

CALIFORNIA DEPARTMENT OF AGING  
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN  
1300 NATIONAL DRIVE, SUITE 200  
SACRAMENTO, CA 95834  
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TDD Only 1-800-735-2929  
Fax: 916-928-2503  
Office: 916-419-7510



Date

First and Last Name  
Address  
City State and Zip

Dear Title Last Name

(Coordinator's name) has requested the California Department of Aging, Office of the State Long-Term Care Ombudsman withdraw your certification as a Long-Term Care (LTC) Ombudsman. I trust that your experience as a LTC Ombudsman has been a rewarding one.

Please return your certification card, all case notes, LTC Ombudsman records, and your Certification Manual to the local Ombudsman Program Coordinator within five days. Please be reminded that even after you are decertified, you are still legally obligated to maintain the confidentiality of all case information, including the identities of all residents, complainants and witnesses related to LTC Ombudsman complaints.

I sincerely appreciate your contribution and commend you for the positive impact you have made on the lives of vulnerable Californians who live in LTC facilities. Every volunteer is important to the success of this essential program. I would like to take this opportunity to thank you for your efforts to protect the rights and dignity of residents in LTC facilities.

Sincerely,

Joseph Rodrigues  
State Long-Term Care Ombudsman

cc: Name, Program Coordinator