

REQUEST FOR CERTIFICATION OF LONG-TERM CARE OMBUDSMAN REPRESENTATIVES

PSA Number Program Name

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The individuals named below have completed the following certification requirements:

- Received a minimum of 36 hours of classroom training using the Long-Term Care (LTC) Ombudsman Program Core Curriculum.
- Completed a period of work under staff supervision.
- Cleared the background clearance process.
- Signed a *Conflict of Interest Form*.
- Signed a *Statement of Confidentiality Form* and will abide by LTC Ombudsman confidentiality laws and regulations.
- Agreed to complete 12 hours of additional training annually to maintain their certification.

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As the Coordinator of the local Ombudsman Program, I hereby certify that the individuals listed are qualified to serve as representatives of the Office of the State Long-Term Care Ombudsman. Please issue certification cards for these individuals. Attached is a completed *Application for Long-Term Care Ombudsman Certification Form (OSLTCO S002)*.

LTC Ombudsman Coordinator

_____/_____/_____
Date

Mail this form to:

**Certification Technician
Office of the State Long-Term Care Ombudsman
1300 National Drive, Ste. 200, Sacramento, CA 95834**