



Texas Nurse Aide Registry  
**Request for Waiver of Nurse Aide Training  
 and Competency Evaluation**

Form 5507-NAR  
 January 2024

**Section 1. Application Information (to be completed by applicant)**

**Note: The following form is for those who completed a nurse aide training program of 100 hours or more before July 1, 1989.**

Read the following instructions before completing this form.

- Attach a legible copy of a government issued photo identification that shows your birth date and the correct spelling of your name, your criminal history results for all last names you ever had from the [publicsite.dps.texas.gov/ConvictionNameSearch](http://publicsite.dps.texas.gov/ConvictionNameSearch). Go to back of form for further instructions.
- Complete **all** information in Section 1. Sign to verify that the information provided is correct.
- Attach a completed Form 5506-NAR, Employment Verification, showing you provided nursing or nursing-related services at least every two years since July 1, 1989, to present for monetary compensation.
- Attach an official or notarized copy of your certificate of completion or transcript that shows you completed a nurse aide training consisting of 100 or more hours **before** July 1, 1989, or program director, program trainer or official keeper of records completes Section 2.
- People who are requesting to be placed on the Texas Nurse Aide Registry by waiver must meet eligibility requirements listed at Section 26 TAC 556.11(a)(1-5) of the Licensing Standards for Nurse Aides. No person listed as unemployable on the Employee Misconduct Registry (EMR) or who has been found to have a conviction of a criminal offense listed in Texas Health and Safety Code Section 250.006 will be eligible for the waiver found at [statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm#00](http://statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm#00).

**Submit forms via TULIP by logging into your TULIP account and completing a Request for Waiver of Nurse Aide Training and Competency Evaluation application at [txhhs.my.site.com/TULIP/s/login](http://txhhs.my.site.com/TULIP/s/login).**

Name (Last, First, Middle)				Maiden Name (if applicable)	
Date of Birth (mm/dd/yyyy)	Email Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security No.	
Mailing Address (Street or P.O. Box)	City	State	ZIP Code	Area Code and Phone No.	
Name of Training Program			Date Training Began:	Date Training Completed:	

\_\_\_\_\_  
 Signature – Applicant

\_\_\_\_\_  
 Date

**Section 2. Affidavit of Training (to be completed by training program director, trainer or official records keeper)**

Instructions:

- Complete information requested below and provide authorized signature.
- Notarize signature.
- Return document to the nurse aide applicant.

Has the applicant successfully completed a **nurse aide** training course? .....  Yes  No

The training course included \_\_\_\_\_ hours of nurse aide training.

Nurse aide training was completed **before July 1, 1989**. Dates of training were from \_\_\_\_\_ to:

Name of Training Facility		Area Code and Phone No.	
Address (Street or P.O. Box)	City	State	ZIP Code
Name of Official Completing Form	Title		

\_\_\_\_\_  
 Signature – Official

\_\_\_\_\_  
 Date

Sworn and subscribed to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_ ,

in \_\_\_\_\_ County, in the state of \_\_\_\_\_ .

\_\_\_\_\_  
 Signature – Notary Public

\_\_\_\_\_  
 Date Commission Expires

**Notes:**

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