

CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
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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 for failure to meet background clearance requirements.

This letter is to notify you that I have approved (Coordinator's name) request and have removed your name from the registry of State Certified LTC Ombudsman Representatives.

Please return your certification card, all case notes, 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.

Sincerely,

Joseph Rodrigues
State Long-Term Care Ombudsman

cc: Name, Program Coordinator

J Doe
January 24, 2011
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