

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* of work
(name of QMA applicant)

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

Facility Representative Name & Title: _____

Date: _____

Email Address: _____ Phone Number: _____

*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

CNA Expiration Date: _____

Confirmed Finding(s)? _____ Yes _____ No

If yes, describe:

Signature & Title of Individual Obtaining Information: _____

Date: _____