



Texas Nurse Aide Registry  
**Employment Verification**

Form 5506-NAR  
 January 2024

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

- Complete all information in Section 1 and sign to verify that the information provided is correct.
- Get employer verification in Section 2. Employer must sign and date in front of a notary.
- Form must be submitted to your TULIP account by creating the Certified Nurse Aide Renewal application at [txhhs.my.site.com/TULIP/s/login](http://txhhs.my.site.com/TULIP/s/login).
- To verify your Certified Nurse Aide (can) certification, use [emr.dads.state.tx.us/DadsEMRWeb/](http://emr.dads.state.tx.us/DadsEMRWeb/).
- **Note:** Find a list of approved in-service education programs at [hhs.texas.gov/nar-cbts](http://hhs.texas.gov/nar-cbts) or [hhs.texas.gov/nar-approved-in-service](http://hhs.texas.gov/nar-approved-in-service).

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 Phone No. with Area Code:
Social Security No.:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	CNA Certificate No.:
Email Address:			

**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, Section 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).

Have you completed an HHSC course in infection control and proper use of personal protective equipment (PPE) once each year in the past 24 months?  Yes  No

\_\_\_\_\_  
**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:		Daytime Area Code and Phone No.:	
Mailing Address (Street or P.O. Box):	City:	State:	ZIP Code:

I certify that the person named above is or was employed by me as a nurse aide and performed nursing or nursing-related services from \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yyyy) and that I am not aware of any disqualifying misconduct.  
 \_\_\_\_\_  
 (mm/dd/yyyy)

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Signature – Employer** **Date**

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

\_\_\_\_\_  
**Signature – Notary Public** **Date Commission Expires**

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