

**CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN**

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Date

First and Last Name
Address
City State and Zip

Dear

This letter is to congratulate you on your successful completion of the 36-hour training for certification as a Long-Term Care (LTC) Ombudsman. I have signed your certification card and it has been forwarded to your Program Coordinator for endorsement.

Certification is renewed each year following the recommendation of your Program Coordinator and assurance that you have completed a minimum of twelve hours of continuing training that is required annually to maintain certification.

I genuinely believe that the training and experience you receive as an Ombudsman will benefit you in a variety of ways throughout your lifetime.

Thank you for your commitment to serve and improve the quality of life for all California residents in LTC facilities.

Sincerely,

Joseph Rodrigues
State Long-Term Care Ombudsman

cc: Program Coordinator

