

Nurse Aide Training Program
**Request to Take the Competency Evaluation Program (CEP)
Based on Approved Nurse Aide Training Out of State**

I. Use this form to request approval to take the CEP in Texas if you have:

- successfully completed at least 100 hours of training at a NATCEP in another state within the preceding 24 months, but have not taken the competency evaluation or been placed on a Nurse Aide Registry in another state; and
- met CEP requirements listed at §26 TAC 556.11(c)(2)-(3) of the Licensing Standards for Nurse Aides. No individual 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 §250.006 will be eligible for the CEP. Chapter 250 and a list of convictions can be found at: <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm>.

II. Individuals requesting to take the CEP must request a criminal history check from the Texas Department of Public Safety (DPS). For instructions on how an individual can obtain a criminal history check, contact your local DPS office or visit the website: www.dps.texas.gov. Nurse Aide Training Program staff will complete the EMR check. You must submit your criminal history results along with this application to receive approval to take the test.

III. Complete Items *(type or fill out electronically)*

| | | | |
|--|-----------------------|--|-----------------------------------|
| Name <i>(Last, First, Middle)</i> | | Social Security No. | Date of Birth <i>(mm/dd/yyyy)</i> |
| Email Address | | Maiden Name | Other Surnames |
| Address <i>(Street, City, State, ZIP Code)</i> | | | |
| Home Area Code and Phone No. | | Daytime Area Code and Phone No. | |
| Name of Training Program | | | |
| Address of Training Program <i>(Street, City, State, ZIP Code)</i> | | | |
| Date of Training (From) | Date of Training (To) | Are you on the Nurse Aide Registry in another state? | |
| | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | |
| If yes, which state(s)? | | | |
| Signature | | Date <i>(mm/dd/yyyy)</i> | |

IV. Applicant **must** attach proof of successful completion of a Nurse Aide Training Program approved in another state. This proof **must** be a photocopy of an original certificate of completion that has been notarized as a true and exact copy of an unaltered original.

V. If the name on the certificate is different than the name in Item III, applicant **must** attach proof of name change, such as a photocopy of a marriage license, divorce paper or legal name change document.

Address:

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- Did you enclose a legible/notarized photo copy of your completion of the Nurse Aide Training Program approved in another state and criminal history for all last names you ever had?
 - Did you sign and date the form?

Email the completed form and required documents to the Nurse Aide Training Program at Regulatory_NATCEP@hhs.texas.gov.

With a few exceptions, you have the right to request and be informed about the information that HHSC obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact the Regulatory Services Nurse Aide Training Program at 512-438-2017.