

To Be Completed By Nurse Aide:

STATE OF CONNECTICTUT DEPARTMENT OF PUBLIC HEALTH



Connecticut Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 * Press option #1. (*To verify a nurse aide certificate expiration date please visit: https://registry.prometric.com/publicCT*)

Name:	
Current Address:	
Telephone Number:	E-mail:
Connecticut Nurse Aide Registration Number Social Security Number:	r: DOB:
Are you certified in any other states as a nurse identify the other states in which you are certified in any other states as a nurse identify the other states in which you are certified in any other states as a nurse identified in any other states are not identified in any other states as a nurse identified in any other states are not identified in any other states.	e aide?If you answered "Yes", please ified:
To Be Completed by Employer:	
Please Check Appropriate Box: Facility/A	Agency: Private Duty: Out of State:
The person identified above is/has been emplored nurse aide duties by the following (please pri	oyed as a certified nurse aide or in a position where they perform/ed int):
Facility/Agency/Employer Name:	
Address:	
Employer Code (<i>if applicable</i>):	
Date of Hire:	Last Reported Date of Employment:
	(If currently employed use today's date.) private duty nurse aide, please provide a description of the specific med (you can attach an additional sheet if necessary):
I certify that all of the information contained	d herein is true and accurate to the best of my knowledge and belief:
Employer Representative (Please Print)	Telephone Number
Signature of Employer Representative	Date
Please note: this form must be completed in its entired	ty and mailed or faxed directly from the employer to:

CT Nurse Aide Registry Program Department of Public Health 410 Capitol Avenue, MS#12MQA P.O. Box 340308 Hartford, CT 06134-308 Facsimile: (860) 707-1983