



Texas Nurse Aide Registry
Employment Verification

The nurse aide completes this form. Read the following instructions before completing.

- Complete all information in Section 1 and sign to verify that the information provided is correct.
- Get employer verification in Section 2. Employer must sign and date in front of a notary.
- Form must be submitted to your TULIP account by creating the Certified Nurse Aide Renewal application at txhhs.my.site.com/TULIP/s/login/.
- To verify your Certified Nurse Aide (can) certification, use emr.dads.state.tx.us/DadsEMRWeb/.
- **Note:** Find a list of approved in-service education programs at hhs.texas.gov/business/licensing-credentialing-regulation/long-term-care-credentialing/nurse-aide-service-education or Approved In-Service Education Program (Excel) on hhs.texas.gov/business/licensing-credentialing-regulation/long-term-care-credentialing/nurse-aide-registry

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

Section 1 – Applicant's Information

Name of Applicant (Last, First, Middle)		Maiden Name (if applicable)	
Mailing Address (Street or P.O. Box)	City	State	ZIP Code
Daytime Area Code and Phone No.	Social Security No.	Sex <input type="radio"/> Male <input type="radio"/> Female	CNA Certificate No.
Date of Birth			
Email Address			

Verification of requirements for Nurse Aide Recertification

1. Are you listed on the Employee Misconduct Registry (EMR) as unemployable? ☐ Yes ☐ No
2. Have you been found to have a conviction of a criminal offense listed in Texas Health and Safety Code, Section 250.006? ☐ Yes ☐ No
If yes, give date of conviction. _____
3. 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).
4. 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

Proceed to page 2 to complete this form.

Section 2 – Employer's and Company Information

The facility program director, official keeper of records or actual employer completes this section. 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 person named above is or was employed by me as a nurse aide and performed nursing or nursing-related services from (mm/dd/yyyy) to (mm/dd/yyyy) and that I am not aware of any disqualifying misconduct.

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

Tampering with, or attempting to falsify, a government record such as a nurse aide certificate is a third-degree felony punishable by up to 10 years in prison and a \$10,000 fine.