

Nurse Aide Training Program
**Request to Take the Competency Evaluation Program (CEP) Based on
Completion of Approved Nurse Aide Training Program that is Currently Closed**

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

- successfully completed a Nurse Aide Training Program in the past 24 months that is currently closed; 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 the 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 for all names ever used 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. **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 (*Last, First, Middle*)

Maiden Name

Other Surnames

Social Security No.

Date of Birth (*mm/dd/yyyy*)

Email Address

Address (*Street, City, State, ZIP Code*)

Home Area Code and Phone No.

Daytime Area Code and Phone No.

Name of Nursing School

Address of Nursing School (*Street, City, State, ZIP Code*)

Date Attended (From)

Date Attended (To)

Signature

Date (*mm/dd/yyyy*)

IV. Applicant **must** attach proof of successful completion of an HHSC approved Nurse Aide Training Program. 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 an HHSC approved Nurse Aide Training Program and criminal history search 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.