



VERIFICATION OF CERTIFIED NURSE AIDE WORK EXPERIENCE
 State Form 51652 (3-04)
 Indiana State Department of Health - Division of Long Term Care

SECTION 1 – Verification of work experience

I, _____, a representative of _____
 (print your name) (name of facility)

verify that _____ has completed at least 1,000 hours*
 (name of QMA applicant)

of work experience as a certified nurse aide during the past two (2) years.

 Facility Representative/Title MUST BE
 SIGNED BY HR/E.D./D.O.N.

 Date

*If applicant's work experience is less than 1,000 hours at one facility, indicate the number of hours completed at your facility. It is the responsibility of the applicant to submit verification forms from all facilities where the 1,000 hours were obtained.

SECTION 2 – Verification of Nurse Aide Registry status

State: _____

Date verified: _____

Listed on Registry? _____ Yes _____ No

Expiration Date: _____

Confirmed Finding(s)? _____ Yes _____ No

If yes, describe _____

 Signature of individual obtaining information

 Date