



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: https://i7lp.integral7.com/txna. 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: https://hhs.texas.gov/nar-cbts or https://hhs.texas.gov/nar-approved-inservice

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

Form with fields: 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 Telephone No., Social Security No., Sex (Male/Female), Date of Birth (mm/dd/yyyy), Email Address, CNA Certificate No.

Verification of requirements for Nurse Aide Recertification

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

Signature - Nurse Aide Date

Section 2. To be completed by the Employer - Instructions:

- 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.

Form with fields: 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 individual named above is/was employed by me as a nurse aide and performed nursing/nursing-related services from (mm/dd/yyyy) to (mm/dd/yyyy) and that I am not aware of any disqualifying misconduct.

Comments: [Empty box for comments]

Signature - Employer Date

Sworn and subscribed to me on this ___ day of ___, 20 __, in ___ County, in the state of ___.

Place Notary Seal or Stamp Here

Signature - Notary Public
Date Commission Expires

