



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DRIVE, SECOND FLOOR
NASHVILLE, TENNESSEE 37243
www.state.tn.us/health

Nurse Aide Registry Employment Verification

Name of Individual _____
Certified Nurse Aide

Social Security Number _____

Date Eight (8) Hour Shift was worked _____
Actual Date Shift Worked

Under penalties of perjury, I _____, _____,
Name
Title, certify that the above referenced individual
worked at least one eight (8) hour shift during the last twenty-four (24) months at

Name of Facility

Sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

Notary Seal