

Texas Nurse Aide Registry
Facility Nurse Aide Employment Verification

General Instructions

1. Complete facility/employer information requested at the bottom of this page. Repeat the facility/employer name and date of completion on each additional page submitted. **A nurse aide may not complete this form for the facility/ employer.**
2. List all nurse aides who have been employed with you since your last annual report that met the renewal requirements below. Nursing facilities (NF) and skilled nursing facilities (SNF) are required to submit a list of nurse aide employees on an annual basis, per Texas Standards for Nurse Aides, 26 TAC §556.9.
3. **Do not submit Form 5509-NAR (complete list of employees) more than once in a 12-month period.**
4. Dates of employment must be indicated in mm/dd/yyyy format. If an individual is still employed, **do not** leave end date blank. Indicate with either 'present' or 'current' in the end date box.
5. You may electronically duplicate the format of this document; however, you must include all fields/columns in the order presented on this document.
6. **Email the completed form to the Texas Nurse Aide Registry at: nurseaideregistry@hhs.texas.gov.**

Facility or Employer Name:

Facility or Employer's Mailing Address:

Facility Representative Name and Title:

Area Code and Phone No.:

Area Code and Fax No.:

Signature – Facility Representative

Date Form Completed

I certify that all individuals listed on this form meet/met the following recertification requirements.

- Has completed 24 hours of in-service education in the past two years.
- Has completed an HHSC course in infection control and proper use of personal protective equipment (PPE) every year.
- Is not listed as unemployable on the Employee Misconduct Registry (EMR).
- Has not been found to have a conviction of a criminal offense listed in Texas Health and Safety Code §250.006.

Signature – Facility Representative

Date Form Completed

If the facility or employer cannot verify the requirements above, then the facility or employer and the nurse aide must complete Form 5506-NAR, Employment Verification.

Facility or Employer Name:	Date Form Completed:
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Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date:
Last Name:	First Name:	MI:	Social Security No.:	Nurse Aide No.:	Start Date:
Address:			City, State, and ZIP Code:		End Date: