

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 register in the new system at: <https://i7lp.integral7.com/txna>. 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, MC 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: http://www.dads.state.tx.us/providers/nf/credentialing/nar/education_programs.html.

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

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 <input type="checkbox"/> Male <input type="checkbox"/> 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 DADS.

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.

Employer Name or Company Name		Vendor ID (if applicable)	
Mailing Address (Street or P.O. Box)		Daytime Area Code and Telephone No.	
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: _____

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

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.