



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 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 (CNA) certification, use emr.dads.state.tx.us/DadsEMRWeb/.
- **Note:** Find a list of approved in-service education programs at hhs.texas.gov/nar-cbts 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

Applicant's Last, First, Middle Name		Maiden Name if applicable
Date of Birth	Social Security No.	CNA Certificate No.
Email Address		

Verification of requirements for Nurse Aide Recertification

1. Are you listed on the Employee Misconduct Registry (EMR) as unemployable? ☐ Yes ☐ No
- Do you have a conviction of a criminal offense listed in Texas Health and Safety Code, Section 250.006? ☐ Yes ☐ No
3. Have you completed 24 hours of in-service education in the past two years? ☐ Yes ☐ No
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

Nurse Aide Signature

Date

Proceed to page 2 to complete this form.

Section 2 – Employer's and Company Information

The actual employer must complete this section. Employer must sign and date in front of a notary and return to nurse aide.

Employer Name or Company Name		Daytime Area Code and Phone No.	
Mailing Street or P.O. Box Address	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.