides to the HCR through the HCS/HPN. Therefore, in order to use the HCR, all home care agencies and SED training programs must have Health Commerce System/Health Provider Network (HCS/HPN) accounts and HCS/HPN Coordinators.

## **Updater Roles**

Only staff assigned to the appropriate role on the HCS/HPN 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/HPN by the HCS/HPN Coordinator. The HCS/HPN 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/HPN 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/HPN 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/HPN account should contact 1 (866) 529-1890. SED approved training programs that do not have an HCS/HPN 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](mailto:HCRreg@health.state.ny.us)

Also, be sure to consult the HCR Alerts and Dear Administrator Letters (DALs) that are posted on the HCS/HPN.

# 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 5 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, who must be a registered nurse, has oversight responsibility for the Personal Care Aide Training Program and ensures that the personal care aide has successfully completed all training requirements. PCATPs may have only one Director/Coordinator.

## **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/HPN** – Health Commerce System/ Health Provider Network

**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 <b>not listed in</b> HCR.                                     | Class information; trainee's name and date of birth.   | Within five (5) 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 <b>not listed in</b> HCR.                                     | Rest of personal information on aide other than name and date of birth.  | Within five (5) 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 <b>listed in</b> HCR.   | Only employment information. <b>Aides in this group are already listed in the HCR.</b> If the aide is <b>not</b> listed in the HCR, the training program must be told to enter the aide's personal and training information. The employer <b>cannot</b> do it. | Within five (5) 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 <b>not listed in</b> 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, <b>not</b> employed on 9/25/09, and <b>not listed in</b> 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 <b>listed in</b> the HCR.            | Current employment information.  | Within five (5) business days of employment. See Group 3 for definition of day one (1).  | Current employer.  |

► For a schedule of entering staff that were in the employ of an agency on September 25, 2009, please see page 44.



## **Section 2: Training Entity Procedures**

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| Add a Class  | 12 |
| Add a Student to a Class                               | 15 |
| Approve a Student                                      | 18 |
| Enter the Successful Completion Date for Certification | 20 |
| Reprint Certification Forms                            | 23 |
| Print a Certificate                                    | 25 |
| Reprint Certificates                                   | 27 |
| Add or Remove a Certificate                            | 30 |
| Data Corrections for Training Programs                 | 32 |

# Instructions for HHA and PCA Training Programs

What you need to use the HCR:

- ✓ Computer
- ✓ HCS/HPN access and account
- ✓ Roles assigned by HCS/HPN 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 5 business days of class start date. Day one is class start date.

Print and execute the Certification Form within 5 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 5 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



New York State Home Care Registry

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 aware that this is an active registry and changes can occur at any given time.

🔒 Step 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)

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Training Entities Registrants Agencies

Home

### Registrant Search

Registry Number:  Certificate #:  Certificate Status: All

First Name:  Middle Name:  Last Name:

DOB:  MM/DD/YYYY Gender: All Alignment: All

City:  State: All Zip Code:

Approved for Employment: All Employment Status: All

Search Clear

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🔒 Step 2: To search for a Registrant, enter any information you may have, such as Registry Number, DOB, Last Name, etc., and click "Search."

# Add a Class

Jump to my Training Entity → General → Programs → Show → Program Classes → Show → Add Class



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Training Entities

Registrants

Agencies

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- ➔ 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)

🔑 Step 1: "Jump to my Training Entity(s)" or "Search for a Training Entity."

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Training Entities

Registrants

Agencies

[Home](#) → [Search Training Entity](#) → [Search Training Entity Results](#)

### Training Entity General Information

General

Programs

Z TEST POST SECONDARY EDUCATION SCHOOL

Address: 800 North Pearl Street, Albany, NY, 12204  
County: Albany  
Phone:  
Type: University  
Approving State Department: Education Department - OP

🔑 Step 2: Click the "Programs" tab.

Tool Bar

Print Training Entity Profile

Selected Training Entities

Z TEST POST SECONDARY EDUCATION

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



Home -> Search Training Entity -> Search Training Entity Results

### Training Classes

General    **Programs**    Certification    Print Certificates

Program General    **Program Classes**    Supervising Nurse    Nursing Instructor    Director/Coordinator

Z TEST POST SECONDARY EDUCATION SCHOOL  
 Z TEST POST SECONDARY EDUCATION SCHOOL  
 HHA - English

| 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 |            | <b>Add Class</b> |
| 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                    |                            |                    |            | Show             |
| 11/03/2009 06:33 PM                    |                            |                    |            | Show             |
| 11/02/2009 08:30 AM                    |                            |                    |            | Show             |
| 10/22/2009 10:00 PM                    |                            |                    |            | Show             |
| 10/10/2009 11:00 PM                    |                            |                    |            | Show             |
| 09/11/2009 10:00 AM                    |                            |                    |            | Show             |
| 09/11/2009 08:00 AM                    | Personal Care Aide Upgrade | Johnny, Instructor | ajc04      | Show             |

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

🔒 Step 4: Add information in the boxes highlighted above and click "Add Class" button.

**Tool Bar**

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

**Selected Training Entities**

Z TEST POST SECONDARY EDUCATION

**Training Programs**

Z TEST POST SECONDARY EDUCATION  
 Z TEST POST SECONDARY EDUCATION

Home -> Search Training Entity -> Search Training Entity Results

### Training Classes

General    **Programs**    Certification    Print Certificates

Program General    **Program Classes**    Supervising Nurse    Nursing Instructor    Director/Coordinator    Official Agency Designee    Certifier

• Training Class added successfully.

Z TEST POST SECONDARY EDUCATION SCHOOL  
 Z TEST POST SECONDARY EDUCATION SCHOOL  
 HHA - English

| Class Start (MM/DD/YYYY) (HH:MM AM/PM) | Methodology                | Registered Nurse   | License # | 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   |
| 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   |
| 09/11/2009 08:00 AM                    | Core Training              | Johnny, Instructor | ajc04     | Show   |
| 09/11/2009 08:00 AM                    | Personal Care Aide Upgrade | Johnny, Instructor | ajc04     | Show   |
| 09/09/2009 09:00 AM                    | Core Training              | Johnny, Instructor | bf11      | Show   |
| 09/09/2009 09:00 AM                    | Core Training              | Johnny, Instructor | bf11      | Show   |
| 01/10/2009 12:00 PM                    | Competency Evaluation      | Johnny, Approver   | sxy03     | Show   |

🔒 Step 4: The Training Class has been added!

**Print Entity Class Listing**

**Print Program Class Listing**

**Selected Training Entities**

Z TEST POST SECONDARY EDUCATION

**Training Programs**

Z TEST POST SECONDARY EDUCATION  
 Z TEST POST SECONDARY EDUCATION

# 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



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## Welcome To The Home Care Registry

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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)

🔑 Step 1: "Jump to my Training Entity(s)"

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Training Entities

Registrants

[Home](#) → [Search Training Entity](#) → [Search Training Entity Results](#)

### Training Entity Programs

General

**Programs**

Certification

P

#### Z TEST POST SECONDARY EDUCATION SCHOOL

| Location   | Course  | Start Date | End Date   | Training Type | Language | Classes | Tool Bar  |
|--|---------|------------|------------|---------------|----------|---------|---|
| <a href="#">Z TEST POST SECONDARY EDUCATION SCHOOL</a><br>800 North Pearl Street,<br>Albany, NY, 12204 | HHA PT1 | 02/05/2001 | 08/10/2010 | HHA           | English  | Show    | Print Training Entity Profile<br>Print Entity Class Listing |
| <a href="#">Z TEST POST SECONDARY EDUCATION SCHOOL</a><br>800 North Pearl Street,<br>Albany, NY, 12204 | HHA PT1 | 02/05/2001 | 08/10/2010 | PCA           | English  | Show    |   |

🔑 Step 2: From the "Programs" tab, click "Show" to display the list of program classes.

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► When adding a student to a class, please ensure that all information is entered correctly. If you make a mistake, you can correct it at the end of this process by clicking "Edit." Correct the information and click "Save."



Training Entities | Registrants | Agencies

Home --> Search Training Entity --> Search Training Entity Results

Training Classes

Step 3: Find the class in the list and click "Show" to see the class

General | Programs | Certification | Print Certificates
Program General | Program Classes | Supervisor | Certifier

Z TEST POST SECONDARY EDUCATION SCHOOL
Z TEST POST SECONDARY EDUCATION SCHOOL
HHA - English

License #

Table with columns: Class Start (MM/DD/YYYY) (HH:MM AM/PM), Methodology, Registered Nurse, Created By, Roster. Includes 'Add Class' and 'Show' buttons for each row.

Tool Bar: Print Training Entity Profile, Print Entity Class Listing, Print Program Class Listing

Selected Training Entities: Z TEST POST SECONDARY EDUCATION

Training Programs: Z TEST POST SECONDARY EDUCATION, Z TEST POST SECONDARY EDUCATION



Training Entities | Registrants | Agencies

Home --> Search Training Entity --> Search Training Entity Results

Training Class Roster

Step 4: Enter either the Registry Number OR First Name, Last Name, and DOB and click "Add Student."

General | Programs | Certification | Print Certificates
Program General | Program Classes | Class Roster | Supervisor | 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 #

09/11/2009 08:00 AM

Table with columns: Registry Number, Name (First, Last), DOB (MM/DD/YYYY), Status, Action. Includes 'Add Student', 'Edit', and 'Withdraw' buttons.

Tool Bar: Print Training Entity Profile, Print Entity Class Listing, Print Program Class Listing, Print Class Roster

Registry Number | Name

No matching aides found.

No Match | Return to Roster

Step 5: If the aide is not already in the HCR, it will show this screen; click "No Match."



Home --> Search Training Entity --> Search Training Entity Results

**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 License #  
 Z TEST POST SECONDARY EDUCATION SCHOOL 09/11/2009 08:00 AM  
 HHA - Core Training - English  
 HHA PT1

**Demographic Information**

Registry Number: \_\_\_\_\_

Prefix: \_\_\_\_\_ Street: \*\* \_\_\_\_\_ \* Date of Birth: \*\* 02/25/1965

\* First Name: Adam Street2: \_\_\_\_\_ Gender: \*\* Select One

Middle Name: \_\_\_\_\_ City: \*\* \_\_\_\_\_ Ethnicity: Select One

\* Last Name: Jones 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: \*\* Select One

Save Cancel

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 **Step 6:**  
 The Last and First Names and DOB for the new aide are already populated – just click “Save.”

Training Entities | Registrants | Agencies

Home --> Search Training Entity --> Search Training Entity Results

### 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 #  
 09/11/2009 08:00 AM

 **Step 7: Student is now enrolled in the class!**

| Registry Number | Name (First)    | (Last) | DOB (MM/DD/YYYY) |  |
|-----------------|-----------------|--------|------------------|--|
| 123456          | Gonzalez, Maria |        | 01/01/1977       | Enrolled <input type="button" value="Edit"/> <input type="button" value="Withdraw"/> |
| 123457          | Gonzalez, Maria |        | 01/01/1977       | Enrolled <input type="button" value="Edit"/> <input type="button" value="Withdraw"/> |
|                 | Jones, Adam     |        | 02/25/1965       | Enrolled <input type="button" value="Edit"/> <input type="button" value="Withdraw"/> |

**Selected Training Entities**

## ☑ 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 5 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 5 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

New York State Home Care Registry

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

Training Entities | Registrants | Agencies

Home

Training Class Roster

General | Programs | Certification | Print Certificates

Program General | Program Classes | Class Roster

Certifier

Student Saved successfully.

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

| Registry Number | Name (First)     | (Last) | DOB (MM/DD/YYYY) | Status   | Action  |
|-----------------|------------------|--------|------------------|----------|---|
|                 | Doherty, Shannon |        | 04/19/1963       | Enrolled | <input type="button" value="Edit"/> <input type="button" value="Withdraw"/> |

Tool Bar

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

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

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 A. Glover

Save Cancel

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🔒 Step 2: On the "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."

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       | Approved | Add Student<br>Edit<br>Show |

Tool Bar

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

🔒 Step 3: The student status now shows "Approved."

# 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."

📌 Step 1: Click Certification

## Training Class Certification Queue

General Programs **Certification** Print Certificates

• Please select a Senior Official

📌 Step 2: Select a Senior Official from the dropdown menu

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     |          |                            | 10          | 01/09/2010 |   |
|                 | John Deer       |          |                            | 00          | 02/05/2010 |   |
|                 | colleen colleen |          |                            | 00          | 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 |   |

📌 Step 3: Enter 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.

📌 Step 4: Click "Print Certification Sheet."

Print Certification Sheet

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



Training Entities Registrants Agencies

Home

Download Certification

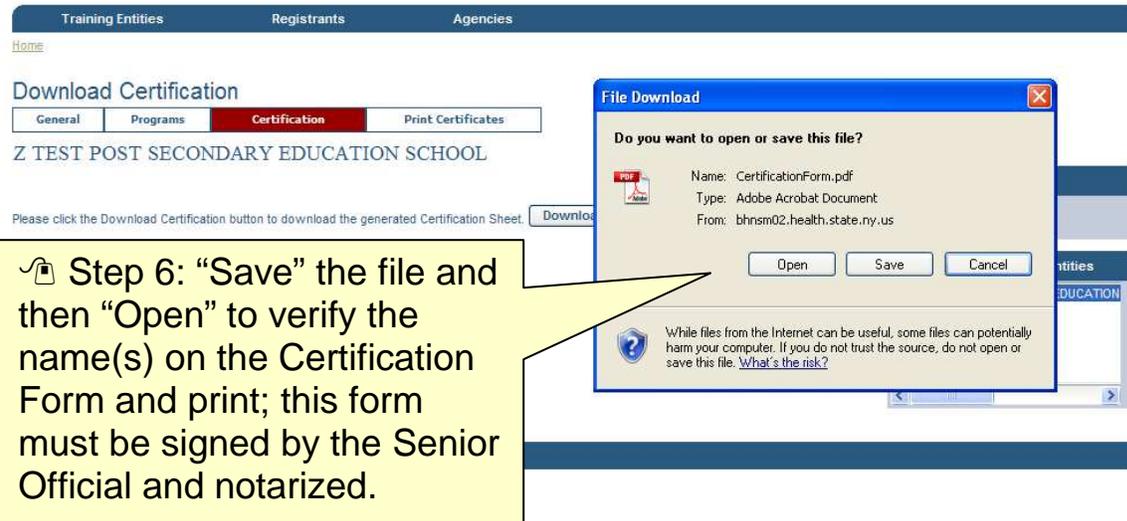
General Programs **Certification** Print Certificates

Z TEST POST SECONDARY EDUCATION SCHOOL

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.

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Training Entities Registrants Agencies

Home

Download Certification

General Programs **Certification** Print Certificates

Z TEST POST SECONDARY EDUCATION SCHOOL

Please click the Download Certification button to download the generated Certification Sheet. [Download](#)

📎 Step 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.

File Download

Do you want to open or save this file?

Name: CertificationForm.pdf  
Type: Adobe Acrobat Document  
From: bhnm02.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?](#)

▶ This Certification Form is signed by the Senior Official under penalty of perjury and must be notarized.



# 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.

 Step 1: Click “Certification.”

## Training Class Certification Queue

General Programs **Certification** Print Certificates

### Z Test LHCSA Training Entity

| 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
- Entity Class Listing
- Reprint Certification Form**

**Selected Training Entities**

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

 Step 2: Click “Reprint Certification Form.”

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

 Step 3: Click “Print Certification.”

## 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 |

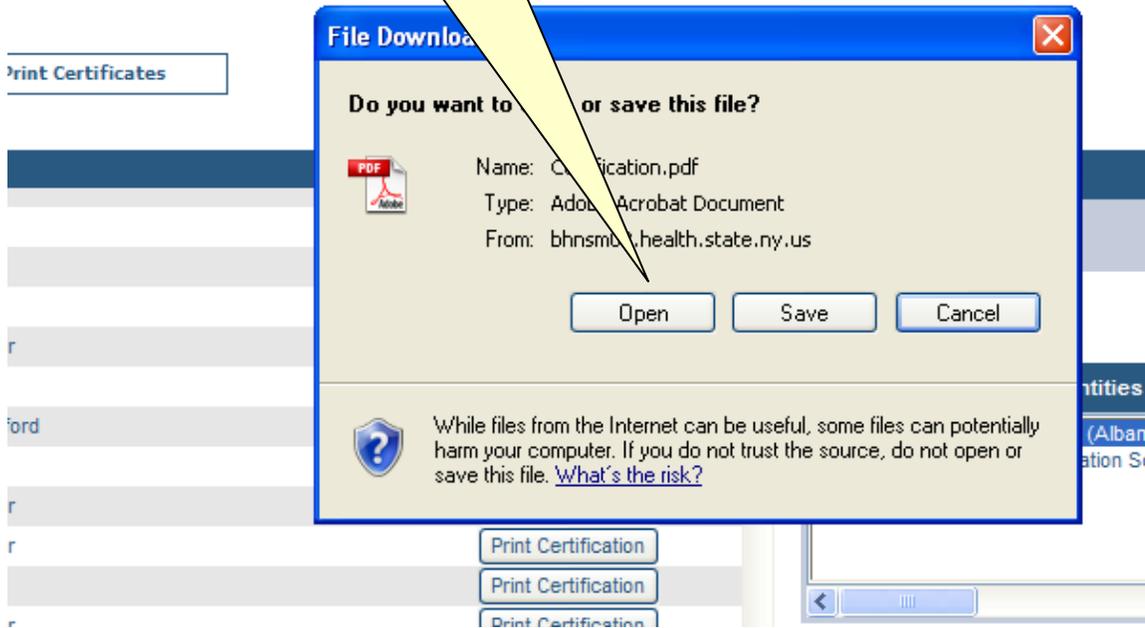
**Tool Bar**

- Print Training Entity Profile
- Return to Certification

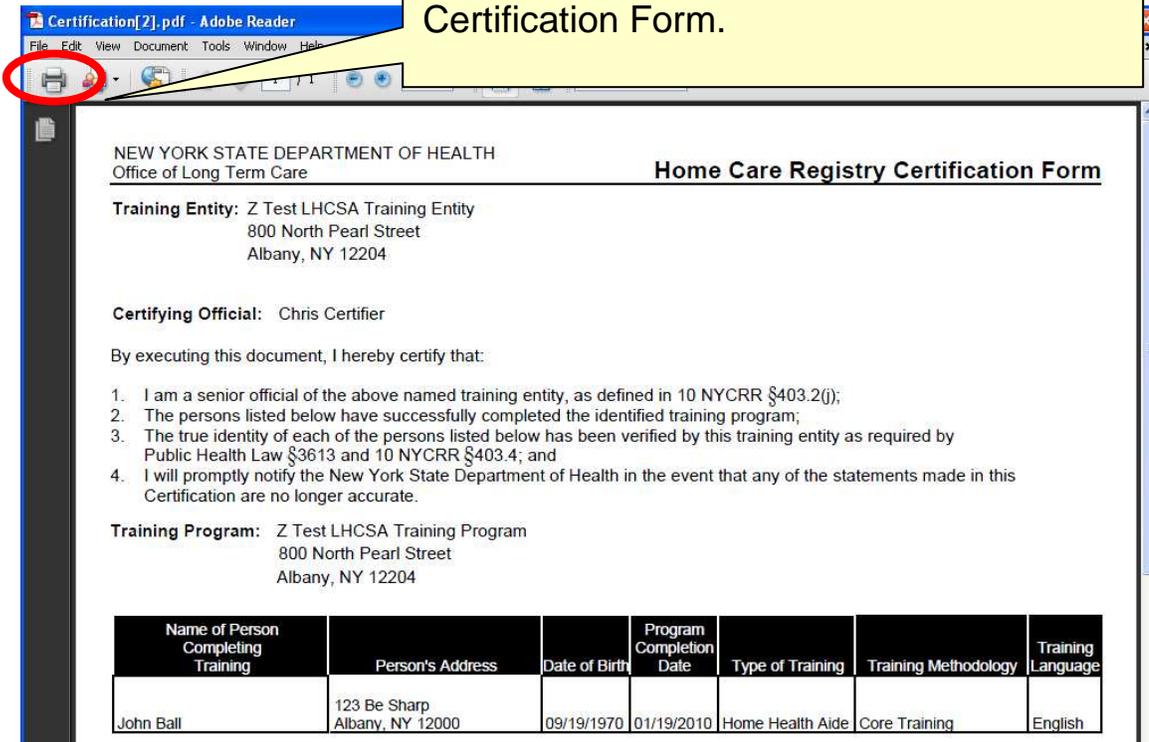
**Selected Training Entities**

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

📌 Step 4: Click "Open."



📌 Step 5: Click the printer icon to print the Certification Form.



## ☑ Important Reminders about Certificates

Two certificates must be printed. One original certificate must be signed and given to the student within 5 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

The screenshot shows the 'Print Certificates' interface in the New York State Home Care Registry. The page title is 'Training Certificate Print Queue'. There are tabs for 'General', 'Programs', 'Certification', 'ReCertification', and 'Print Certificates'. The 'Print Certificates' tab is active. Below the tabs, there is a table of training entities with columns for Registry Number, Name, Training, Methodology, Class Start, and Approved. A 'Certificate Signer' dropdown menu is set to 'Select One'. A 'Print Certificate(s)' button is circled in red. Three callout boxes provide instructions: Step 1: Click 'Print Certificates.' (pointing to the tab), Step 2: Select a certificate signer. (pointing to the dropdown), and Step 3: Check box across from the student's name whose certificate is to be printed. (pointing to a checkbox in the table). A 'Tool Bar' on the right contains 'Print Training Entity Profile' and 'Print Entity Class Listing'. A 'Selected Training Entities' box on the right shows 'Z Test LHCSA Training Entity (Albany)' and 'Z Test Post Secondary Education School'. The footer includes '© 2009 NYS Department of Health - Home Care Registry' and 'System Information'.

**Step 1: Click "Print Certificates."**

**Step 2: Select a certificate signer.**

**Step 3: Check box across from the student's name whose certificate is to be printed.**

**Click "Print Certificate(s)."**

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*

PCA – Nurse Instructor  
HHA – Supervising Nurse

PCA – Director/Coordinator  
HHA – Official Agency  
Designee

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

\_\_\_\_\_  
Susan Supervisor  
Supervising Nurse

000007  
\_\_\_\_\_  
RN Number

\_\_\_\_\_  
David Designee  
Official Agency Designee

000003  
\_\_\_\_\_  
RN Number

DOH-4478 (08/09)

# Reprint Certificates

Search for a Registrant → View Selected → General → Training

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)

📌 Step 1: Click "Search for a Registrant"

Enter the certificate holder's search information.

**Registrant Search**

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

Training Entity:

- A & A STAFFING HEALTH CARE SERVICES
- 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
- ABC HEALTH SERVICE REGISTRY, 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

📌 Step 2: Click "View Selected Results(s)"

**Registrant Search Results**

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

📁 Step 3: 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.<br>Schenectady, NY, 12303 | Approved for Employment:                                   | Unknown    |
| DOB:     | 03/26/1960                           | Date Approved for Employment:                              | 01/14/2010 |
| Gender:  | Male                                 | Determination(s) of Abuse,<br>Neglect or other Misconduct: | No         |

- Additional known Names  
No names found.

📁 Step 4: 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<br>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.

# Add or Remove a Certificate

Search for a Registrant → View Selected → Registrant General Information → Training → Remove/Add

 Step 1: Search for a Registrant using the Registry ID.

**Registrant Search**

Registry Number:  Certificate #:  Certificate Status:

First Name:  Middle Name:  Last Name:

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

City:  State:  Zip Code:

Approved for Employment:  Employment Status:

Training Entity:

- A & A STAFFING HEALTH CARE SERVICES
- 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
- ABC HEALTH SERVICE REGISTRY, 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

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 Step 2: View Selected Results(s).

**Registrant Search Results**

| SEARCH CRITERIA  | DISPLAY RESULT PREFERENCES   | RESULTS TOOL BOX                                       |
|--|--|--|
| Registry #: 3406<br>Certificate #: <input type="text"/><br>First Name: <input type="text"/><br>Last Name: <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<br>Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> Show All<br>Address: <input type="radio"/> Show Address <input checked="" type="radio"/> Don't Show Address | <input type="button" value="View Selected Result(s)"/> |
| <a href="#">View All Search Criteria</a><br><a href="#">Print Search Results</a>   | <a href="#">Perform New Search</a>   |  |

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                       |

 Step 3: Click "Training."

**Registrant General Information**

General **Training** Employment Employability/Determinations

John Doe Registry Number 3406

|          |                                      |   |            |
|----------|--------------------------------------|---|------------|
| Address: | 1 Main St.<br>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 |
|----------|---------|

🔒 Step 4: Click, “Remove” to remove a non-HCR certificate.

*\*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.*

Registrant Training

General Training Employment Employability/Determinations

John Doe Registry Number 3406

Program Name: Alternate Staffing, Inc. Training Methodology: Unknown  
Start Date: State Department: DOH  
Director/Coordinator: Instructor:  
Senior Official: Successful Completion Date: 03/14/1996  
Date Certificate Printed: Remove

Certification: Home Health Aide Certificate Status: Inactive  
Training Entity: ACCESS NURSING SERVICES INC Certificate Status Date: 06/03/2001  
Address: 20 EAST 46 STREET-4TH FLOOR NEW YORK, NY, 10017 Certificate #:  
Program Name: ACCESS NURSING SERVICES INC Training Methodology: Unknown  
Start Date: State Department: DOH  
Registered Nurse: Instructor:  
Senior Official: Successful Completion Date: 01/01/1900  
Date Certificate Printed: Remove

Tool Bar  
Print Registrant Profile  
Search Registrant  
Add Certificate

Selected Registrants  
John Doe - 3406

🔒 Step 1: Click “Add Certificate.”

🔒 Step 2: Enter the date on the certificate.

Registrant - Add Training Information

General Training Employment Employability/Determinations

John Doe Registry Number 3406

Certificate Information  
Certificate Date: \* MM/DD/YYYY Retrieve Training Programs

Tool Bar  
Print Registrant Profile  
Search Registrant

Selected Registrants  
John Doe - 3406

🔒 Step 3: 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 Remove  
Program: \* A & A STAFFING HEALTH CARE SERVICES - A AND A STAFFING HEALTH CARE SERVICES - HHA  
Name: \* Last Name \* First Name \* Middle Name  
Unknown  
Save Cancel

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.

## Training Class Roster

|                 |                 |                     |                   |                    |                      |
|-----------------|-----------------|---------------------|-------------------|--------------------|----------------------|
| General         | <b>Programs</b> | Certification       | ReCertification   | Print Certificates |                      |
| Program General | Program Classes | <b>Class Roster</b> | Supervising Nurse | Nurse Instructor   | Director/Coordinator |
| 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   |                  |           |                     | <a href="#">Add Student</a>               |
| <a href="#">3665</a> | Ann Black    |         | 02/12/1961       | Certified | 03/30/2010          | <a href="#">Edit</a> <a href="#">Show</a> |
| <a href="#">2009</a> | ZUNILDA LUNA |         | 09/01/1959       | Certified |                     | <a href="#">Edit</a> <a href="#">Show</a> |

 Step 1: From the Class Roster page, click the "Edit" button next to the student whose information is to be changed.

🔑 Step 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 Laura Forster  
Home Page | Contact OLTC | FAQs | Rules & Regulations | Help

Training Entities | Registrants | Agencies | Reports

Home

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

License #  
03/30/2010 10:00 AM

**Data Corrections Only**

**Demographic Information**

Registry Number: 3665

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

Mothers Maiden Name

and

City of Birth \*\*

and

Mothers First Name \*\*

\*\*Course completed and approved by: Susan MI Supervisor

\*\* Certificate Signer: David MI Designee

\*\*Successful Completion Date: 04/05/2010

Save Cancel

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

## Training Class Roster

|                 |                 |                     |                   |                    |                      |                          |
|-----------------|-----------------|---------------------|-------------------|--------------------|----------------------|--------------------------|
| General         | <b>Programs</b> | Certification       | ReCertification   | Print Certificates |                      |                          |
| Program General | Program Classes | <b>Class Roster</b> | 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    | first   | 02/12/1961       | Certified | *                   | Add Student<br>Edit Show |
| 2009            | ZUNILDA LUNA |         | 09/01/1959       | Certified |                     | Edit Show                |
|                 |              |         | 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

🔒 Step 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.

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

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

## Registrant General Information

|                |                 |            |                              |
|----------------|-----------------|------------|------------------------------|
| <b>General</b> | <b>Training</b> | Employment | Employability/Determinations |
|----------------|-----------------|------------|------------------------------|

Ann Black

Registry Number 3665

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

- [Additional known Names](#)

No names found.

📄 Step 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 | <b>Training</b> | Employment | Employability/Determinations |
|---------|-----------------|------------|------------------------------|

Ann Black

Registry Number 3665

|  |   |                                    |                         |
|--|---|------------------------------------|-------------------------|
| <b>Certification:</b>  | Home Health Aide                            | <b>Certificate Status:</b>         | Active                  |
| <b>Training Entity:</b>  | Z Test LHCSA Training Entity                | <b>Certificate Status Date:</b>    | 04/05/2010              |
| <b>Address:</b>  | 800 North Pearl Street<br>Albany, NY, 12204 | <b>Certificate #:</b>              | 3547                    |
| <b>Program Name:</b>   | Z Test LHCSA Training Program               | <b>Training Methodology:</b>       | Core Training           |
| <b>Start Date:</b>   | 03/30/2010                                  | <b>State Department:</b>           | DOH                     |
| <b>Registered Nurse:</b>   | Susan Supervisor                            | <b>Instructor:</b>                 | Irma Si Instructor      |
| <b>Senior Official:</b>  | Carol Mi Cage                               | <b>Successful Completion Date:</b> | 04/05/2010              |
|  |   | <b>Date Certificate Printed:</b>   | (Corrected Certificate) |
| <input type="button" value="Print Original"/> <input type="button" value="Print Duplicate"/> <input type="button" value="Regenerate Certificate"/> |   |                                    |                         |



📄 Step 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](#)

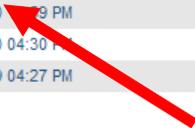
[Home](#)

## ReCertification Form Queue

|         |          |               |                        |                    |
|---------|----------|---------------|------------------------|--------------------|
| General | Programs | Certification | <b>ReCertification</b> | 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 09:09 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"/> |



📄 Step 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

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

Training Entities | Registrants | Ag | Reports

Home

### Training Entity ReCertification Queue

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

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

Senior Official:

| Registry Number | Name      | Training | Methodology   | Class Start | Approved   | Successful Completion Date (MM/DD/YYYY) |
|-----------------|-----------|----------|---------------|-------------|------------|---|
| 3665            | Ann Black | HHA      | Core Training | 03/30/2010  | 03/30/2010 | 04/05/2010                              |

Carol Mi Cage

Tool Bar

- Print Training Entity Profile
- Print Entity Class Listing
- Return to ReCertification

Selected Training Entities

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

Print Certification Sheet

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System Information

 Step 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.

 Step 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

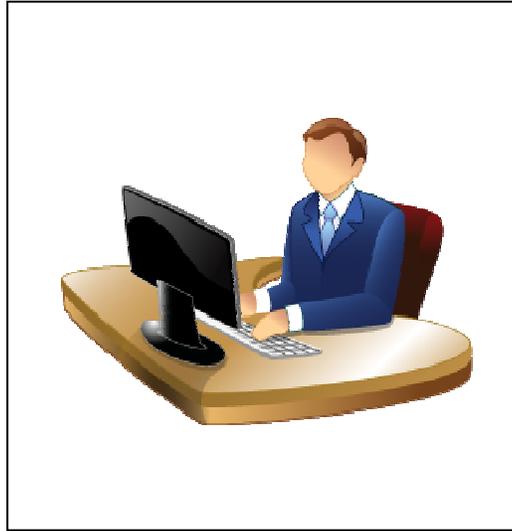
**Certifying Official:** Carol Mi Cage

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.<br>Schenectady , NY 12303 | 02/12/1961    | 04/05/2010                 | Home Health Aide | Core Training        | English           |



## **Section 3: Home Care Agency Procedures**

|                                     |    |
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| View Employability                  | 54 |
| View Employment History             | 56 |



# Search for an Agency

Search for a Home Care Agency → Search → Check Agency – View Selected Results(s)

## Use These Quick Links To Get Started:

- Search for a Registrant
- Search for a Training Entity
- Search for a Home Care Agency

🔒 Step 1: Click “Search for a Home Care Agency.”

- Jump to my Training Entity(s)
- Jump to my Agency(s)



New York State  
Home Care Registry

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

Training Entities   Registrants   Agencies

[Home](#)

### Agency Search

Name :

Opcert/License#:  County:

Facility Id:  Type:

City:

Operational Status :

© 2009 NYS Department of Health - Home Care Registry

🔒 Step 2: Enter the information you have and click “Search.”

**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

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

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

Training Entities   Registrants   Agencies

Home → Agency Search

## Agencies Search Results

📌 Step 4: Check (✓) the agency you want.

| SEARCH CRITERIA                          |                                    | DISPLAY RESULT PREFERENCE   |   |
|--|------------------------------------|---|---|
| Name: z                                  | Opert/License #: All               | Per Page: <input type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display All |   |
| Fac Id:                                  | Type:                              | Selection: <input type="radio"/> Checked Only <input checked="" type="radio"/> All                            | <a href="#">View Selected Result(s)</a> |
| <a href="#">View All Search Criteria</a> | <a href="#">Perform New Search</a> | Address: <input type="radio"/> Show Address <input type="radio"/> Hide Address                                |   |
| <a href="#">Print Search Results</a>     |                                    |   |   |

|                                     |  |                                   |          |      |            |            |
|-------------------------------------|--|-----------------------------------|----------|------|------------|------------|
| <input type="checkbox"/>            | JZANUS HOME CARE, INC. - PATCHOGUE                 | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | M.Z.L. HOME CARE AGENCY - BROOKHAVEN               | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | M.Z.L. HOME CARE AGENCY - BROOKHAVEN               | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | M.Z.L. HOME CARE AGENCY - FOREST HILLS             | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | M.Z.L. LIMITED HOME CARE AGENCY                    | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | MENORAH CAMPUS ADULT HOME, INC. - GETZVILLE        | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | MOBILIZATION FOR YOUTH HEALTH ASERVICES, INC. HRA  | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | MZL Home Care Agency LLC                           | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | NY FNDN FOR SENIOR CITIZEN HOME ATT SEV HRA        | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | RIDGEWOOD BUSHWICK SENIOR CITIZEN HOME ATT SEV HRA | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | RIDGEWOOD BUSHWICK SENIOR CITIZEN HOME ATT SEV HRA | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | ST. ELIZABETH HOME CARE                            | Licensed Home Care Service Agency | lhcsalic | Open | 01/01/1900 |            |
| <input type="checkbox"/>            | ST. ELIZABETH HOME CARE                            | Licensed Home Care Service Agency | lhcsalic | 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"/> | Z TEST HHA   | Certified Home Health Agency      |          | 8888 | Open       | 07/22/1999 |
| <input type="checkbox"/>            | Z TEST LHCSA                                       | Licensed Home Care Service Agency | 8888Z888 | Open | 07/22/1999 |            |

📌 Step 5: Then click "View Selected Result(s)."

[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

The screenshot shows the New York State Home Care Registry website. At the top left is a logo of a house with a yellow chimney. To its right is the text "New York State Home Care Registry". On the top right, there are 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" in white text. The main heading is "Welcome To The Home Care Registry" with a small disclaimer below it. Underneath is the section "Use These Quick Links To Get Started" with a list of links: "Search for a Registrant", "Search for a Training Entity", "Search for a Home Care Agency", "Jump to my Training Entity(s)", and "Jump to my Agency(s)". A yellow callout box with a lock icon and the text "Step 1: Click 'Jump to my Agency' or 'Search for a Home Care Agency.'" points to the "Jump to my Agency(s)" link. At the bottom left of the page is the copyright notice "© 2009 NYS Department of Health - Home Care Registry".

Training Entities   Registrants   Agencies

Home -> Agency Search -> Agency Search Results

### Agency General Information

General   Training Entity   **Aides**

**Z TEST HHA** OpCert # 8888888

|             |  |            |            |
|-------------|--|------------|------------|
| Type:       | Certified Home Health Agency                                 | Open Date: | 07/22/1999 |
| Address:    | 800 North Pearl Street<br>CHHA Office Albany, New York,12204 |            |            |
| County:     | Albany   |            |            |
| FacilityId: | 8888   |            |            |
| Phone:      | (555)123-4567  |            |            |

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🔒 Step 2: Click the "Aides" tab.

Training Entities   Registrants   Agencies

Home -> Agency Search -> Agency Search Results

### Agency Aide Information

General   Training Entity   **Aides**   History   Summary

ABC Certified Home Health Agency

Status: Active Aides   Show

| Registry Number      | Name (Last) (First)   | Gender               | DOB (MM/DD/YYYY)     | Hire Date (MM/DD/YYYY) | Separation Date (MM/DD/YYYY) |            |
|----------------------|-----------------------|----------------------|----------------------|------------------------|------------------------------|------------|
| <input type="text"/> | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>         | <b>Add</b> |
| 9874562              | Smith, John Dirk      | M                    |                      | 01/25/2009             |                              | Save       |
| 8484623              | Patrick, Mary Theresa | F                    |                      | 01/25/2009             |                              | Save       |

Selected Agencies

- ABC Certified Home Health Agency 1066
- DEF Licensed Home Care Service Agency 8810

🔒 Step 3: Enter Last Name, First Name, DOB, and Hire Date; then click "Add."

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

New York State Home Care Registry

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

Training Entities | Registrants | Agencies | Reports

Home->Search Agency->Search Agency Results->Agency Aide Information

Matched Aides

Jane Doe 06/01/1942

| Registry Number | Name     | County      | Select                |
|-----------------|----------|-------------|-----------------------|
| 001928443       | Jane Doe | Albany      | <input type="radio"/> |
| 109384732       | Jane Doe | Bronx       | <input type="radio"/> |
| 4354859204      | Jane Doe | Schenectady | <input type="radio"/> |

No Match Use Selected Return to Agency Aides

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### ☑ 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 through the HCS/HPN on a quarterly basis according to the following schedule or earlier:

Aides whose last name begins with A – F: December 24, 2009

Aides whose last name begins with G – L: March 24, 2010

Aides whose last name begins with M – R: June 24, 2010

Aides whose last name begins with S – Z: September 24, 2010

Agencies are required to submit this information for all aides in their employ on September 25, 2009 *even if the aide does not work for the agency at the time the agency must submit the information.*

The screenshot shows the 'Agency Add Aide' form for 'ABC Certified Home Health Agency' (Opcert # 1066). The form includes the following sections:

- Certification Information:** Certificate Date (input field), Retrieve Training Programs (button).
- Demographic Information:** Prefix, Street 1, Date of Birth (MMDD/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 (button), Save, Cancel (buttons).

A pink callout box contains the text: **► 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 | <b>Add Aide</b> |
|---------|-----------------|-------|-----------------|

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](mailto:HCRReg@health.state.ny.us).

# Data Correction for Agencies

Jump to My Agency → Aides → Aide Name → Data Correction → Save

📌 Step 1: Click “Jump to my Agency(s).”



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)**

📌 Step 2: Click on the “Aides” tab.

### Agency General Information

**General**   Training Entity   **Aides**

#### Z Test LHCSA

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

🔑 Step 3: Click on the name of the aide whose information needs to be edited.

### 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  |
| 3142            | <a href="#">Tami Ace</a>            |         | Male   | 11/11/1963       | 01/01/1990             |                              | Save |
| 3414            | <a href="#">Peter Anka</a>          |         | Male   | 09/09/1980       | 01/04/2010             |                              | Save |
| 3241            | <a href="#">b b</a>                 |         | Male   | 11/11/1977       | 12/09/2004             |                              | Save |
| 3407            | <a href="#">Only Best</a>           |         | Female | 01/01/1988       | 12/15/2009             |                              | Save |
| 2922            | <a href="#">Edward Black</a>        |         | Male   | 04/18/1965       | 01/15/2010             |                              | Save |
| 3181            | <a href="#">Bonnie Blue</a>         |         | Female | 02/27/1970       | 01/01/2009             |                              | Save |
| 2821            | <a href="#">ganqadhar bommasani</a> |         | Male   | 09/01/1956       | 09/01/2008             |                              | Save |
| 3184            | <a href="#">Jillian Brown</a>       |         | Female | 01/11/1991       | 09/25/2009             |                              | Save |
| 3320            | <a href="#">c c</a>                 |         | Female | 11/29/1978       | 10/12/2004             |                              | Save |
| 75              | <a href="#">TERRY LEE CHURCH</a>    |         | Female | 08/20/1952       | 09/01/1994             |                              | Save |
| 2702            | <a href="#">Bryan Clements</a>      |         | Female | 10/15/1952       | 12/12/2009             |                              | Save |

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

### Registrant General Information

General Training Employment Employability/Determinations

Edward Black

Registry # 2922

|          |  |   |            |
|----------|--|---|------------|
| Address: | 123 Main St.<br>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**

- View Registrant Profile
- Search Registrant
- 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

 Step 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

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

Registrant General Information

- General
- Training
- Employment
- Employability/Determinations

• Demographic information successfully updated.

Edward A. 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
- Search Registrant
- Data Correction

Selected Registrants

- Tami Ace - 3142
- Peter Anka - 3414

# Remove Employer

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

 Step 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)

 Step 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:   | 01/01/1990 |
| Address:     | 800 North Pearl Street<br>Albany, New York, 12204 | Closed Date: |            |
| County:      | Albany  |              |            |
| Facility ID: | 4444  |              |            |
| Phone:       | (518)473-1809                                     |              |            |

## Agency Aide Information

General Training Entity **Aides**

Z Test LHCSA

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  |
| 1194            | Abdusattarova | Madina    | Female | 07/11/1982       | 10/20/2009             |                              | Save |
| 3142            | Ace           | Tami      | Female | 11/11/1963       | 01/01/1990             |                              | Save |
| 3241            | b_b           |           | Male   | 11/11/1977       | 12/09/2004             |                              | Save |
| 2922            | Black         | Edward    | Male   | 04/18/1965       | 11/02/2009             |                              | Save |
| 2921            | Black         | Stephen   | Male   | 04/18/1965       | 09/30/2009             |                              | Save |
| 3181            | Blue          | Bonnie    | Female | 02/27/1970       | 01/01/2009             |                              | Save |
| 2821            | bommasani     | ganoadhar | Male   | 09/01/1956       | 09/01/2008             |                              | Save |
| 3184            | Brown         | Jill      | Female | 01/11/1991       | 09/25/2009             |                              | Save |
| 3320            | c_c           |           | Female | 11/29/1978       | 10/12/2004             |                              | Save |
| 75              | CHURCH        | TERRY     | Female | 08/20/1950       | 09/01/1994             |                              | Save |
| 2624            | Cola          | Chica     | Female | 09/01/1976       | 09/01/2002             |                              | Save |
| 3284            | Dav           | Boxing    | Female | 09/09/1973       | 01/04/2009             |                              | Save |
| 3406            | Doe           | John      | Male   | 03/26/1960       | 01/04/2010             |                              | Save |

 Step 3: Click on the aide's name.

📌 Step 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.<br>Schenectady, NY, 12303 | Approved for Employment:                                   | Unknown    |
| DOB:     | 03/26/1960                           | Date Approved for Employment:                              | 01/14/2010 |
| Gender:  | Male                                 | Determination(s) of Abuse,<br>Neglect or other Misconduct: | No         |

#### - Additional known Names

No names found.

📌 Step 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<br>Albany, NY, 12204 | End Date:   |            |                                       |
| Employer: | ABUNDANT LIFE AGENCY, INC.                  | Start Date: | 09/11/2009 | <input type="button" value="Remove"/> |
| Address:  | 4912 CHURCH AVENUE<br>BROOKLYN, NY, 11203   | End Date:   | 12/01/2009 |                                       |

# View Training History

Search for a Registrant → View Selected Results(s) → Training

**New York State Home Care Registry**

Training Entities   Registrants   Agencies

Home

### Registrant Search

Registry Number:  Certificate #:  Certificate Status: All

First Name:  Middle Name:  Last Name: gonzalez

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

City:  State: All Zip Code:

Approved for Employment: All Employment Status: All

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### Registrant Search Results

| SEARCH CRITERIA                          |                                    | DI | RESULTS TOOLBOX  |  |
|--|------------------------------------|----|--|--|
| Registry #:                              | Certificate #:                     | P  |  |  |
| First Name:                              | Last Name: gonzalez                |    |  |  |
| <a href="#">View All Search Criteria</a> | <a href="#">Perform New Search</a> |    | <input type="button" value="View Selected Result(s)"/> |  |
| <a href="#">Print Search Results</a>     |                                    |    |  |  |

10 Registrants found, displaying 10 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"/>            | 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                       |

📄 Step 3: From the “Registrant General Information” page, click the “Training” tab.

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: | Albany , 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

📄 Step 4: Registrant Training history displays here.

Training Entities   Registrants   Agencies

[Home](#) --> [Search Registrant](#) --> [Search Registrant Results](#)

### Registrant Training

General   **Training**   Employment   Employability/Determinations

Maria Theresa Gonzalez Registry Number 123456

|                   |   |                           |                            |
|-------------------|---|---------------------------|----------------------------|
| Certification:    | 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<br>Albany, 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



Step 1: From the "Registrant Search" page, enter a name.

Training Entities   Registrants   Agencies

Home

### Registrant Search

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

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### Registrant Search Results

SEARCH CRITERIA

Registry #:      Certificate #  
First Name:      Last Name:

RESULTS TOOLBOX

10 Registrants found, displaying 10 results.

| <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"/>            | 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                       |

Step 2: Select the correct name from the search results and then click "View Selected Result(s)."

📄 Step 3: 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.



New York State  
**Home Care Registry**

[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:       |   |                                   |            |

### Determinations

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

**Tool Bar**

- Print Registrant Profile
- Search Registrant

**Selected Registrants**

- Ana Maria Gonzalez - 123463

📄 Step 4: 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.

# View Employment History

Search → Registrant General Information → Employment



New York State  
Home Care Registry

Step 1: Search for a Registrant.

Training Entities Registrants Agencies

Home

### Registrant Search

Registry Number:  Certificate #:  Certificate Status: All

First Name:  Middle Name:  Last Name: gonzalez

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

City:  State: All Zip Code:

Approved for Employment: All

Employment Status: All

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New York State  
Home Care Registry

Step 2: Select the correct individual from the list and then click "View Selected Result(s)."

Training Entities Registrants Agencies

Home → Search Registrant

### Registrant Search Results

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

DISPLAY: Display 25 Display 50 Display 100 Display All

RESULTS TOOLBOX: View All Search Criteria Perform New Search Checked Only Show All Show Address Don't Show Address

10 Registrants found, displaying all Registrants

| Registry #                          | Name                           | DOB | Gender | Approved for Employment |
|-------------------------------------|--------------------------------|-----|--------|-------------------------|
| <input 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 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                       |

📁 Step 3: From the “Registrant General Information” page, click the “Employment” tab.

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: | Albany, 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

📁 Step 4: The “Registrant Employment” page displays the history of the individual’s employment in New York State home care agencies.

Training Entities   Registrants

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

### Registrant Employment

General   Training   **Employment**   Employability/Determinations

Maria Theresa Gonzalez   Registry Number 123456

Employment Type: All   Show

|           |   |             |            |
|-----------|---|-------------|------------|
| Employer: | Z TEST LHCSA  | Start Date: | 01/01/2050 |
| Address:  | 800 North Pearl Street<br>LHCSA Office<br>Albany, NY, 12204 | End Date:   |            |
| Employer: | HCE1  | Start Date: | 09/01/2008 |
| Address:  | 123 Care Street<br>HCETEST, NY, 12205                       | End Date:   |            |

**Tool Bar**  
Print Registrant Profile  
Search Registrant

**Selected Registrants**  
Maria Theresa Gonzalez - 123456

▶ 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](http://www.health.state.ny.us)

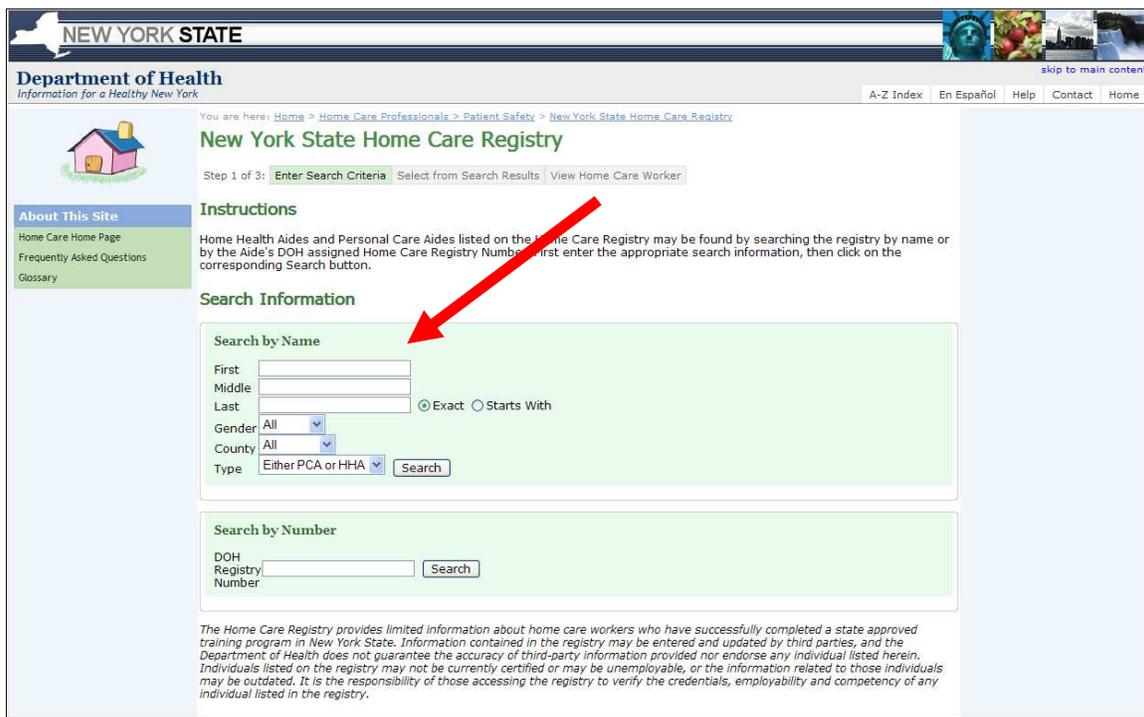
Click on the button at the right that says, “Health Care Professionals & Patient Safety.”



Next, click the link on the main page that says, “Home Care.”

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. If you have the DOH registry number, enter it in the bottom box under, “Search by Number.”



The screenshot shows the New York State Home Care Registry website. The page title is "New York State Home Care Registry". The navigation bar includes "A-Z Index", "En Español", "Help", "Contact", and "Home". The main content area is divided into sections: "About This Site" (Home Care Home Page, Frequently Asked Questions, Glossary), "Instructions" (Home Health Aides and Personal Care Aides listed on the Home Care Registry may be found by searching the registry by name or by the Aide's DOH assigned Home Care Registry Number. First enter the appropriate search information, then click on the corresponding Search button.), "Search Information" (Search by Name: First, Middle, Last, Gender, County, Type; Search by Number: DOH Registry Number), and a disclaimer at the bottom: "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."

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

**NEW YORK STATE**  
Department of Health  
Information for a Healthy New York

You are here: [Home](#) > [Home Care Professionals](#) > [Patient Safety](#) > [New York State Home Care Registry](#)

**New York State Home Care Registry**

Step 2 of 3: Enter Search Criteria | **Select from Search Results** | View Home Care Worker

Search Criteria  
First : Jane  
Last : Doe

Start Over

**Search Results**

The following Home Care Workers matched the search criteria that you entered. To view additional details for each worker, click on the individual's name.

Sort by: Registry Number [Go] [Printable version](#)

| Registry Number | Name            | Gender | County | Approved for Employment |
|-----------------|-----------------|--------|--------|-------------------------|
| 000064          | Jane Doe        | Female | Albany | Yes                     |
| 0123456         | Janet Doeseburg | Female | Otsego | Yes                     |

*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.*

**Step 3:** Click on the name, and then the aide's information will be displayed. Please note that by clicking on the question mark icon, more information is available on employability determination, the type of training program, certification status, convictions and findings.

Personal Information  
Certifications  
Employment  
Convictions/Findings

**NEW YORK STATE**  
Department of Health  
Information for a Healthy New York

You are here: [Home](#) > [Home Care Professionals](#) > [Patient Safety](#) > [New York State Home Care Registry](#)

**New York State Home Care Registry**

Step 3 of 3: Enter Search Criteria | [Select from Search Results](#) | **View Home Care Worker**

[Printable version](#)

**Home Care Registry Worker Profile**

**Personal Information**

Name: Jane Doe  
Registry Number: 0123456  
Gender: Female  
County: Albany  
Approved for Employment:  No  
As of: 06/11/2008  
Reason: Unemployable due to background investigation

**Certifications**

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   | ABC Home Health Training<br>112 Main St.<br>Albany, NY 12237<br>(518)556-0987  | 04/23/2005         | Lapsed | 04/30/2009  |
| Personal Care Aide | XYZ Training Program<br>23 South St.<br>Schenectady, NY 12303<br>(518)346-8787 | 11/09/2001         | Active | 11/09/2001  |

**Employment**

This section provides a history of the worker's employment with home care entities. This information is self-reported, and the Department does not guarantee the accuracy of the information contained herein.

| Home Care Entity  | From Date  | To Date    |
|---|------------|------------|
| North Country CHHA<br>115 Finney Blvd.<br>Malone, NY 12953<br>(518)766-7824 | 05/01/2005 |            |
| North Country CHHA<br>115 Finney Blvd.<br>Malone, NY 12953<br>(518)766-7824 | 05/01/2002 | 01/17/2005 |

**Convictions/Findings**

This section contains limited records of convictions or administrative findings involving abuse, mistreatment, neglect or misappropriation of funds by a home care services worker while in a patient care setting. Other types of convictions or administrative determinations, if any, are not reported here. The information in this section is reported voluntarily by state and local agencies, and may not reflect complete and up to date information for the individual listed. Please see our "Frequently Asked Questions" for more information.

| Finding | Type of Finding        | Reported By | Worker Response                                      |
|---------|------------------------|-------------|--|
| Abuse   | Administrative Hearing | DOH         | Resident slipped while I was helping her out of bed. |

*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.*

# 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](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](https://commerce.health.state.ny.us/hpn/hha/training/HCR_FAQ.pdf)

### **Public HCR**

[https://apps.nyhealth.gov/professionals/home\\_care/registry/home.action](https://apps.nyhealth.gov/professionals/home_care/registry/home.action)

### **HCR on the HCS/HPN**

<https://commerce.health.state.ny.us/doh2/applinks/hcswr/Home.action>

## Section 7: Contact Information

Home Care Registry  
Toll-Free Customer Service Assistance:

**1 (877) 877-1827**

E-mail Help Desk Assistance:

[HCTReg@health.state.ny.us](mailto:HCTReg@health.state.ny.us)

