

Texas Nurse Aide Registry Employment Verification

Please complete document in blue ink only.

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

The Nurse Aide Registry has implemented a new online system called Credential Manager. Before completing this form, you are required to verify your information in the new system at: <u>https://i7lp.integral7.com/txna</u>. Click on "Up For Renewal but Never Logged In" and complete your registration. Once you have registered, please list your identification number here:

- I.D. No.:
- Complete all information in Section 1 and sign to verify that the information provided is correct.
- Attach a legible photocopy of a picture identification that shows your birth date and the correct spelling of your name.
- Obtain employer verification (Section 2). Form must be mailed to: Texas Nurse Aide Registry, P.O. Box 149030, Mail Code E-414, Austin, TX 78714-9030. Faxes and copies will not be processed. To verify your Certified Nurse Aide (CNA) number, use the following link: https://emr.dads.state.tx.us/DadsEMRWeb/.
- Note: A list of approved in-service education programs can be found at: <u>https://hhs.texas.gov/nar-cbts</u> or <u>https://hhs.texas.gov/nar-approved-inservice</u>

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

Name of Applicant (Last, First, Middle)					Ma	Maiden Name (if applicable)		
Mailing Address (Street or P.O. Box)								
City		State ZIP Code				Daytime Area Code and Telephone No.		
Social Security	No.	Sex	Female	Date of Birth (mm/dd/yyyy	y)	Email Address		
CNA Certificate No.								
Verification of requirements for Nurse Aide Recertification Are you listed on the Employee Misconduct Registry (EMR) as unemployable?								
Signature – Nurse Aide Date Section 2. To be completed by the Employer - Instructions: Date • 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 Telephone No.			
Mailing Address (Street or P.O. Box)			City		State	ZIP Code		
I certify that the from (mm/dd/yy Comments:	individual named above is/w yy) to (m	as employed b m/dd/yyyy) 	oy me as a	nurse aide and performed and that I am not awa	d nı are	ursing/nursing of any disqualif	-related services ying misconduct.	
S	Signature – Employer Sworn and subscribed to me on this day of				Date			
in	County,	in the state of		·				
Place Notary Seal or Stamp Here					Signature – Notary Public			
					Date Commission Expires			

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

Address:

- Did you enclose a legible photocopy of your picture ID?
- **Did you** sign Section 1?
- Did your employer notarize his/her signature in Section 2?

Did you know?

- You can verify certificate status by using the following link: <u>https://emr.dads.state.tx.us/DadsEMRWeb/.</u>
- You can download forms from our website: <u>https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation/</u> <u>nurse-aide-registry/nar-forms.</u>

Texas Nurse Aide Registry Mail Code E-414 P.O. Box 149030 Austin, Texas 78714-9030

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Nurse Aide Registry at 512-438-2050.