

**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](https://txhhs.my.site.com/TULIP/s/login).
- To verify your Certified Nurse Aide (can) certification, use [emr.dads.state.tx.us/DadsEMRWeb/](https://emr.dads.state.tx.us/DadsEMRWeb/).
- **Note:** Find a list of approved in-service education programs at [hhs.texas.gov/nar-cbts](https://hhs.texas.gov/nar-cbts) or [hhs.texas.gov/nar-approved-in-service](https://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:	
Social Security No.:		Sex: <input type="radio"/> Male <input type="radio"/> Female		Daytime Phone No. with Area Code:	
		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) (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.**