



Texas Nurse Aide Registry
Employment Verification

Form 5506-NAR
April 2022-E

Section 1 (To be completed by Nurse Aide. Please read the following instructions before completing this form.)

- Complete all information in Section 1 and sign to verify that the information provided is correct.
Obtain employer verification (Section 2). Form must be emailed to Texas Nurse Aide Registry at: nurseaidregistry@hhs.texas.gov. To verify your Certified Nurse Aide (CNA) certification, use the following link: https://emr.dads.state.tx.us/DadsEMRWeb/.

Note: A list of approved in-service education programs can be found at: https://hhs.texas.gov/nar-cbts or https://hhs.texas.gov/nar-approved-in-service.

The Texas Nurse Aide Registry will return (without action) incomplete requests and requests without the required documents.

Name of Applicant (Last, First, Middle): Maiden Name (if applicable):

Mailing Address (Street or P.O. Box):

City: State: ZIP Code: Daytime Phone No. with Area Code:

Social Security No.: Sex: (Male/Female) Date of Birth: CNA Certificate No.:

Email Address:

Verification of requirements for Nurse Aide Recertification

Are you listed on the Employee Misconduct Registry (EMR) as unemployable? Yes No

Have you been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, §250.006? Yes No

If yes, give date of conviction.

Have you completed 24 hours of in-service education in the past two years? Yes No

Note: In-service education requirements are subject to audit. Be prepared to submit in-service certificates if contacted by Texas Health and Human Services Commission (HHSC).

Have you completed an HHSC course in infection control and proper use of personal protective equipment (PPE) once each year in the past 24 months? Yes No

Signature - Nurse Aide Date

Section 2 (To be completed by the Employer - Instructions)

- This section must be completed by the facility program director, official keeper of records or actual employer.
Notarize employer signature at the bottom of this section and return to nurse aide.

Employer Name or Company Name: Daytime Area Code and Phone No.:

Mailing Address (Street or P.O. Box): City: State: ZIP Code:

I certify that the individual named above is/was employed by me as a nurse aide and performed nursing/nursing-related services from (mm/dd/yyyy) to (mm/dd/yyyy)

and that I am not aware of any disqualifying misconduct. (mm/dd/yyyy)

Comments:

Signature - Employer Date

Sworn and subscribed to me on this day of , 20 , in County, in the state of

Signature - Notary Public Date Commission Expires

Place Notary Seal or Stamp Here